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When used in Misuse may result in sickness or death. For proper Do not attempt to repair or modify any component of the system Failure to do so may adversely affect respirator performance and Refer to the User instructions provided with the applicable headgear. Do not remove the respirator before Doing so may result in sickness or death. Failure to do so may result in sickness or Misuse may result in sickness or death. Keep these User Instructions for reference. If you have questions regarding Direct contact with sparks or molten Cleaning with solvents may degrade some respirator components and Inspect all respirator components before each use to ensure proper operating This may result in damage to the El mal uso puede Para su uso adecuado consulte a su supervisor, lea las By United State Conserve estas Instrucciones para referencia futura. For additional information on this standard contact OSHA at www.OSHA.gov. In Canada, CSA Consult and industrial hygienist or call 3M Technical Service with Le respirateur AirMate Une mauvaise utilisation peut provoquer Ne pas porter ce respirateur dans les situations suivantes Inspecter tous les composants du respirateur avant chaque Pour toute question To connect the breathing tube to the headgear, see the appropriate This action will engage the battery Alternatively, the battery can be removed from For Canada chargers, when in trickle mode, the LED light will Damage may occur if the battery pack is. Whether it has been used 30 minutes or 8 hours, the battery pack may be charged. At higher temperatures, the battery pack may not Batteries should not be Without periodic charging, a NiCd battery in storage loses approximately Infrequently used battery packs should be fully charged, initially, then charged overnight Batteries subjected to prolonged storage longer than. A sticker on one end of the BE224 The sticker for the 0080014 breathing tube will just say Ensure that the slots on the Gasket can be removed using a tweezers Fig. 5.http://www.textmakareknutsson.se/upload/image/combat-ammunition-system-manual.xml

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They should not be submersed or subjected to heavy spraying The CB1000 is a onesizeonly belt and will Refer to the User instructions provided with the applicable headgear. For waist sizes less than 34 inches 86 Do not remove the respirator before Doing so may result in sickness or death. Failure to do so may result in sickness or The presence of dust or other particulate matter inside Contact 3M Technical. Direct contact with sparks or molten Replace if damaged. Cleaning with solvents may degrade some respirator components and reduce Inspect all respirator components before each use to ensure proper operating conditions. Si le blocpiles est chaud, le laisser refroidir pendant une demiheure avant de Un blocpiles La ceinture CB1000 est offerte en une seule Liquid solvents may Use the following suggested procedures for cleaning Do not immerse the Air Mate motor blower or battery pack The inside of the tube must be completely dried prior to In Canada, follow CSA standard Z94.4 or the requirements of the authority having Do not attempt to repair or modify any component of the system except Failure to do so may adversely affect respirator performance and result in The breathing tube should be Hold the PAPR so the AFI200 is vertical and at eye level. If the ball rises above the line this Do not enter a contaminated area until the malfunction Misuse may result in sickness or death. For proper Information Helpline at 18008BATTERY 18008228837. Current cell chemistries used in rechargeable 3M PAPR battery packs are nickel cadmium,nickel

metal hydride, and lithium ion.Thank you, for helping us keep this platform clean. The editors will have a look at it as soon as possible. HEROES does not support any one manufacturer over another. Always refer to the manufacturers directions for the complete instructions when using any powered air purifying respirator. As soon as we make one available well send out an announcement. All rights reserved. CDC twenty four seven.http://www.luxm.pl/userfiles/combat-cuha-100-manual.xml

Saving Lives, Protecting People With new information becoming available daily, please consult the CDC website for the most current update regarding infection control procedures. For further information, and the most current agency recommendations, please consult your local health department or the CDC and WHO websites. The virus was named after the region near the Ebola River where it was first discovered in 1976 in what is now the Democratic Republic of the Congo. 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 For your convenience, a hyperlink to the product page is imbedded for each product listed. Decontamination information, specific to brand and model, has been attached in instances where NIOSH has received it from the manufacturer. The decontamination information will be updated as we receive additional procedures from the manufacturers. For the best experience on our site, be sure to turn on Javascript in your browser.Powered Air Respirators, also known as PAPRs provide vital protection for your lungs in multiple work environments. Choosing the correct PAPR respirator can be critical to your health. Enviro Safety Products PAPR Selection Guide will help you distinguish the differences and help select the right one for you. Need additional help. Contact us 1.800.637.6606 Continue View Cart Compare Products My Product List. In the latter case, pleaseHow are we doing. Europe PMC is part of the ELIXIR infrastructureEurope PMC is a service of theIt includes content provided to the. The publisher reserves commercial copyright on all published material, and permits individual copy reproduction and use in any medium provided the work is properly cited. This article has been cited by other articles in PMC.

