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| Victorian Respiratory Protection Program – Fit testing guidelines: Unable or unwilling to be fit tested |
| 28 July 2021 Version 1 |
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# Overview

The purpose of this document is to provide guidance on instances where a healthcare worker[[1]](#footnote-1) (HCW) – including clinical staff and other health service workers (e.g. engineers) – are required to wear respirators as part of their work, and are unable or unwilling to be fit tested.

This guidance builds on the Victorian Respiratory Protection Program guidelines[[2]](#footnote-2) and Establishing a Fit Testing Program guidelines.[[3]](#footnote-3) It is designed to inform local policies and to support decision making at a local level using a risk management framework.

# Introduction

The Victorian Respiratory Protection Program (RPP) supports health services[[4]](#footnote-4) in their implementation of respiratory protection processes to minimise the risk of respiratory hazards for HCWs, such as airborne infectious agents, dust, and other particles.

HCWs exposed to persons with clinical and epidemiological features of respiratory infections, especially if in association with aerosol-generating procedures (AGP) and aerosol generating behaviours (e.g. behaviours such as screaming, shouting, crying out and vomiting), are particularly at risk for transmission of respiratory viruses including COVID-19. They should follow standard and transmission-based infection prevention and control guidelines.

The Victorian *Occupational Health and Safety Act 2004* (Vic) (the Act) seeks to secure the health, safety and welfare of employees and other people at work, and to eliminate, at the source, risks to the health, safety or welfare of employees and other people at work.

It also aims to ensure that the health and safety of the public is not put at risk by the undertakings of employers and self-employed people, and provides for the involvement of employees and employers (and organisations representing those people) in the formulation of health, safety and welfare standards, having regard to the principles of health and safety that are protected under the Act.

All health services were required to establish an RPP by 31 October 2020 and to implement elements of an RPP in accordance with the Australia/New Zealand Standard 1715:2009. This required undertaking a risk assessment and the implementation of fit testing of HCWs prioritised by where they were working based on greatest risk of exposure.

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

Protection from respiratory hazards by wearing the right respirators is achieved through ‘fit checking’ and ‘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). 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).

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

# Scope

This guidance applies to all public hospitals, public health services and multipurpose services established under the *Health Services Act 1988 (Vic)* as employers and HCWs working in these settings who are required to wear a respirator as part of their work and:

1. are unable to achieve a successful fit test result from the approved range of masks approved for fit testing; and/or
2. cannot wear a respirator or achieve a successful fit test due to a medical condition (or allergic reaction); and/or
3. decline to be fit tested.

It also provides direction on when fit testing of respirators should be repeated.

# Key principles

* Health services must provide and maintain a working environment for their employees that is safe and without risks to health and safety, so far as is reasonably practicable[[5]](#footnote-5).
* Employees have a duty to take reasonable care for their own health and safety and for the health and safety of people in the workplace who might be affected by an employee’s acts or omissions. Employees must also cooperate with any action that their employer takes to comply with a requirement imposed by the Act or Regulations,[[6]](#footnote-6) as well any health service or health department policies, procedures and guidelines relating to COVID-19 and any other respiratory hazards.
* Health services must identify an appropriate unit or team (e.g. OHS Unit or Infection Control and Prevention) to be responsible for the development of policies and procedures to support HCWs who are unable to achieve a successful fit test of a respirator.
* Health services should initiate conversations with any HCW who is unable to achieve a successful fit test result, or who declines to be fit tested, to identify and implement the most appropriate course of action.
* Depending on the HCW’s role and risk profile, an inability to work in certain settings due to an unsuccessful fit test may impact their ability to attain or maintain professional body or practitioner registration requirements. These circumstances will need to be carefully considered and managed on an individual basis.
* Health services should facilitate access for a HCW to HR, career counselling and/or employee assistance programs prior to any decisions regarding reassignment of duties.
* Health services should ensure ongoing communication with clinical leaders, employee representatives, managers, and HCWs about their developed policies relating to unsuccessful fit test results and re-assignment options.

# **Guidance**

# Unable to achieve a successful fit test

The following guidance applies to all HCWs who have been unable to achieve a successful fit test result on any of the respirators available at the time of testing and any subsequent retesting on a new respirator.

HCWs required to wear tier 3 personal protective equipment (PPE)[[7]](#footnote-7) for their work duties to prevent the transmission of COVID-19, which includes wearing appropriate RPE, should not be working in that role until a satisfactory respirator fit has been achieved.

In all other cases, if a HCW is required to wear a respirator within the workplace and they do not have a successful fit, discussions should occur between the HCW and relevant health service representatives to identify an outcome.

The key reasons for not achieving a respirator fit include:

* Facial hair, a beard, moustache, long sideburns or stubble. Australian and New Zealand Standards (AS/NZS 1715:2009 (Appendix B)) and P2/N95 respirator manufacturers’ instructions for use (**IFU**) require no hair growth between the skin and the facepiece sealing surface in order for a wearer to achieve a good facial seal.
* Specific facial, head or ear characteristics that impact the way a respirator fits.
* The routine use of facial covering, for example, for personal/religious beliefs.
* Health conditions including claustrophobia, which may make it difficult for a person to participate in the process of fit testing.
* Allergies or reactions to materials commonly used in respiratory protection that prohibit the use of tight-fitting respirators.

