



## Using Respirators with Exhalation Valves for Infectious Control in a Community-Setting [e.g. COVID-19, Influenza (Flu), Respiratory Syncytial Virus (RSV), etc.]

**Respirators with exhalation valves** do provide the same level of protection to the wearer as one that does not have a valve; however, they may not filter virus particles or respiratory droplets that the wearer exhales. This means particles or droplets from the wearer can be released outside the mask, reducing the efficacy of the barrier mask as a public health prevention measure. These exhalation valves are intended to make the respirator more comfortable for the wearer by allowing exhaled air to escape more easily and reducing heat buildup inside the mask.

**Source control:** Respirators with exhalation valves can protect the wearer from inhaling virus particles and respiratory droplets. However, they may not prevent the spread of infection agents from the wearer to others (i.e., they may not be effective for source control).

If possible, wear a respirator **without** an exhalation valve when both source control and respiratory protection are required.

If you must use a respirator with an exhalation valve, the following must be considered:



When **working alone**, wearing a fit tested respirator with an exhalation valve is acceptable.



When **source control** is needed: If working in an environment where others are **not** wearing respirators (e.g., fit tested NIOSH-approved or CSA-certified disposable filtering facepiece N95, or elastomeric respirator), cover the exhalation valve with a medical mask (e.g., surgical mask, procedure mask) that does not interfere with the respirator fit.

Medical grade masks must be worn if physical distancing cannot be consistently maintained.

For the latest information on Respiratory Illnesses, including COVID-19, please refer to:  
<https://ehs.utoronto.ca/covid-19-information/>

Reference: <https://www.cdc.gov/niosh/npptl/respirators/exhalationvalve/default.html>