Abstract The present outbreak of Ebola has health care professionals seeking guidance on isolation precautions for routine care and aerosolgenerating procedures AGPs. The most recent guidelines state that during AGPs, health care professionals should wear respiratory protection at least as protective as a National Institute for Occupational Safety and Healthcertified fit tested N95 filtering face piece respirator or higher; for example, a powered airpurifying respirator PAPR. The present review discusses the advantages and disadvantages of using a PAPR versus an N95 mask, and relates the experience of the Jewish General Hospital Montreal, Quebec of PAPR policy implementation. Training programs on proper donning and doffing of personal protective equipment and quality control systems need to be in place. Respiratory therapists are frontline during AGPs and need to be active in the decision making of the type of equipment chosen to protect them. These precautions include the appropriate use of personal protective equipment PPE as indicated by hospital policy. The present outbreak of Ebola viral disease EVD has health care personnel seeking guidance on the appropriate use of PPE for suspected cases that may arrive to their facility. The 2007 Centers for Disease Control and Prevention CDC, Georgia, USA Guideline for Isolation Precautions 1 emphasize that the route of transmission dictates recommendation for infection control measures; however, the question remains as to what PPE is required for aerosolgenerating procedures AGPs. Do we use powered airpurifying respirators PAPRs or N95 masks. Are there advantages or disadvantages to using a PAPR, and is there a recommended procedure for donning and doffing. EBOLA ROUTE OF TRANSMISSION Taking the Ebola outbreak as an example, we need to understand how it is transmitted. Ebola hemorrhagic fever is caused by infection with the Ebola virus, a member of the family Filoviridae, a severe and often fatal illness in humans.

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The mode of transmission to humans is through close contact with the blood, secretions, or organs of ill or deceased chimpanzees, gorillas or fruit bats. Humantohuman transmission occurs by direct contact through broken skin and mucous membrane with infected blood, body fluids, secretions or organs of an infected person 2, 3 . To date, airborne transmission has not been documented; therefore, early recognition of an individual with suspected EVD is critical for infection control 3 . The incubation period varies from two to 21 days, with seven days being the average. Exposure to the Ebola virus in the health care setting occurs when infection control precautions are not strictly practiced by health care workers ie, not wearing appropriate PPE. The CDC has released infection prevention and control recommendations for hospitalized patients with known or suspected Ebola hemorrhagic fever in the United States 4 . Table 1 summarizes of the main CDC recommendations for hospitalized patients with known or suspected EVD, and includes the standard contact and droplet precautions. TABLE 1 Summary of the main Centers for Disease Control and Prevention Georgia, USA recommendations for hospitalized patients with known or suspected Ebola virus disease Component Recommendation Comments Patient placement Single patient room containing a private bathroom with the door closed. Facilities should maintain a log of all persons entering the patient's room Consider posting personnel at the patient's door to ensure appropriate and consistent use of PPE by all persons entering the patient room.

PPE All persons entering the patient room should wear at least Gloves Gown fluid resistant or impermeable Eye protection goggles or face shield Facemask Additional PPE may be required in certain situations eg, copious amounts of blood, other body fluids, vomit or feces present in the environment, including but not limited to Double gloving Disposable shoe covers Leg coverings Recommended PPE should be worn by HCP on entry into patient rooms or care areas. On exit from the patient room or care area, PPE should be carefully removed without contaminating one's eyes, mucous membranes or clothing with potentially infectious materials and either Discarded, or For reuseable PPE, cleaned and disinfected according to the manufacturer's reprocessing instructions and hospital policies. Instructions for donning and removing PPE have been published Hand hygiene should be performed immediately after removal of PPE AGPs Avoid AGPs for Ebola hemorrhagic fever patients If performing AGPs, use a combination of measures to reduce exposures from AGPs when performed on Ebola hemorrhagic fever patients Visitors should not be present during AGPs Limiting the number of HCPs present during the procedure to only those essential for patient care and support Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room AIIR that is a negative pressure room, when feasible. If hands are visibly soiled, use soap and water, not alcoholbased hand rubs Open in a separate window Data adapted from reference 4. AGPs Aerosolgenerating procedures; HCP Health care practitioner; NIOSH National Institute for Occupational Safety and Health; PPE Personal protective equipment RESPIRATORS N95 OR PAPR. Currently, the CDC and the WHO have no clear guidelines on AGPs and the use of N95 versus PAPRs. The N95 masks filter at least 95% of particles Figure 1 .

Their disadvantages include requiring an initial and periodic fit testing, the possibility of being compromised by an improper fit eg, because of facial hair, poor tolerance by users due to breathing resistance, and heat and moisture build up, the high cost of stocking different types and sizes, and the potential for contamination due to exposed face and neck 7, 8 . Open in a separate window Figure 1 Examples of National Institute for Occupational Safety and Healthcertified N95 masks, courtesy of 3M USA 11 and Moldex USA 12 A PAPR is a batterypowered blower that provides positive airflow through a filter, cartridge, or canister to a hood or face piece. The type and amount of airborne contaminant will dictate the type of filter, cartridge or canister required for the PAPR. The National Institute for Occupational Safety and Health NIOSH tests different respirator models in

its laboratory to ensure they meet certain minimum performance standards and it is the employer's responsibility to assess the respiratory precaution needs and ensure that the correct filter, cartridge or canister is purchased 9 . The use of HEPA filters in PAPRs implies that they have a greater level of respiratory protection than N95 masks. They also have the advantage of providing head and neck protection, do not require fit testing because of a full hood, are approved for use with facial hair and allow for continuous bedside care of a patient. Their disadvantages include difficulties in communicating due to their bulk and noise, the inability to use a stethoscope and a requirement for electricity batteries to ensure proper airflow rates into the hood. After use, filters are considered to be contaminated with infectious material; therefore, they pose a potential risk to individuals reprocessing reusable respirators 9 . It consists of a mounted batteryoperated respirator with disposable black tubing and a doubleshrouded hood Figure 2 .

The rechargeable battery must be tested routinely by a designated individual. Before using the PAPR, one must ensure that the HEPA filter and gasket are in place. The black tube connects to the PAPR and the blower is tested by placing a nipple in the tube and ensuring that it rises according to manufacturer's specifications Figure 3 . The tube is then attached to the hood and the blower turned on before placing the hood over the face Figure 4 . Open in a separate window Figure 2 3M AirMate 3M, USA beltmounted battery operated respirator with disposable black tubing left and doubleshrouded hood right. The greater protection provided by a PAPR over a N95 mask for droplet and airborne particles is reduced if one selfcontaminates with a disease that is transmitted via contact; hence, the importance of proper training. When donning, the shoe cover which may or may not be used is first and then the gown ensuring it is tied at the back. The N95 mask or the PAPR is secured after verifying the flow, and the face shield or the loosefitting hood is placed over the face, with the inner shroud tucked inside the gown. Then hand hygiene, and the longcuffed gloves go over the sleeves of the gown. The removal of PPE should be performed at least 2 m away from the patient, near the door. The shoe cover, gloves and gown should be removed inside the room, and a trained assistant should be available to help you remove and clean the PAPR. The hood or face shield and N95 mask should only be removed outside the patient's room, and then placed in a biohazard bag. All PPE should be removed so as not to selfcontaminate. The advantage of using the N95 mask for AGPs is that it is disposable and does not place additional personnel at risk; hence, the CDC's statement for EVD "Because of the potential risk to individuals reprocessing reusable respirators, disposable filtering face piece respirators are preferred" 4 .

