



October 23, 2014

## Personal Protective Equipment (PPE) for Ebola virus disease (EVD) Frequently Asked Questions (FAQs) – Care in United States Healthcare Facilities

3M has received a number of inquiries regarding the appropriate personal protective equipment for potential exposures to Ebola virus disease (EVD). Following are responses to many of the most commonly asked questions. It is important to note this FAQ is not a substitute for the guidance of the United States Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and your local health authority. Please consult their websites frequently for the most current information and infection control procedures regarding EVD.

U.S. CDC	<a href="http://www.cdc.gov/vhf/ebola/index.html">http://www.cdc.gov/vhf/ebola/index.html</a>
WHO	<a href="http://www.who.int/csr/disease/ebola/en/">http://www.who.int/csr/disease/ebola/en/</a>
U.S. OSHA	<a href="https://www.osha.gov/SLTC/ebola/control_prevention.html">https://www.osha.gov/SLTC/ebola/control_prevention.html</a>

Please consult the following FAQ document regarding WHO and European Centres for Disease Prevention and Control (ECDC) information for EVD.

[http://multimedia.3m.com/mws/mediawebserver?66666UqxGCuNyVs658T\\_OxM6EVtQEcuzgVs6EVs6E66666--](http://multimedia.3m.com/mws/mediawebserver?66666UqxGCuNyVs658T_OxM6EVtQEcuzgVs6EVs6E66666--)

For further information related to PPE use, please contact your local 3M Personal Safety Division Technical Services team.

There is currently no established guidance that specifies performance criteria for PPE specific to EVD, and there is no '3M recommended list' of PPE. Specific scenarios and PPE selection will differ depending on many factors including the location and type of work (e.g. caring for patients vs laboratory tasks; hospitals outside of W Africa preparing for potential patients versus health care in W Africa). As with any use of PPE, there are no standardized solutions, and proper selection and use is critical to protection. There are a variety of options available within the different categories of PPE and associated advantages and disadvantages to the different types and models. It is the responsibility of each facility or organization to determine the appropriate level of protection by conducting a risk assessment which includes elements such as working conditions, tasks, and accessibility to decontamination facilities. As much as possible, engineering and administrative controls should be implemented. 3M cannot select PPE but can assist in helping purchasers identify the specific PPE models that meet or exceed the desired level of protection and the specifics of their situation.

## What is Ebola virus disease (EVD)?

Ebola virus disease (also known as Ebola hemorrhagic fever) is a severe, often-fatal disease caused by infection with a species of Ebola virus. EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

Outbreaks of Ebola outbreaks have occurred sporadically in parts of Africa, South America, the Middle East and Eastern Europe. It is a severe, often fatal disease in humans with fatality rates ranging up to 90%.

## How is it transmitted?

Ebola is spread through direct contact with blood or body fluids (including, but not limited to urine, saliva, sweat, feces, vomit, breast milk and semen) of an infected person or animal, or through contact with objects that have been contaminated with the blood or other body fluids of an infected person, dead or alive. Transmission is believed to occur via contact with mucous membranes and non-intact skin (i.e., rashes, cuts, etc.). Risk of infection by inhalation of contaminated aerosols by healthcare workers has not been documented, but thought by health authorities to be low at this time based on case history evidence.

Ebola virus is readily killed by soap, bleach, direct sunlight, or drying. Machine washing clothes that have been contaminated with fluids will destroy Ebola virus. Ebola virus survives only a short time on surfaces that are in the sun or have dried.<sup>1</sup>

## What does the US Centers for Disease Control and Prevention recommend for personal protection equipment (PPE) to be used by health care workers against Ebola virus disease?

The prevention of Ebola virus infection depends on avoiding contact with blood and body fluids of infected individuals and with objects contaminated with these fluids. Barrier precautions are used to prevent skin or mucous membrane exposure of the eyes, nose, and mouth with blood, other body fluids, secretions (including respiratory droplets), or excretions.

On October 20, 2014 the US CDC published "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)"  
<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

The CDC document includes guidance on administrative and environmental controls; PPE selection, donning and doffing; training; and use of a trained observer. **It is important that anyone involved in infection control for ebola virus disease (EVD) thoroughly read and understand this document.**

The following is a short summary of the CDC recommended PPE.

