April 3, 2020

To: Manufacturers of Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators;
Health Care Personnel;
Hospital Purchasing Departments and Distributors;
Importers and Commercial Wholesalers; and
Any Other Applicable Stakeholders.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3(b)(1)(C)), the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the Coronavirus Disease 2019 (COVID-19) outbreak, subject to the terms of any authorization issued under that Section.¹

On April 3, 2020, in response to this evolving public health emergency and continued concerns about filtering facepiece respirator (FFR or respirator) availability, FDA concluded based on the totality of scientific evidence available that certain product classifications for imported disposable FFRs that are manufactured in China and not NIOSH-approved and for which data exists that supports the respirators’ authenticity, are appropriate to protect the public health or safety (as described under section II Scope of Authorization) under section 564 of the Federal Food, Drug, and Cosmetic Act (Act) (21 U.S.C. § 360bbb-3). Under this EUA, authorized respirators listed in Appendix A are authorized for use in healthcare settings by healthcare personnel (HCP)² when used in accordance with CDC recommendations to prevent wearer


² Healthcare personnel refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These healthcare personnel include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, dentists and dental hygienists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak.

This EUA does not affect the previous March 28, 2020, EUA for Non-NIOSH-Approved Imported FFRs (originally issued on March 24, 2020), which authorizes, in part, the emergency use of certain imported disposable FFRs that are not NIOSH-approved and excluded those manufactured in China, to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak, pursuant to Section 564 of the Act. FDA is issuing this EUA to authorize disposable respirators manufactured in China that meet certain criteria, including additional validation and review by FDA to confirm the respirator’s authenticity.

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of the authorized respirators, as described in the Scope of Authorization (Section II) and pursuant to the Conditions of Authorization (Section IV) of this letter for use in healthcare settings by HCP when used in accordance with CDC recommendations to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 pandemic.

For the most current CDC recommendations on optimizing respirator use, please visit CDC’s webpage: Strategies for Optimizing the Supply of N95 Respirators. This EUA does not permit use of authorized respirators by the general public.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of authorized respirators as described in the Scope of Authorization (Section II) of this letter for use in healthcare settings by HCP to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. SARS-CoV-2, the virus that causes COVID-19, can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;

2. Based on the totality of scientific evidence and other information available to FDA, it is reasonable to believe that the authorized respirators may be effective in preventing HCP exposure to pathogenic biological airborne particulates during FFR shortages, and that the known and potential benefits of the authorized respirators, when used to prevent HCP exposure to such particulates during FFR shortages during COVID-19, outweigh the known and potential risks of such products; and
3. There is no adequate, approved, and available alternative to the emergency use of the authorized respirators for preventing HCP exposure to such particulates during FFR shortages to prevent disease spread.\(^3,4\)

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the use of the authorized respirators listed in Appendix A, and includes authorized respirators that have been decontaminated pursuant to the terms and conditions of an authorized decontamination system,\(^5\) for use in healthcare settings by HCP as recommended by CDC to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak.

Respirators Eligible for Authorization under this EUA

A disposable non-NIOSH-approved respirator manufactured in China that meets one of the following criteria for authentication is eligible for authorization under this EUA:

1. It is manufactured by an entity that holds one or more NIOSH approvals for other models of FFRs produced in accordance with the applicable standards of authorization in other countries that can be verified by FDA;
2. It has a regulatory authorization under a jurisdiction other than China that can be authenticated and verified by FDA; or
3. It demonstrates acceptable performance to applicable testing standards as documented by test reports from a recognized independent test laboratory that can be verified by FDA.\(^6\)

A respirator that meets the eligibility criteria outlined above will be added to Appendix A as an authorized respirator once FDA confirms the criteria for issuance are met. FDA may ask a manufacturer that is requesting authorization for any additional information FDA needs to confirm the respirator is eligible under one of the criteria outlined above. Once FDA receives the requisite information, FDA will notify the manufacturer of the inclusion of its authorized respirator(s) in Appendix A under this EUA by replying to the manufacturer’s or importer’s email. This process is further outlined below.

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\(^3\) No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.
\(^4\) There are not sufficient quantities of FFRs that are both NIOSH-approved and meet FDA regulatory requirements to meet the needs of the U.S. healthcare system. These disposable respirators are an integral part of routine patient care. Providing HCP who are on the forefront of the COVID-19 response with FFRs consistent with the CDC’s guidance and recommendations is necessary in order to reduce the risk of illness in HCPs and increase their willingness to provide care to affected patients or those suspected of having COVID-19.
\(^5\) For purposes of this EUA, an “authorized decontamination system” means any decontamination system that has been issued an EUA. Authorized decontamination systems can be found on FDA’s Emergency Use Authorization webpage, available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization.
\(^6\) Manufacturers of respirators designed and validated according to China’s standards are eligible for authorization if this criterion is met.
Authorized Respirators

In order to be added to Appendix A as an authorized respirator under this EUA, manufacturers and/or importers must demonstrate that the disposable non-NIOSH-approved respirator(s) manufactured in China meets at least one of the criteria above by sending a request to FDA with the subject line “FFRS Made in China” to CDRH-NonDiagnosticEUA-Templates@fda.hhs.gov with the information below:

A. For respirators meeting criterion #1 above, please provide:
   - The manufacturer name, model number and NIOSH approval numbers for your NIOSH approved respirator(s)
   - The manufacturer name, address, model number, and a copy of the product labeling\(^7\) for the respirator you want authorized
   - An estimate of the number of respirators you are planning to import during the public health emergency

B. For respirators meeting criterion #2 above, please provide:
   - The manufacturer name, address, model number, and a copy of the product labeling\(^8\) for the respirator you want authorized
   - Marketing authorization document/certificate from another regulatory authority or conformity assessment body acting on their behalf (including the authorization number and the name of the conformity assessment body)
   - Certificate of conformity to the applicable standards
   - An estimate of the number of respirators you are planning to import during the public health emergency

C. For respirators meeting criterion #3 above, please provide:
   - The manufacturer name, address, model number, and a copy of the product labeling\(^9\) for the respirator you want authorized
   - Name of the testing body
   - Certificate of conformity to the applicable standards
   - Test report demonstrating applicable performance standards have been met
   - An estimate of the number of respirators you are planning to import during the public health emergency

The above-described authorized respirators listed in Appendix A, when labeled as described in this letter, are authorized to be distributed to and used in healthcare settings by HCPs when used

\(^7\) Please note that respirators must comply, at a minimum, with the labeling requirements in conditions A and B under the Conditions of Authorization (Section IV) of this letter.

