

INTRODUCTION

Frontline healthcare workers (HCWs) are at **increased risk of exposure** to highly infectious agents.

CDC recommended that elastomeric half-mask respirators (EHMRs) be used as an alternative to N95 filtering facepiece respirators during a supply shortage.

This study examined a focus group's perspectives **on implementing an EHMR use program** and discussion on the **advantages, benefits, potential discomforts, and user barriers of the EHMR.**

METHODS

Focus group participants were recruited from a mid-sized hospital, **Detroit Medical Center (DMC)**, in Detroit, Michigan, USA, representing different hospital units.

The focus group members consisted of **5 HCWs** who participated in the CDC EHMR study in using it for 3 months. They were convened to gain their perspectives on implementing the EHMR program in different healthcare units.

The semi-structured discussion **covered barriers and solutions to implementing the program**, and respirator use management, including purchase, storage, distribution, cleaning, and disinfection.

The results of two EHMR implementation projects of the CDC study we conducted on **EHMR use training and fit testing**, and its actual use in healthcare settings for three-months were presented to the focus group members as background information.

The focus group session was video recorded on Zoom and **lasted 90 minutes**, which was transcribed and noted. The comments, feedback and suggestions provided by the focus group members were **analyzed thematically** by study team members, with findings summarized into major categories.



Front view **N95 Respirator** Back view



Front view **EHMR** Back view

RESULTS

Questions	Responses	Codes	Themes
How is the hospital's respiratory protection program managed?	The hospital does not have a Department of Occupational Health to manage the program, but the infection control department sets rules.	Lack of occupational health department	Respiratory protection program management
How are respirators purchased and distributed to HCWs?	Nurse managers/unit leaders put in requests followed by multiple levels of approval. Purchases are based on the needs of HCWs performing specific tasks. Each unit works separately, but there are unifying department managers.	Purchase based on needs, request and approval process	Respirator purchase and distribution
What is the preferred method of storage for respirators?	Individual use and storage is preferred. A case designated to each worker's respirator in a central, safe, and sanitized area was suggested.	Individual storage, designated cases in a central, safe, and sanitized area	Respirator storage
How is respiratory protection training conducted?	Training is currently unit-based, but having a hospital-specific plan is beneficial.	Unit-based training, need for hospital-specific plan	Respiratory protection training
What methods are used to clean and disinfect respirators?	Dish soap and water cleaning at the end of the shift was recommended. Disinfection by CDC-recommended Oxivir wipes worked well.	Dish soap and water cleaning, Oxivir wipes	Respirator cleaning and disinfection
How often should the filters be changed and who should control it?	The filters should be changed on a yearly basis, and nurse managers should control it.	Yearly filter change, Filter change nurse manager control	Filter change schedule control

CONCLUSION

The preliminary results from this meeting indicated that implementing EHMR use programs in healthcare settings is **dependent on the size and resources** of the healthcare organization. **A tailored approach is necessary** for each unit based on their duties and potential emergency situations.

Lower-level administrators need to **support and coordinate** the use of respirators during high-risk tasks.

Future studies in multiple healthcare organizations can provide more feasible strategies for EHMR use programs that fit different sizes of organizations.

PUBLIC HEALTH IMPLICATIONS

Healthcare organizations need to **prioritize the investment** of appropriate resources and strategies to ensure the effective implementation of EHMR use programs during pandemics or public health disasters as part of their overall plan to mitigate the short supply of routinely used N95 facepiece filtering respirators.

The tailored approach suggested in the study highlights the importance of considering the size and needs of each unit to **create effective and feasible strategies** for EHMR use.

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