### Health care workers during management of Ebola patients

- Powered air purifying respirator (PAPR) with full facepiece, helmet, or hood; or N95 respirator. Any reusable PAPR headgear must be covered with a single-use (disposable) hood that extends to the shoulders, fully covers the neck and is compatible with the PAPR. *{Note: For simplicity, users may likely prefer using disposable PAPR hoods instead of covering full facepiece and helmets with accessory disposable hoods.}* Disposable N95 respirators must be used with a single-use (disposable) surgical hood and a single use (disposable) full face shield. CDC notes that a face shield may not provide full face protection in the setting of significant splashing.
- Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf or coverall without integrated hood. Coveralls with or without integrated socks are acceptable. "If gowns or coveralls with thumb hooks are not available, personnel may consider taping the sleeve of the gown or coverall over the inner glove to prevent potential skin exposure from separation between sleeve and inner glove during activity."
- Two pairs of single-use (disposable) nitrile examination gloves with extended cuffs.
- Single-use (disposable) fluid-resistant or impermeable boot or shoe covers.
- Single-use (disposable), fluid-resistant or impermeable apron that covers the torso to the level of the mid-calf if patients have vomiting or diarrhea.
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### Trained observers during PPE doffing

- Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf or coverall without integrated hood.
- Single-use (disposable) full face shield.
- Two pairs of single-use (disposable) nitrile examination gloves with extended cuffs.
- Single-use (disposable) fluid-resistant or impermeable shoe covers.

The CDC recommends that if facilities elect to use different PPE from what is outlined in their guidance, such as coveralls with an integrated hood, they must train workers in use and adjust the donning and doffing procedures.

The CDC emphasizes hand hygiene and instructs that hand hygiene be performed thoroughly and often including before and after donning and before and after doffing.

Please see appendices 1-3 for examples of 3M goggles, face shields, coveralls and respirators.

### **What is eye protection, protective clothing and respiratory protection?**

There are several different types of PPE in their guidance documents.

#### Eye Protection

Eye protection provides a barrier to infectious materials from entering the eye and is often used in conjunction with other personal protective equipment (PPE) such as gloves, gowns, and masks or respirators. See Appendix 1.

#### Goggles

Goggles are designed to fit snugly, but not necessarily seal around the wearer's eyes. NIOSH states<sup>2</sup>: "appropriately fitted, indirectly-vented goggles\* with a manufacturer's anti-fog coating provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets.

However, to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow. While highly effective as eye protection, goggles do not provide splash or spray protection for other parts of the face.”

\* Directly-vented goggles may allow penetration by splashes or sprays; therefore, indirectly-vented or non-vented goggles are preferred for infection control.

### Face Shields

Face shields are designed to help protect portions of the wearer’s face to certain exposures. For certain tasks a worker may choose to wear a face shield in addition to goggles for infection control. While goggles help protect a wearer’s eyes from splashes, sprays, and droplets, a face shield can help reduce exposure to the eyes and provide protection to other facial areas. Face shields should have crown and chin protection and wrap around the face to the point of the ear. This will help reduce the possibility of splash, sprays and droplets from going around the edges of the shield and reaching the eyes or other facial areas.

### Safety Glasses

Safety glasses provide impact protection but do not provide the same level of splash or droplet protection as goggles and generally should not be used for infection control purposes.

For more information consult 3M Tech Data Bulletin #192 – Eye Protection for Infection Control:  
<http://multimedia.3m.com/mws/mediawebserver?mwsId=66666UF6EVsSyXTtNxMa5XFEEVtQEVs6EVs6EVs6E666666-->

### Protective Clothing

Currently there is no established guidance that specifies detailed performance criteria for protective clothing (coveralls, gloves, foot coverings, etc.) specific to EVD. Until such guidance is published, selection of personal protection ensembles should be based on a site-specific PPE hazard assessment. Performance criteria included in EN 14126:2006 - Performance Requirements and Test Methods for Protective Clothing Against Infective Agents should be considered. See Appendix 2. In general, protective clothing offering the highest level of protection from infective agents tends to be the least breathable and may introduce hazards related to heat stress and dehydration.

Breathable protective clothing offers less protection but may be desired for tasks in extremely hot conditions where the risk of contacting infective agents is low, where sufficient decontamination facilities are available at the completion of work tasks, and where the risk of harm from heat stress and dehydration is high.

Selection for EVD should be based primarily on the potential exposures and need for protection against infective fluids and agents. However work conditions, environmental conditions, tasks and accessibility to decontamination facilities should be considered.

### Respiratory Protection

Another type of PPE recommended for those in contact with potential EVD cases. This section discusses the use of respiratory protection.