In cases in which a health care worker cannot be fittested for an N95 mask or has facial hair, the use of a PAPR is an alternative. Also, in situations in which a live airborne virus is being handled, a PAPR may be preferred to the N95 mask. EXPERIENCE AT THE JEWISH GENERAL HOSPITAL The Ebola outbreak has reminded our team that we have PAPRs in our institution purchased in anticipation of the H1N1 epidemic, and that we do not have a policy for when it is required and how it is used. Only two members of hospital staff were trained on donning, doffing and cleaning of the PAPR. We are now developing a policy on the use of PAPRs, which will be followed by training sessions for staff identified as potentially requiring their use. During H1N1, we used the waterproof gown, longcuff nitrile glove, N95 mask and face shield for all AGPs with success. As respiratory therapists, we still use N95 masks as a routine precaution during bronchoscopies and intubations because there have been situations in which samples returned positive for airborne infection and the patient was not under airborne precautions. Hospital infection control policy makers have been left to decide whether a PAPR should be used for EVD. What is clear is that we must be proactive because it is just a question of time before an infected patient arrives in Canada. As part of a disaster infection control plan, there must be provisions for training in the use of all types of PPE for health care workers who

may be involved in the care of an infected or suspected case, and there must be proper quality control systems in place. The decision to use a PAPR for AGPs without a program in place can lead to more selfcontaminations than using appropriate PPE with a fittested N95 mask. Its use has not yet found a specific niche, EVD being no exception.

The Infection Prevention and Control Department of the Jewish General Hospital recently developed a policy for infection control precautions for EVD and ensured that it was reviewed by a multidisciplinary team including the respiratory therapy department. It is extremely important as respiratory therapists that we ensure that our role in AGPs is identified and our needs are met. All respiratory therapy departments should be proactive and ensure that their hospitals have policies in place. REFERENCES 1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, the Healthcare Infection Control Practices Advisory Committee. CDC 2007 guideline for isolation precautions Preventing transmission of infectious agents in the healthcare setting. It is an excellent choice in applications where there is very fine dust, such as in asbestos abatement. Assembled components comprise a NIOSH approved respirator. Order components separately. The standard hood features a chin shroud with elastic band that helps maintain a tight face fit. The extended bib hood can be tucked into workers coveralls allowing a flow of air to help cool the user. The breathing tube brings air from blower assembly to the hood. Blower assembly includes blower, HEPA filter with 99.97% efficiency to 0.3 micron, battery charger sold separately, waist belt, and airflow indicator. Our specialists are here to help you find the best product or part available for your application. Call or Email us and we will make sure you get the right product or part for the job. Call Us At 18475497600. You have selected the maximum number of items to compare.All Rights Reserved. Terms of Use Privacy Policy Site Map Other Site Maps go BACK TO TOP. Our training will help you achieve compliance with Provincial or Federal health and safety requirements. Our leading trainings include With a wide variety of health and safety trainings we will work with you to develop a corporate pricing plan to reduce your overall costs.

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from the list below and click on download.For more information view the SAGE Journals Sharing page. Search Google ScholarSearch Google ScholarSearch Google ScholarSearch Google ScholarSearch Google ScholarTwo types of loosefitting powered airpurifying respirators PAPRs equipped with highefficiency particulate air HEPA filters have been approved for use in the facility. Although both respirator systems were previously certified by the National Institute of Occupational Safety and Health for use in occupational environments that pose a risk of respiratory exposure to infectious agents, there are currently no regulatory requirements for routine fieldtesting of units in situ. This report describes a method for conducting onsite total leak testing for each HEPAfiltered PAPR used in a biocontainment setting. This testing evaluates the integrity of the filter itself and whether it is seated properly in the filter housing. Onsite routine performance testing such as this provides an enhancement to the safety procedures governing research activities assigned to biosafety level 3 or animal biosafety level 3. The outlined test method is currently used in the Regional Biocontainment Laboratory at Duke University to verify proper filtration efficiency prior to placing newly purchased units into service and for annual reverification. Keywords respirators, PAPR, biohazard, HEPA filtration, performance testing, field testing, BSL3, ABSL3 The Regional Biocontainment Laboratory RBL at Duke University is utilized to safely perform research activities involving infectious microbes at biosafety level 3 BSL3. Such containment is applicable for minimizing exposure risk when working with infectious agents that may cause serious or potentially lethal disease through the inhalation route of exposure.

