

PHC Respirators Fit Testing Policy

1. Introduction

Exposure to known and suspected airborne infectious pathogens and/or contaminants pose a serious occupational risk to health care workers.

Providence Health Care (PHC) has developed and implemented the [Respiratory Protection Program for Air-Purifying Respirators](#) to ensure respiratory hazards are assessed, and appropriate respiratory protection is provided to all at-risk staff.

The use of validly fit tested N95 Respirators and Elastomeric Respirators in conjunction with PHC's Respiratory Protection Program has been proven effective in reducing the risk of occupational exposure to airborne infectious contaminants.

1.1. Purpose

To protect healthcare workers against exposure and transmission of airborne infectious pathogens and/or contaminants by inhalation of aerosols via the mouth and nose.

1.2. Scope

This policy applies to all sites and facilities within PHC and all Staff who regularly perform aerosol-generating medical procedures (AGMPs) and work with potential/confirmed airborne precaution patients & residents.

Departments must complete a [Point of Care Risk Assessment](#) (PCRA) to assess the level of necessity for requiring the use of N95 Respirators.

1.3. Exceptions

Validly fit tested N95 Respirators will be used in all departments for AGMPs and when interacting directly/indirectly with airborne precaution patients, unless a documented medical or religious reason be provided to PHC OHS representative(s).

Staff with medical or religious reasons restricting respirator usage **must not participate in above tasks**, and must consult with both direct manager/supervisor(s) and OHS representative(s). Staff falling under these reasons will either be assigned/trained to use a Powered Air Purifying Respirator (PAPR) or will be reassigned to other related duties that don't involve performing AGMPs or working with potential/confirmed airborne precaution patients & residents.

2. Policy

PHC will utilize N95 Respirators in all areas and for all procedures requiring N95 Respirators.

All Staff requiring the use of a respirator **must be fit tested annually** through either departmental trained fit-testers, OHS-sponsored drop-in sessions or OHS advisors - provided when attempts made via previous two options fail.

Staff will be educated in the appropriate use of N95 Respirators and Elastomeric Respirators during fit-testing sessions, and in all principles and processes related to the PHC Respiratory Protection Program for Air-Purifying Respirators.

Staff and respective departmental managers/supervisors shall ensure applicable personnel have **valid fit tests on a quarterly and/or annual basis using Managers Dashboard**, or by contacting with OHS Department.

Prevention of exposure to airborne infectious pathogens and contaminants will be a primary consideration whenever processes, programs and/or patient or resident care equipment are implemented or altered.

2.1. N95 Respirator Usage Recommendations

1. A seal check is required every time a respirator is donned at point-of-care to assess fit.
2. The same respirator may be used between different patients without doffing when in good condition.
3. Respirators should be changed if they are moist/wet, visibly soiled/dirty or damaged.
4. Respirators should be doffed at the end of your shift or when having meal or rest periods at work.
5. Staff should avoid touching or manipulating the respirator once donned. If staff touches or adjusts their respirator they should perform hand hygiene right away.
6. Do not save and re-use respirators once they have been doffed. Don a new respirator if additional use is required.

3. Responsibilities

3.1. All Staff

- Fully participate in OHS and departmental fit testing sessions to ensure a fitted N95 Respirator model is selected or maintained annually.
- Monitor the expiry date of their current fit test at [employee self-lookup link](#).
- Re-conduct fit testing when significant changes in facial structures and body weight occurs within one year since last fit test, or if no longer passing a seal check.
- Contact OHS Department in all scenarios that involve failed fit tests at qualitative fit testing sessions.

3.2. Managers and Supervisors

- Monitor the overall percentage of fit tested staff quarterly/annually to strive for 80% departmental compliance target through use of the [Manager's Dashboard](#).

- Schedule regular/need-based departmental fit testing sessions together with departmental fit testers when compliance rate is low.
- Monitor departmental fit testers' availabilities and identify further staff to be trained by OHS, if needed.
- Ensure that unit has ample supply of primary respirator models at all times, as well as for alternate models for their staff fit tested to those.
- Coordinate and collaborate with OHS Department to accommodate for workers unable to use a respirator in the case of medical or religious reasons.
- Coordinate and collaborate with OHS Department when additional resources are needed.