For more information on the differences between surgical masks and respirators please consult 3M Technical Data Bulletin #231 - Respirators and Surgical Masks: A Comparison.  
[http://multimedia.3m.com/mws/mediawebserver?SSSSSuH8gc7nZvTSP8\\_1oxmSevUqe17zHvTSevTSeSSSSSS--](http://multimedia.3m.com/mws/mediawebserver?SSSSSuH8gc7nZvTSP8_1oxmSevUqe17zHvTSevTSeSSSSSS--)

A **respirator** is a device designed to help provide the wearer with respiratory protection against inhalation of a hazardous atmosphere.

To help reduce nose, mouth and respiratory system exposures to particles that are potentially airborne (< 100 microns), particulate filtering respirators are often recommended. Particulate respirators are available as:

1. A filtering half facepiece respirator, where the filter is the entire respirator
2. An elastomeric (reusable) half mask with a particulate filter
3. An elastomeric (reusable) full facemask with a particulate filter
4. A powered air purifying respirator (PAPR) that includes a particulate filter
5. A supplied air respirator.

Particulate respirators are designed to help reduce the wearer's exposure to certain airborne particles. Currently, health authorities have not documented EVD as being transmitted from infected individuals via airborne Ebola virus. However, droplets containing the Ebola virus that have become aerosolized (e.g. from coughing, sneezing, vomiting, medical procedures, and surfaces etc.) may have the potential to come into contact with a person's mucous membranes in their nose or mouth or non-intact skin. Therefore, respiratory protection may be helpful in providing a barrier to help prevent infectious materials from contacting a wearer's mucous membranes. They may also help limit inadvertent touching of the nose, mouth and/or eyes (if a full-facepiece or powered-air respirator is used). Respiratory protection is recommended for workers performing certain tasks such as aerosol generating procedures, laboratory procedures and autopsies. Many agencies are reportedly using respiratory protection for basic patient care.

See Appendix 3 for examples of different types of respirators.

For more information consult 3M Tech Data Bulletin #174 – Respiratory Protection for Airborne Exposures to Biohazards

<http://multimedia.3m.com/mws/mediawebserver?mwsId=66666UF6EVsSyXTtmXT25XTXEVIQEVs6EVs6EVs6E666666-->

For aerosol generating tasks, laboratory procedures and autopsies a respirator is recommended by health authorities. A control banding approach has been suggested for choosing between different levels of respiratory protection based on the organism, generation rate, level of control and respirator protection factor. <http://www.cidrap.umn.edu/news-perspective/2014/09/commentary-health-workers-need-optimal-respiratory-protection-ebola>

### **What are the advantages and disadvantages of different types of respirators?**

Following are some general advantages and disadvantages of different types of respirators.

#### **Disposable filtering facepiece respirator**

- Disposable, no maintenance
- Lightweight
- Less expensive
- Need separate eye and face protection
- Fit testing is required to ensure respiratory protection

#### **Reusable half mask or full facepiece respirator**

- Often available in multiple sizes
- Face pieces can be disinfected and reused
- Full face pieces may provide eye and face protection
- Fit testing is required to ensure respiratory protection
- Face pieces must be maintained

#### Powered air purifying (PAPR) respirator

- Some elements can be disinfected and reused
- Potential for higher level of respiratory protection
- Less prone to fogging
- Improved voice communication and patient rapport
- No fit testing required for systems with loose fitting head covers
- May not need separate eye and face protection depending on the head covering
- Batteries need to be charged and entire unit maintained
- Higher initial cost

#### Supplied air respirators

- Some systems provide cooled air to the wearer
- Potential for higher levels of respiratory protection
- Can be disinfected and reused
- No fit testing required for systems with loose fitting head covers
- May not need separate eye and face protection depending on the head covering
- Need adequate supply and pressure of compressed breathable air
- Unit needs to be maintained
- Higher initial cost

Please see the following link for guidelines for cleaning and disinfecting 3M™ Reusable Respirators (RR) and Powered Air Purifying Respirator (PAPR) Assemblies following potential exposure to the Ebola virus.

[http://multimedia.3m.com/mws/mediawebserver?mwsId=S5SSSuH8gc7nZxtUPYten8\\_BevUqe17zHvTSevTSeSSSSSS--&fn=RR%20and%20PAPR%20cleaning%20Ebola%20appro](http://multimedia.3m.com/mws/mediawebserver?mwsId=S5SSSuH8gc7nZxtUPYten8_BevUqe17zHvTSevTSeSSSSSS--&fn=RR%20and%20PAPR%20cleaning%20Ebola%20appro)




#### Summary

Health authorities recommend that those who will be exposed to individuals with known or suspected cases of EVD should wear PPE that provides a barrier to help prevent infectious material from contacting mucous membranes (mouth, nose, eyes) and non-intact skin (i.e., rashes, cuts, etc.). Respiratory protection should be utilized if there is a risk of aerosolized particles (i.e. aerosol generating procedures, certain laboratory tasks, autopsies), or according to local health authorities. Always ensure that PPE users are properly trained in the benefits and limitations of the equipment per all applicable guidance and regulations and the manufacturer's user instructions. Please consult your occupational safety and health professional, the appropriate health authority and the PPE manufacturer with questions.