1 A strict set of standard operating procedures governs all work activities in the laboratory and animal areas of the RBL, including defined requirements for personal protective equipment. A risk assessment of the highcontainment research ie, BSL3 indicated a need for respiratory protection of laboratory personnel. The advantages and disadvantages of both powered and nonpowered respirators were considered when determining the most appropriate type of device to use in a BSL3 environment. 2 It was determined that a loosefitting powered airpurifying respirator PAPR equipped with a highefficiency particulate air HEPA filter and a doubleshrouded hood would best meet the needs of the research staff in the RBL. This respirator configuration is currently a required personal protective equipment component that is worn while actively handling risk group 3 RG3 infectious microbes assigned to BSL3 and infected animals assigned to ABSL3. The expected protection provided by a respirator when used within an effective respiratory protection program, as well as within compliance with Occupational Health and Safety Administration 29 CFR 1910.134, 3 is expressed as its assigned protection factor APF. 4, 5 An APF represents the ratio of the concentration of a contaminant outside a respirator to the concentration of a contaminant inside the respirator; thus, the APF increases as this ratio increases. A loosefitting PAPR with HEPA filtration has an APF of 1000 and, when worn properly, provides a higher level of respiratory protection when compared with negativepressure halfmask respirators, such as N95 respirators, which have an APF of 10. 2, 3, 5 This added level of protection has led to the use of PAPRs in many work environments that pose a risk of occupational exposure to airborne biohazards, as in BSL3 laboratories.

Other benefits of wearing a loosefitting PAPR include the following it offers respiratory protection without the need for tight face seal or fit testing; it can be worn by individuals with facial hair; the head cover and facepiece provide added splash and contact protection; it provides improved comfort for the wearer by constant flow of air through the unit; and the batterypowered blower pulls air through the filter, which results in no additional breathing resistance for the wearer. Various types of HEPAfiltered containment equipment are commonly found in BSL3 facilities. Examples include biological safety cabinets, ventilated animal caging systems, and exhaust air filtration systems. Several guidelines suggest the routine fieldtesting and certification of such equipment. 1, 6, 7 In addition, inspectors from the Federal Select Agent Program Centers for Disease Control and Prevention require registered facilities to provide written test reports for all biological safety cabinets, animal caging systems, and exhaust filters during routine site visits. While all of the

aforementioned entities and others place importance on routine testing of certain protective equipment, none of them currently require or recommend in situ efficiency testing of PAPR units. Although HEPAfiltered PAPRs are worn to protect workers from potentially infectious bioaerosols during laboratory work—as would be generated from spills outside of biological safety cabinets—we are not aware of any current requirements to verify proper filtration efficiency in the field. American National Standards Institute Z88.2, “Practice for Respiratory Protection,” simply indicates that the PAPR highefficiency filter should be replaced whenever the minimum airflow cannot be maintained, whenever the filter is damaged, or whenever unacceptable breathing resistance is noticed.

5 The American National Standards Institute report does not make a specific recommendation for routine fieldtesting of the PAPR system as it is to be used in the workplace. In addition, the Occupational Health and Safety Administration requires that PAPRs worn in the occupational setting be National Institute for Occupational Safety and Health NIOSH certified and used in compliance with a sitespecific respiratory protection program; however, this standard does not specifically require any type of regular in situ testing. Thus, the safety team of the RBL at Duke University decided to investigate the feasibility of conducting onsite performance testing of the PAPR units used. Both manufacturers of the PAPR systems used in the RBL 3M and MAXAIR were contacted for guidance on how best to ensure proper unit filtration efficiency prior to use in a potentially hazardous work environment. Each emphasized the fact that its PAPR system was a NIOSHcertified respirator with an APF of 1000 and offered this as an indication of predicted performance over time in the field. The following summaries provide additional responses from each PAPR vendor. 3M recommends a thorough inspection of the whole unit prior to each use. This includes removal of the back cover and filter and careful inspection of multiple internal components Figure 1 . 3M also emphasizes the importance of verifying proper airflow by performing a flow check prior to each use. 3M does not recommend nor provide instruction on fieldtesting. Download Open in new tab Download in PowerPoint Figure 1. 3M AirMate motor assembly and highefficiency particulate air HEPA filter. MAXAIR recommends close monitoring of the 5 LED safetystatus indicators located on the underside front of the unit’s helmet in the user’s peripheral vision. These indicators are designed to notify the user of inadequate airflow or battery charge.