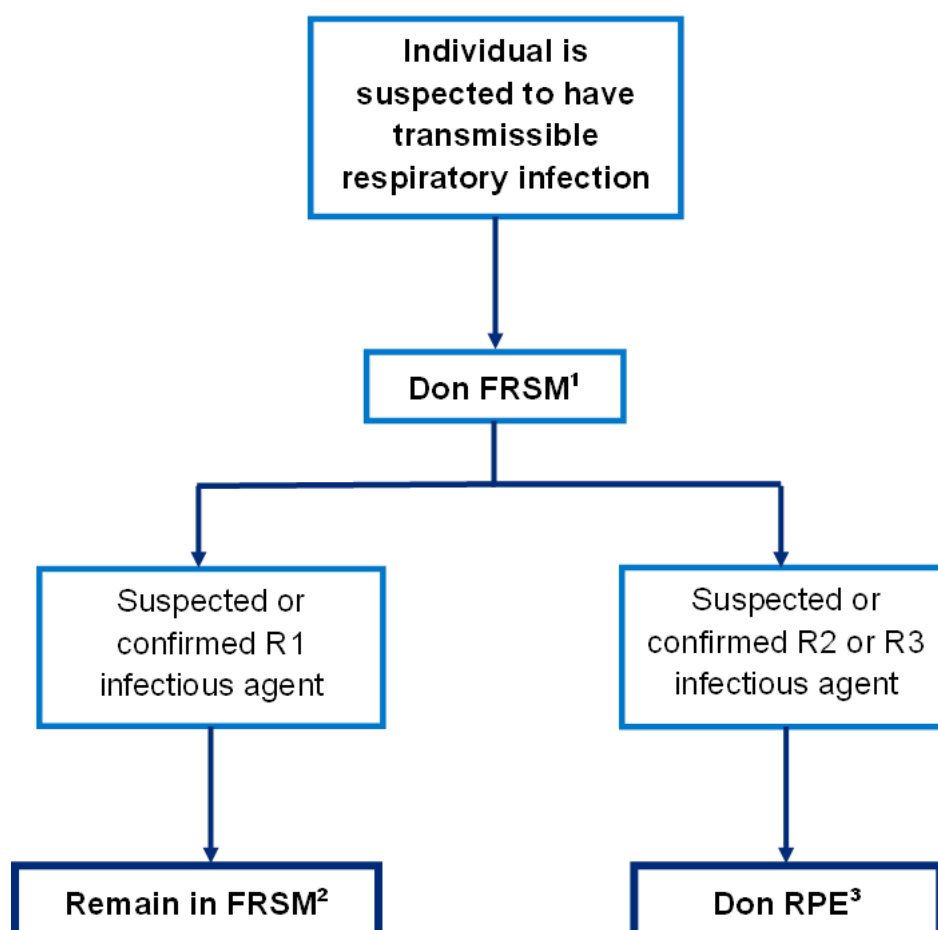


Appendix 15 - Mask selection for respiratory infectious agents (R1, R2 and R3)



- 1** If suspected or confirmed respiratory infection with an R2 or R3 infectious agent is suspected or confirmed prior to patient interaction, RPE should be worn. If the suspected or confirmed R2 or R3 infectious agent is classified as an HCID, refer to separate [HCID guidance](#).
- 2** RPE may be worn when caring for a person with suspected or confirmed R1 infectious agent if a healthcare worker is advised to do so by their own medical practitioner or based on personal choice.
- 3** See [section 2.4.5](#) (Personal Protective Equipment) of the NIPCM for more information on RPE.

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Respiratory infections:

To support the application of TBPs, respiratory infectious agents have been categorised into three groups; R1, R2 and R3. Below are some examples, note these are non-exhaustive:

Category	R1	R2	R3
Infectious agents/ diseases	• Whooping cough • Mumps • Seasonal influenza • Respiratory SV • Rhinovirus • COVID-19	• Pulmonary tuberculosis • Measles • Chickenpox • MERS*	• Nipah virus*

*These infectious agents are currently categorised as high-consequence infectious diseases (HCID) in the UK and therefore have separate [HCID guidance](#).

[Appendix 11](#) provides details of infectious agents and their associated R category, optimal patient placement and isolation requirements and appropriate mask selection.

RPE use for R1 infectious agents

Medical advice

If advised to do so by occupational health, their GP, or another personal medical practitioner, staff should wear RPE (FFP3 or equivalent respirator) when caring for individuals with suspected or confirmed R1 respiratory infection. This may be due to risk factors that increase the risk of serious health outcomes if they become infected (for example, underlying health issues).

Personal choice

The severity of illness associated with acquisition of R1 pathogens is likely to be less severe for most individuals when compared to R2 and R3 pathogens. However, staff may also choose to wear an FFP3 or equivalent respirator rather than a FRSM when

caring for individuals with suspected or confirmed R1 respiratory infection. This personal choice may be informed by the following:

- risk of exposure to infectious particles is greatest when you are providing care at close range to the individual (within 1 metre or 3 feet)
- individuals who are actively coughing produce the most infectious particles which increases exposure risk
- activities that produce the most infectious particles, increasing exposure risk, include:
 - medical procedures that induce coughing. Examples include the following procedures performed on **awake** service users: bronchoscopy, awake tracheal intubation (ATI), upper GI endoscopy, induction of sputum, care of tracheostomy site, suctioning beyond the oral cavity which is performed manually (not as part of a closed ventilation system).
 - medical procedures that use high-speed devices on tissues within the respiratory tract (and extra-pulmonary TB sites) during surgery/ post-mortem and dentistry. Examples include high-speed dental drilling, ultrasonic scaling and use of oscillating saws

The transmission risk associated with these exposure scenarios remains unknown. FFP3 respirators are designed to provide protection against the smallest respiratory particles. However, an FRSM will provide some protection.