3.3. Departmental Fit Testers

- Conduct regular/need-based departmental fit testing sessions.
- Scan and email fit testing records to ohs@providencehealth.bc.ca following every fit testing session.
- Enter fit testing records into WHITE.net
- Refer staff who do not pass at departmental fit testing sessions to contact OHS to be tested at Hornby Office.
- Monitor fit testing supplies and replenish accordingly.

3.4. OHS Fit Testers

- Ensure fit test sessions scheduling at least 3 weeks in advance by connecting with the OHS Coordinator.
- Conduct qualitative fit testing at OHS scheduled drop-in sessions as trained.
- Scan and enter fit testing records on WHITE.net following each session.
- Refer staff who do not pass at drop-in fit testing sessions to contact OHS to be tested at Hornby Office.
- Monitor fit testing supplies and replenish accordingly.
- Inform OHS Coordinator of absence and sick leave ahead of scheduled session time to allow time for coordination.

3.5. Occupational Health and Safety Department

- Coordinate OHS tester-run fit testing sessions at acute sites and ensure regular fit testing schedules are posted on Connect OHS Page.
- Coordinate OHS tester-support fit testing sessions at LTC facilities and ensure efficient communication to site specific personnel.
- Promote the use of [Managers Dashboard](#) to all operational departments.
- Collaborate with IPAC in ensuring appropriate N95 Respirator usage recommendations are communicated to all PHC Staff.
- Address day-to-day questions Staff has regarding N95 Respirators' fit testing, use, training, supply and allergy inquiries.
- Conduct quantitative fit testing sessions to capture staff who do not pass regular tester-run qualitative fit testing sessions.

4. Compliance

Failure by a staff member to use N95 Respirators where clinically appropriate, shall result in the immediate removal of the personnel away from direct interactions with airborne precaution patients and areas.

Regular audits of inventory and trainings will monitor current availabilities and the use of N95 Respirators.

5. Supporting Documents

5.1. Related Policies

There are no related policies to include.

5.2. Guidelines/Procedures/Forms

[Respiratory Protection Program for Air-Purifying Respirators](#)

[PHC Frequently Asked Questions on N95 Respirators](#)

[3M 1860, 1860S, 1870+, Kimberly Clark Donning and Doffing Poster](#)

[Clarification on Clean Shaven](#)

[Medical Evaluation for Respirator Use Form](#)

[Elastomeric Respirator Guidelines](#)

[Powered Air Purifying Respirator Guidelines](#)

6. Definitions

"Staff" means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

"Airborne Infectious Pathogens" means a class of pathogenic bacteria or virus that are most commonly transmitted through small respiratory droplets, and remain suspended in the air on dust particles, respiratory and water droplets to elicit diseases on others.

"Contaminated" means the presence, or reasonably anticipated presence, of infectious pathogens or other potentially infectious or bio-hazardous body fluids or materials on an item or area.

"Elastomeric Respirator" refers to a type of tight fitting respirator that has a flexible, rubber-like face piece with either permanent or removable filters or cartridges or both. EFHRs require a valid fit test prior to use.

“Training” refers to both the Train the Tester Training offered to volunteer/departmental fit testers by OHS and the donning and doffing training provided to staff during fit testing sessions.

“Qualitative Fit Test” means a fit testing method based on a person’s ability to taste the testing fluid to detect potential air leakage from the respirator.

“Quantitative Fit Test” means a fit testing method which objectively measures and compares the amount of particulates between the environment and inside the seal using a Shibata Machine.

“Occupational Exposure” is a specific situation in which a worker is reasonably anticipated to be at risk of harmful contact with blood or other potentially infectious materials as a result of performing regular or assigned job duties. This does not include risk of contracting common infections such as cold or flu that may be encountered outside the workplace.

“Powered Air Purifying Respirator (PAPR)” is a fully-encapsulated air-purifying respirator that uses a blower to force air through filter cartridges or canisters and into the breathing zone of the wearer, resulting in a higher assigned protection factor (APF) than other respirators.

7. References

WorkSafeBC, OHS Guidelines Part 8: Personal Protective Clothing and Equipment, Editorial Revision February 14, 2020. G8.40 Respiratory protection – Fit test and G8.40 (2.1)(c) Single-use respirators and fit test equivalency.

Centre for Disease Control and Prevention, NIOSH Publication No. 2018-129. Fit Testing.

8. Appendices

There are no appendices to include with this policy.

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