

To: All STA Employees  
From: E. Susan Meyer, Chief Executive Officer  
Date: March 19, 2020  
Re: **N95 Respirator Distribution**

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Valued STA Employee:

At today's Board of Directors meeting, I announced that I will authorize the availability of the limited supply of N95 respirators in our possession for use by coach and van operators who believe they are useful to protect themselves from exposure to COVID-19. Employees are not required to have or wear a facemask.

This has been a difficult decision. The executive team and I have relied on the clear guidance from leading health authorities regarding the use of protective facemasks, including N95 respirators. The Centers for Disease Control & Prevention (CDC), the World Health Organization (WHO), and the Washington Department of Health (DOH), have all advised that due to the global supply shortage, as well as the limited effectiveness when used improperly, facemasks should be used by those infected with COVID-19 and the healthcare professionals and first responders overseeing their treatment.

We have received additional guidance from the Greater Spokane Emergency Management (GSEM) team and the experts with the Spokane Regional Health Department (SRHD), that we should adhere to the practices outlined by global health experts – not to distribute N95 masks to frontline transit workers.

We have also heard, however, from some of our own employees and their families about their concerns of potential exposure as they deliver an essential service to the public during this pandemic. They are fearful for themselves and the potentially vulnerable people in their lives. I told employees at the March All Employee Meetings that we have N95 masks on hand, but would follow the guidance from the health authorities about when to make them available. Since then, there has been no change in guidance, and none appears to be coming.

# memo



ADMINISTRATION

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There is no right answer in this situation. Regardless of the decision I make, I will take an unpopular action in the eyes of people for whom I hold deep respect: our regional partners in the emergency response, or our own coach and van operators who find themselves in close proximity to passengers accessing critical transportation services.

My priority is for Spokane Transit to be united in its responsibility to continue delivering service for the unknown duration of this emergency. Anxious employees distracted from our mission and our commitment to safe driving creates a service delivery risk I am obligated to address. Moving past this potential flashpoint and regaining focus is the basis for my decision.

The N95 masks will be available in respective departments beginning tomorrow, March 20, 2020, for those coach and van operators who want them.

If you have questions about this announcement, please contact your supervisor.

Cc: Steve Blaska  
Brandon Rapez-Betty  
Nancy Williams  
Karl Otterstrom  
Monique Liard  
Thomas Leighty  
Sam Hairston  
Mike Kunder

# How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.<sup>1</sup>

## Putting On The Respirator



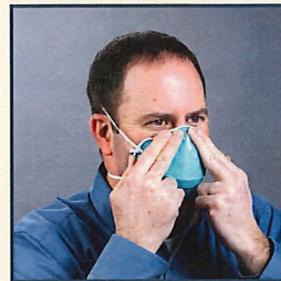
Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

## Checking Your Seal<sup>2</sup>



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.

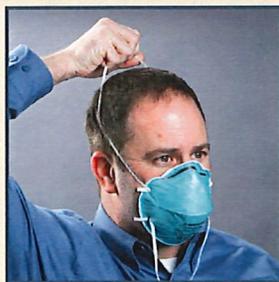


If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

## Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container.  
WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

<sup>1</sup> Manufacturer instructions for many NIOSH approved disposable respirators can be found at [www.cdc.gov/niosh/nppt/topics/respirators/dispart/](http://www.cdc.gov/niosh/nppt/topics/respirators/dispart/)

<sup>2</sup> According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to <http://www.cdc.gov/niosh/nppt/topics/respirators/>



## Risks of Extended Use and Reuse of Respirators

Although extended use and reuse of respirators have the potential benefit of conserving limited supplies of disposable N95 respirators, concerns about these practices have been raised. Some devices have not been FDA-cleared for reuse(21). Some manufacturers' product user instructions recommend discard after each use (i.e., "for single use only"), while others allow reuse if permitted by infection control policy of the facility.(19) The most significant risk is of contact transmission from touching the surface of the contaminated respirator. One study found that nurses averaged 25 touches per shift to their face, eyes, or N95 respirator during extended use.(15) Contact transmission occurs through direct contact with others as well as through indirect contact by touching and contaminating surfaces that are then touched by other people.

Respiratory pathogens on the respirator surface can potentially be transferred by touch to the wearer's hands and thus risk causing infection through subsequent touching of the mucous membranes of the face (i.e., self-inoculation). While studies have shown that some respiratory pathogens (22-24) remain infectious on respirator surfaces for extended periods of time, in microbial transfer (25-27) and reaerosolization studies (28-32) more than ~99.8% have remained trapped on the respirator after handling or following simulated cough or sneeze.

Respirators might also become contaminated with other pathogens acquired from patients who are co-infected with common healthcare pathogens that have prolonged environmental survival (e.g., methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, *Clostridium difficile*, norovirus, etc.). These organisms could then contaminate the hands of the wearer, and in turn be transmitted via self-inoculation or to others via direct or indirect contact transmission.

The risks of contact transmission when implementing extended use and reuse can be affected by the types of medical procedures being performed and the use of effective engineering and administrative controls, which affect how much a respirator becomes contaminated by droplet sprays or deposition of aerosolized particles. For example, aerosol generating medical procedures such as bronchoscopies, sputum induction, or endotracheal intubation, are likely to cause higher levels of respirator surface contamination, while source control of patients (e.g. asking patients to wear facemasks), use of a face shield over the disposable N95 respirator, or use of engineering controls such as local exhaust ventilation are likely to reduce the levels of respirator surface contamination.(18)

While contact transmission caused by touching a contaminated respirator has been identified as the primary hazard of extended use and reuse of respirators, other concerns have been assessed, such as a reduction in the respirator's ability to protect the wearer caused by rough handling or excessive reuse.(19, 20) Extended use can cause additional discomfort to wearers from wearing the respirator longer than usual.(14, 15) However, this practice should be tolerable and should not be a health risk to medically cleared respirator users.(19)

\*Visit [www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#risksextended](http://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#risksextended) for footnotes and additional N95 mask recommendations.