

FiltaMask™

Helping to provide the protection you need and the care your patients need







Oxygen and Aerosol Therapy • Oxygen Therapy



Facing the challenge, reducing the risk

One of the biggest challenges facing healthcare professionals on the frontline is the uncertainty of what you are going to face.

Patients with respiratory infections have specific needs and yet pose a specific risk. Conventional oxygen masks can generate a plume of particles from their exhalation ports, which can travel a distance of 0.4 meters^{[1][2]} resulting in a potential risk.

Mask concept and safeguards for the environment

The FiltaMask™ from Intersurgical is an adult medium concentration oxygen mask designed with additional features to help protect its environment. It is intended for use on patients with respiratory infections who may be a source of aerosolized infectious pathogens and who also require supplementary oxygen. Unlike, conventional oxygen masks, the FiltaMask incorporates a breathable filter media covering the exhalation ports. This allows exhaled air to pass through the media, helping to reduce the risk to paramedics, hospital staff and visitors. [3]

Greener @

The elimination of PVC from the mask has dramatically lowered its environmental impact

'Incurved' face seal

Providing improved level of fit and comfort

Breathable filter media

Covers the exhalation ports to reduce the risk of escaping aerosols

'On-chin' positioning

Provides a better fit to a wider range of face shapes

Low elastic position

Eliminating trauma to the patient's ears



Code	Description	Tube length	Oty.
1145000	FiltaMask, Eco, adult, medium concentration oxygen mask with tube	2.1m	15

Make an inquiry

Find out more

References

- (1) Airflows around Oxygen Masks. David S. Hui et al: Chest. 2006;130:822-826
- (2) Exhaled Air Dispersion During Oxygen Delivery via a Simple Oxygen Mask. David S. Hui et al: Chest. 2007;132:540-546
- (3) Oxygen Administration and the Protection of Health-Care Workers From Infections. Joseph A. Fisher. Chest. 2007;131:941-942