Where a HCW has had an unsuccessful fit test across all respirators that have been provided for fit testing, the health service should work with the HCW to identify the reasons for the unsuccessful fit (including considering removal of facial hair where practical).

The HCW may also be referred to another fit tester (which may be located in another health service or an external, specialist fit tester) to repeat the fit test. Support for both emotional and wellbeing should be made available to any HCW who cannot achieve a fit as this could be quite confronting for the HCW.

If after addressing these possibilities the HCW is still unable to achieve an adequate fit test:

* Advise the manager/supervisor or the relevant unit or team of the unsuccessful fit test of a respirator.
* In consultation with the HCW, their manager/supervisor and any other appropriate representative (e.g. Occupational Health and Safety or Infection Prevention and Control teams) consider alternative options including:
* In the case of a HCW working in an area/unit which require airborne precautions[[8]](#footnote-8) and/or tier 3 PPE[[9]](#footnote-9) or respirators to be worn, temporary reassignment to another work location where tier 3 PPE is not required or utilising their available leave entitlements or utilising other flexible working arrangements.
* Other forms of respiratory protection equipment that could be used to reduce the potential infection risks to the HCW in their current role.
* Ways to identify the type of work that could be safely undertaken by the HWC if an alternative respirator could be used.

Heath services may need to also obtain further advice from other entities such as the Therapeutic Goods Administration (if other forms of respiratory protection equipment are considered) and Victorian Managed Insurance Authority.

Fit testing can be repeated if new respirators with different specifications become available.

# Unable to comply with respiratory protection requirements

HCWs may decline to participate in fit testing for a range of reasons including medical reasons, or religious and cultural reasons including those related to facial hair. Facial hair that lies along the sealing area of a respirator, such as beards, sideburns, or some moustaches, will interfere with respirators that rely on a tight facepiece seal to achieve maximum protection.

The requirement for use of RPE and to remove facial hair as necessary may be a lawful and reasonable direction by an employer. Employees can refuse a lawful and reasonable direction for certain prescribed reasons (such as cultural and religious reasons).

In instances where fit testing cannot be conducted, health services should consult with the HCW and any relevant representatives including human resources to explore options for the HCW and any impact on their training and/or registration requirements if they were reassigned to another role (e.g. where tier 3 PPE is not required) or if they took a period of leave.

All other options noted earlier for HCWs who are unable to obtain a successful fit test may be considered.

# When should fit testing be repeated?

HCWs should be fit tested for a range of respirators. It is recommended that HCWs be successfully fit tested for at least 3 respirators. It is recommended that fit testing should only be repeated in the following scenarios:

* Upon changes in the wearer’s facial characteristics or other features that could alter the facial seal of the respirator (e.g. facial surgery or change in body weight).
* Annually, to comply with the Australian/New Zealand Standard (AS/NZS1715:2009) and in line with international best practice[[10]](#footnote-10).
* Where a new brand/model of respirator becomes available and the HCW does not have access to any other respirator which they had previously been fitted to.
* When a HCW is suspected of acquiring a respiratory infection at their workplace despite the usage of RPE. This may indicate an incorrect fit or respirator selection, poor donning technique or failure to perform a fit check.

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Available at [Victorian Respiratory Protection Program](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>

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1. ‘Healthcare worker’ means all staff working in the health and aged care sector. This includes registered health practitioners, self-regulated health practitioners, diagnostic, administration, food services and ancillary staff who work in facilities or services in the scope for this guidance. [↑](#footnote-ref-1)
2. <https://www.dhhs.vic.gov.au/victorian-respiratory-protection-program-COVID-19-pdf>. [↑](#footnote-ref-2)
3. .[https://www.dhhs.vic.gov.au/establishing-a-fit-testing-program-guidelins-doc-covid-19](https://www.dhhs.vic.gov.au/establishing-a-fit-testing-program-guidelines-doc-covid-19). [↑](#footnote-ref-3)
4. a 'health service' includes all public hospitals, public health services and multipurpose services established under the Health Services Act 1988 (Vic) [↑](#footnote-ref-4)
5. Employee and Employer responsibilities under section 21 of the Occupational Health and Safety Act 2004 (Vic) (Victoria) <https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations>. [↑](#footnote-ref-5)
6. Employee responsibilities under section 25 of the Occupational Health and Safety Act 2004 (Vic) <https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/036> [↑](#footnote-ref-6)
7. <https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe>. [↑](#footnote-ref-7)
8. <https://www.dhhs.vic.gov.au/about-coronavirus-covid-19-health-professionals>. [↑](#footnote-ref-8)
9. <https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risk>. [↑](#footnote-ref-9)
10. <https://www.standards.org.au/standards-catalogue/sa-snz/publicsafety/sf-010/as-slash-nzs--1715-2009>. [↑](#footnote-ref-10)