#### References

- 1) ECDC [http://www.ecdc.europa.eu/en/healthtopics/ebola\\_marburg\\_fever/information-travellers/Pages/information-travellers.aspx](http://www.ecdc.europa.eu/en/healthtopics/ebola_marburg_fever/information-travellers/Pages/information-travellers.aspx)
- 2) National Institute for Occupational Safety and Health (NIOSH). *Eye Protection for Infection Control*. September 2004. <http://www.cdc.gov/niosh/topics/eye/eye-infectious.html>
- 3) US CDC <http://www.cdc.gov/vhf/ebola/index.html>
- 4) WHO <http://who.int/mediacentre/factsheets/fs103/en/>
- 5) WHO "Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola." [http://www.who.int/csr/resources/publications/ebola/filovirus\\_infection\\_control/en/](http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/)
- 6) US CDC "Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals." <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
- 7) "Health workers need optimal respiratory protection for Ebola" Lisa Brosseau, Rachael Jones. Center for Infectious Disease Research and Policy Sept. 7, 2014. <http://www.cidrap.umn.edu/news-perspective/2014/09/commentary-health-workers-need-optimal-respiratory-protection-ebola>

**Appendix 1 - Examples of 3M Protective Eyewear**






	Goggles		Face Shields	
				
Product	16644-00000-10 (medium)	16645-00000-10 (large)	40671-00000-10	82501-00000 and 82582-00000
Description	3M™ Lexa™ Splash GoggleGear™ AS/AF (medium) (anti-scratch/anti-fog)	3M™ Lexa™ Splash GoggleGear™ AS/AF (large) (anti-scratch/anti-fog)	3M™ Maxim™ Splash Goggle Over-the-Glass (OTG) AS/AF (anti-scratch/anti-fog)	3M™ Ratchet Headgear H8A with 3M™ Clear Polycarbonate Faceshield WP96X
Eye Protection (Splashes, sprays, and respiratory droplets)	Yes	Yes	Yes	Yes
Face Protection (Splashes, sprays, and respiratory droplets)	No	No	No	Yes

## Appendix 2 - Examples of 3M Protective Apparel

<b>Important: These products will not eliminate the risk of infection. Currently there is no established guidance specifying performance criteria for protective clothing specific to EVD. This information is presented to help safety professionals make informed decisions as part of a site and task specific PPE hazard assessment.</b>								
		3M™ Protective Coverall 4565	3M™ Protective Coverall 4545	3M™ Protective Coverall 4540+	3M™ Protective Coverall 4535	3M™ Protective Coverall 4510	3M™ Overboot 440 / 450	3M™ Overhood 446
PPE Directive Approval		CE Category 3	CE Category 3	CE Category 3	CE Category 3	CE Category 3	N/A	N/A
Fabric type		Non-Breathable Laminate	Micro-porous Laminate	SMMMS / Micro-porous Laminate	SMMMS / Micro-porous Laminate	Micro-porous Laminate	Micro-porous Laminate	Micro-porous Laminate
Product Image								
General Data		Test Method						
Suit Type	ISO 16602:2007	Type 4	Type 5/6	Type 5/6	Type 5/6	Type 5/6	N/A	N/A
Hood / collar options	-	Hood only	Hood only	Hood or collar	Hood only	Hood or collar	N/A	N/A
Seam construction	-	Serged & Taped	Serged and bound	Serged	Serged	Serged	Serged	Serged
Material Data per EN 14325								
Abrasion resistance Method 2	EN530:1994	1/6	1/6	1/6	1/6	1/6	N/A	N/A
Flex Cracking Resistance, Method B	ISO 7854	1/6	3/6	4/6	5/6	5/6	N/A	N/A
Trapezoidal tear resistance	EN ISO 9073-4:1997	1/6	1/6	1/6	1/6	1/6	N/A	N/A
Tensile strength	EN ISO 13934-1:1999	1/6	1/6	1/6	1/6	1/6	N/A	N/A
Puncture resistance	EN 863:1996	1/6	1/6	1/6	1/6	1/6	N/A	N/A
Seam Strength	EN ISO 13935-2:1999	2/6	2/6	1/6	2/6	1/6	N/A	N/A
Protection against Infective Agents								
Synthetic blood penetration resistance	ISO 16603:2004	6/6	3/6	N/A	N/A	N/A	N/A	N/A
Blood-borne pathogen penetration resistance	ISO 16604:2004	0	0	N/A	N/A	N/A	N/A	N/A
Contaminated solid particle penetration resistance	EN ISO 22612:2005	3/3	3/3	N/A	N/A	N/A	N/A	N/A
Contaminated liquid aerosol penetration resistance	ISO/DIS 22611:2003	3/3	3/3	N/A	N/A	N/A	N/A	N/A
Wet bacteria penetration resistance	EN ISO 22610:2006	6/6	6/6	N/A	N/A	N/A	N/A	N/A
Liquid Chemical Permeation								
Chemical permeation resist. - H2SO4 98%	EN 374:2003	5/6	N/A	N/A	N/A	N/A	N/A	N/A
Chemical permeation resist. - NaOH 40%	EN 374:2003	6/6	N/A	N/A	N/A	N/A	N/A	N/A