\(^8\) Please note that respirators must comply, at a minimum, with the labeling requirements in conditions A and B under the Conditions of Authorization (Section IV) of this letter.

\(^9\) Please note that respirators must comply, at a minimum, with the labeling requirements in conditions A and B under the Conditions of Authorization (Section IV) of this letter.
in accordance with CDC’s recommendations under this EUA, despite the fact that they do not meet certain requirements otherwise required by applicable federal law.

Additionally, authorized respirators listed in Appendix A that have been decontaminated using an authorized decontamination system remain authorized under this EUA to be used in healthcare settings by HCP when used in accordance with the terms and conditions of the authorized decontamination system without the need for any action by the respirators’ manufacturer, despite the fact that they do not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of the authorized respirators when used consistently with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of such products.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence and other information available to FDA, that it is reasonable to believe that the authorized respirators may be effective at preventing HCP exposure to certain particulates to prevent disease spread, when used consistently with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific and other information available to FDA, including the information supporting the conclusions described in Section I above, and conclude that the authorized respirators, when used in healthcare settings to prevent HCP exposure to certain particulates to prevent disease spread (as described in the Scope of Authorization of this letter (Section II)), meet the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of the authorized respirators under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS’s determination under Section 564(b)(1)(C) described above and the Secretary of HHS’s corresponding declaration under Section 564(b)(1), the authorized respirators are authorized to be used in healthcare settings by HCP under the terms and conditions of this EUA. EUA amendments may be undertaken as needed with concurrence of, OST/CDRH, Division of Infection Control and Plastic and Reconstructive Surgery/CDRH, and OCET/OCS/OC.

This EUA will cease to be effective when the HHS declaration that circumstances exist to justify the EUA is terminated under Section 564(b)(2) of the Act or when the EUA is revoked under Section 564(g) of the Act.

III. Waiver of Certain FDA Requirements

I am waiving applicable current good manufacturing practice requirements, including the quality
system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of the authorized respirators that are used in accordance with this EUA.

IV. Conditions of Authorization

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

Manufacturers of Authorized Respirators

A. Manufacturers of authorized respirators are required to publish the intended use and other instructions (such as fit testing, etc.) about all authorized models that are imported and authorized under this EUA on their website in English. Additionally, manufacturers must notify FDA by emailing FDA at CDRH-NonDiagnosticEUA-Templates@fda.hhs.gov of the website address (URL) that meets this condition. The subject line of this email should read “URL for FFR Made in China.” FDA will make this information available to the public on its EUA website at https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ppe. Manufacturers must notify FDA of any changes to this page.

B. In addition to the above electronic labeling condition, manufacturers of authorized respirators are additionally required to include a letter, in English, that can be distributed to each end user facility (e.g., each hospital, etc.) that receives the authorized respirator model. This letter must include the authorized respirator’s manufacturer, model, intended use, manufacturer’s webpage (if applicable), etc.

C. Manufacturers of authorized respirators will notify the importer (if applicable) of the terms and conditions of this EUA and ensure that the end user facility (e.g., each hospital, etc.) that receives the authorized respirators also receives the information required under Condition B.

D. Manufacturers of authorized respirators will have a process in place for reporting adverse events of which they become aware and send such reports to FDA.

E. All descriptive printed material relating to the use of the authorized respirators in the United States shall be consistent with applicable CDC recommendations for use during the COVID-19 outbreak, as well as the terms set forth in this EUA.

F. No descriptive printed matter relating to the use of the authorized respirators in the United States may represent or suggest that the product is safe or effective for the prevention of COVID-19.

G. Manufacturers of authorized respirators will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made
available to FDA for inspection upon request.

H. Manufacturers of authorized respirators that are decontaminated by an authorized decontamination system are not responsible for any additional conditions that may apply to the manufacturer and/or operator of the decontamination system, unless they are the same manufacturer.

Importers

I. All descriptive printed material relating to the use of the authorized respirators shall be consistent with applicable CDC recommendations for use during the COVID-19 outbreak, as well as the terms set forth in this EUA.

J. No descriptive printed material relating to the use of the authorized respirators may represent or suggest that the product is safe or effective for the prevention of COVID-19.

K. Importers of authorized respirators will notify manufacturers of the terms and conditions of this EUA and ensure that the end user facility (e.g., each hospital, etc.) that receives the authorized respirators also receives the information required under Condition B.

L. Importers of authorized respirators will ensure that any records associated with this EUA are maintained until the end of this public health emergency.

Manufacturers and/or Operators of Authorized Decontamination Systems

M. Each manufacturer and/or operator of an authorized decontamination system for decontamination of authorized respirators must comply with the Conditions of Authorization and authorized labeling as set forth in the Letter of Authorization for the authorized decontamination system.

The emergency use of the authorized respirators as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

V. Duration of Authorization

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of personal respiratory protective devices during the COVID-19 outbreak is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,
/S/

RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosures