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| Repeat fit testing guidanceFor health service organisations |
| Version 2, 21 August 2023  |

# Introduction

 Where it is identified by a risk assessment that a healthcare worker (HCW) is required to use respiratory protection equipment (RPE), the health service has a responsibility to implement a Respiratory Protection Program (RPP). Where it is not possible to eliminate the risk, it must be controlled so far as is reasonably practicable. This includes providing fit-testing and fit-checking for staff.

# Fit testing

# Protection from respiratory hazards by wearing the right respirators is achieved through ‘fit checking’ and ‘fit testing.’ Fit testing is a validated method to independently determine whether a specific make, model and size of respirator achieves a proper fit to an individual’s face (fit testing). Fit checking is a procedure performed by the wearer each time a respirator is used to self-determine that the respirator is correctly donned (fit checking).

# Both of these processes are important in protecting HCWs, as without an adequate fit, the degree of protection provided by respirators is reduced.

# Determining when fit testing is required

### Risk assessment of respiratory hazards

Health services are required to perform a risk assessment of respiratory hazards within their workplace to determine the likelihood of a person being exposed to a hazard. Not all HCWs will be required to wear a fitted respirator (P2 or N95), however for those HCWs who may be required to wear a fitted respirator, they must be fit tested. Fit testing and user seal check training should be routinely performed.

### Frequency of fit testing

Whilst annual fit testing is recommended in both the international standard, *ISO 16975-3:2017,* and the Australian and New Zealand standard, *AS/NZS 1715:2009*, health services will need to employ a pragmatic approach to their fit-testing and re-testing programs. Health services must regularly evaluate the risk to which HCWs are exposed and determine which employees are required to undertake fit testing. *AS/NZS 1715:2009* recommends that fit testing should be performed at appropriate intervals, however the ability of each health service to implement repeat fit-testing annually for all HCWs required to wear RPE will be dependent on the size of the organisation, the risk profile of their HCWs and the fit testing resources available.

In accordance with the health service’s RPP, fit testing must be undertaken:

* For HCWs who may be exposed to a respiratory pathogen or hazardous substances
* For HCWs who have been prioritised during a risk assessment
* Where there has been a change in the availability of N95/P2 respirators ((i.e., size, style, model or make) or where a new make/ model is issued and a HCW does not have access to any respirator which they had previously been fitted to
* For all new starters in higher risk roles (including students and volunteers), or for people transferring from lower risk into higher risk roles
* New employees, other temporary staff, students and volunteers where fit test results are unavailable, unclear, or in dispute
* Prior to first use
* Where the staff member is concerned about the respirator fit
* Any other reason for suspecting a mask leak including a worker suspected of acquiring a respiratory illness at a workplace despite wearing RPE.

Fit testing should be repeated at appropriate intervals (annually and no longer than 18 months), particularly for healthcare workers, including students and volunteers, identified to be working in high-risk areas, or who are required to routinely enter high risk areas, or be otherwise considered priority staff, and in line with the health services risk prioritisation framework. For healthcare workers in low-risk areas, annual fit testing may not be necessary but fit testing frequency should not exceed more than two years. However, the ability of each health service to implement repeat fit-testing annually for all healthcare workers required to wear RPE will be dependent on the size of the organisation, the risk profile of their healthcare workers and the fit testing resources available.

Health service organisations may choose to implement more rigorous re-testing policies for their HCWs than what is recommended within this guideline.

**Risk prioritisation of HCWs for fit testing**

The risk assessment undertaken by health services must identify staff in clinical facing roles in environments where airborne precautions are required. Examples of areas that could pose a risk for staff include, but are not limited to, ICU (adult, paediatric/neonatal), emergency department (ED), operating theatres where intubation/extubation, bronchoscopy or other respiratory AGPs are performed, wards with negative pressure rooms or respiratory isolation rooms that provide inpatient care to patients with suspected or confirmed respiratory infection or communicable diseases, wards which may be designated red and amber wards/zones (during an outbreak/pandemic), chest clinics or other services that perform sputum induction and emergency retrieval services.Staff whose role requires them to enter potentially high-risk areas (e.g. engineering, food and environmental services) must also be considered for fit testing regularly.

A range of AGB's (aerosol generating behaviours) such as shouting, spitting etc also pose a risk to staff.

