



Cleaning Guidelines

COVID-19 CONSIDERATIONS – HM1400 HALF MASK AND F1100 RANGE
P3 R FILTERS

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Cleaning Procedures

After every exposure or suspected exposure, the user should, whilst wearing gloves:

- Remove the mask and arrange for disinfection/cleaning.
- Remove the Corpro F1100 P3 R filters, which can be wiped on the outside with a damp cloth with cleaning fluid.
- Make sure the cleaning fluid does not go into the inside of the filter, as this may harm the filter media. The filter material is “splash resistant” but must not be immersed in the decontamination fluid.
- Wash and clean the mask thoroughly in warm (40°C) soapy water (or a 10% bleach solution with water), or other disinfectant. Rinse with clean water and leave to dry in a clean area.
- Inspect the filter before next use and check that it is dry and undamaged.

Cleaning Solutions

The mask has been tested against bleach (1300 ppm at elevated temperature for over 3 hours). The mask continued to work when tested after this extreme (accelerated) disinfection cycle. It is expected that the mask would behave (and survive) in the same way against chlorclean solutions and wipes.

NB: Chlorclean is a more modern (and gentler) way of producing chlorine to act as a disinfectant and can be used instead of bleach. The active biocide ingredient being Troclosen sodium.

Similarly, Hydrogen Peroxide Solutions have been used at elevated temperatures for ~3 hours (as above with Bleach) to decontaminate the masks with a (again) no deterioration in the performance of the masks.

Filter Change Policy

1. In industry (and in healthcare settings) the P3 particulate filters (and the mask itself) can be used multiple times.
2. The filter will continue to give protection provided that:
 - a. It is not damaged.
 - b. It does not become clogged with particulate material, which would make it more difficult to breathe through.
3. In industry, it is not uncommon for filters (used in very dirty/dusty environments) to begin to clog with particulates within a month and possibly much sooner.
4. A common changeout routine (in industry) might be every month (or even week), or crucially when the filter becomes noticeably more difficult to breathe through.

5. In a healthcare setting it is likely to be a very clean environment (from a particulate perspective) and clogging becomes much less likely.
6. It is expected that the respirator could be used for many months without the need to change the filters. Provided that:
 - a. There is no visible damage to the filter(s).
 - b. There is no noticeable increase in the breathing resistance.
 - c. The mask continues to be disinfected, and inspected routinely for efficacy.
7. In addition, Corpro suggests a filter rotation system to ensure that only sterile filters are used at the start of a shift. The moment that a contaminated droplet comes into contact with the filter media, it is no longer sterile, but crucially it continues to prevent virus getting to the breathing zone. The F1100 P3 R filter has been shown to be >99.999986% efficient against viruses and will continue to provide this level of protection provided that the filtration material inside the filter does not become damaged and the filter is not “clogged”. The filter is not the weak link in the system.
 - a. Do NOT insert anything through the inlet grill nor the fitting on the mask side of the filter as this will damage the filter media.
 - b. Suggested rotation system:
 - i. The first pair of filters would be used on day 1, the second pair on day 2 and the third pair on day 3.
 - ii. On day 4 the first pair would be used again. Any coronavirus will have died and the virus load is likely to be minimal by day 4 and so the first filter pair can be considered sterile on day 4.
 - iii. This cycle then repeats.

Signed by



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