### Appendix 3 - Overview 3M Respiratory Protective Devices

	Half-face		Full Face	PAPR	
	Filtering Facepiece	Elastomeric Facepiece	Elastomeric Facepiece	Loose fitting Head gear	Loose Fitting Hood/Helmet
					
Eye Protection (Splashes, sprays, and respiratory droplets)	No	No	Yes	Limited	Limited
Face Protection (Splashes, sprays, and respiratory droplets)	No	No	Limited	Limited	Limited
Head Protection (Splashes, sprays, and respiratory droplets)	No	No	No	Limited	Limited
Respiratory Protection* (Airborne aerosols and respiratory droplets)	Yes	Yes	Yes	Yes	Yes









\*When equipped with appropriate and approved filter and/or cartridge.

### Examples of 3M Disposable Respirators

						
Product	3M™ Particulate Respirator 8210	3M™ Particulate Respirator 8511	3M™ Health Care Particulate Respirator and Surgical Mask 1860	3M™ Health Care Particulate Respirator and Surgical Mask 1870	3M™ Aura™ Health Care Respirator 1870+	3M™ VFlex™ Health Care Particulate Respirator and Surgical Mask 1805
Valve	Unvalved	Valved	Unvalved	Unvalved	Unvalved	Unvalved
Size	8210 - one size	8511 - one size	1860 – regular 1860S – small	1870 - one size	1870+ - one size	1805 – regular 1805S - small
Classification	N95	N95	N95	N95	N95	N95
Fluid Resistant	No	No	Yes	Yes	Yes	Yes
















Note: Other N95 and higher rated respirators are available

### Examples of 3M Reusable Respirators

	Half Facepiece Respirator			Full Facepiece Respirators			Particulate Filters	
								
Product	3M™ Half Facepiece 6000 Series	3M™ Half Facepiece 6500 Series	3M™ Half Facepiece 7500 Series	3M™ Full Facepiece 6000 Series	3M™ Full Facepiece FF-400 Series	3M™ Full Facepiece 7800 Series	3M™ 2291 P100	3M™ 7093 P100
Description	6100 – small 6200 – medium 6300 – large	6501 – small 6502 – medium 6503 – large	7501 – small 7502 – medium 7503 – large	6700 – small 6800 – medium 6900 - large	FF-401 – small FF-402 – medium FF-403 - large	7800S-S – small 7800S-M – medium 7800S-L - large	Particulate filter	Encased particulate filter

Note: Chemical cartridges are available to help reduce exposures to chemical disinfectants (e.g. chlorine)

### Examples of 3M Powered Air Purifying Respirators (PAPRs)

	S-Series			M-Series
				
Models	S-403, S-433, S-533	S-655/S-657	S-855/S-857	M-405
Assigned Protection Factor	1000	1000	1000	1000
	<b>Breathing Tube</b>			
3M™ Versaflo TR-300 PAPR with TR-3712N HEPA Filter 	3M™ Versaflo™ Breathing Tube BT-20, BT-30, BT-40 			
GVP PAPR with GVP-440 HEPA Filter (Requires V-199 adapter) 	3M™ Versaflo™ Breathing Tube Disposable Cover BT-922 			
	BE-Series	S-Series		M-Series
				
Models	BE-10	S-403, S-433, S-533	S-855/S-857	M-405
Assigned Protection Factor	1000	1000	1000	1000
Breathe Easy with 450-00-01R12 HEPA Filter 	520-01-00R01 	BE-324 		

Note: Other PAPR's, hoods, helmets and headcovers are available