**Further indications for repeat fit testing**

In addition to repeat fit testing according to the HCW’s risk profile, all HCWs who are required to wear fitted respirators are required to be re-tested if there has been a significant change to physical appearance including:

* Significant weight loss or gain (a change of more than 5 per cent)
* Pregnancy
* Facial trauma / surgery
* Scarring or cosmetic surgery / cosmetic procedures such as fillers
* Extensive dental work including extractions and new dentures

Health services will need to develop a process for staff to identify if they have physical appearance changes.

### Re-testing considerations

Health services will need to develop a re-testing policy which provides guidance for which masks will be re-tested.

The Industree Trident Medium and 3M Aura 1870+ have been shown to have the highest fit test success rates. Health services are encouraged to re-test HCWs on these two respirators before any other respirator unless it is obvious that a person’s facial shape will not result in a successful pass of respirator, was a clear fail in previous fit test attempts or there is a scarcity of supply.

### User seal check / fit check

A user seal check must be performed every time the respirator is donned otherwise the wearer cannot be sure that the necessary seal has been achieved, even if they have been fit tested.

All HCWs who are frequently or infrequently required to wear a fitted face respirator (P2/N95), should be instructed **annually** on how to perform a user seal check. This may be performed as part of their routine fit test or some other form of training (online module, in person training etc).

HCWs who are not required to enter areas with airborne precautions do not necessarily require fit testing or instruction of user seal checking, however this is at the discretion of the health service.

All new starters should, at a minimum, be educated on performing a user seal check as soon as practicable after starting and wear either the Industree Trident or the 3M Aura 1870+.

### Mobility of staff

Where HCWs work across multiple campuses, the risk profile of each campus site will need to be considered in determining the HCWs re-testing frequency. Casual staff, such as nurse bank or nurse pool who work on different wards/locations throughout a single site, should also be considered being placed in the high-risk staff category.

Agency or locum staff, and students on clinical placement should not be deployed to high-risk areas unless they can provide evidence that they have been successfully fit tested.

# Data, record keeping, and transferability of fit testing results

Each health service should capture and record data on each individual who undergoes fit testing. This should include worker name or employee number, their role (nurse, physiotherapist, orderly etc), the ward/s or area/s they work on, the date and time of the test, specifics of the respirators tested (including make, model), whether the HCW wears prescription glasses or was wearing PPE during the test. Records should identify whether each mask tested was a pass or fail, fit factor results for each exercise, and the overall fit factor results. HCWs who have been successfully fitted should be provided with evidence of their fit test. This evidence can then be provided to subsequent employers / health services, allowing the HCW to work without the need for a repeat fit test prior to employment or the testing anniversary date.

Further information can be found in the [Transferability of fit testing records](https://www.health.vic.gov.au/quality-safety-service/victorian-respiratory-protection-program) guidance document <https://www.health.vic.gov.au/quality-safety-service/victorian-respiratory-protection-program>

HCWs who failed to be fitted to any respirator should also be recorded and they should be provided with guidance on next steps. Supporting information is included in document [Fit testing guidelines-Unable or unwilling to be fit tested](https://www.health.vic.gov.au/quality-safety-service/victorian-respiratory-protection-program) <https://www.health.vic.gov.au/quality-safety-service/victorian-respiratory-protection-program>

Relevant information

The following standards provide information on general principles of respiratory protection for workers.

## Standards

* International Standard ISO 16975-3:2017 Respiratory protective devices – Selection use and maintenance – Part 3: Fit-testing procedures
* Occupational Health and Safety Act 2004
* Standards Australia AS/NZS 1715:2009 - Selection, use and maintenance of respiratory protective equipment
* Standards Australia AS/NZS 1716:2012 - Respiratory protective devices
* Australian Commission on Quality and Safety in Healthcare, [Preventing-and-controlling-infections-standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard>

## Useful links

Supporting information is available from WorkSafe Victoria [Controlling-covid-19-risks in healthcare-and social assistance](https://www.worksafe.vic.gov.au/controlling-covid-19-risks-healthcare-and-social-assistance) <https://www.worksafe.vic.gov.au/controlling-covid-19-risks-healthcare-and-social-assistance>

Department of Health (DHHS) [Covid-19-infection-prevention-control-guidelines](https://www.health.vic.gov.au/covid-19-infection-prevention-control-guidelines) <https://www.health.vic.gov.au/covid-19-infection-prevention-control-guidelines>

Department of Health [For health services and professionals - COVID-19](https://www.health.vic.gov.au/covid-19/for-health-services-and-professionals-covid-19) <https://www.health.vic.gov.au/covid-19/for-health-services-and-professionals-covid-19>

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Available at: <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>

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