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| Repeat fit testing guidance for health service organisations |
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| In the changing COVID-19 environment, content is often being updated. To ensure you are aware of the most recent changes, all content updates, and the date the document was last updated will be highlighted in yellow text. |

# Introduction

The ability of health services to maintain a robust fit testing and re-testing program will allow health services to be ideally positioned to manage local outbreaks and/or pandemics at short notice. A robust RPP and fit testing program can provide health services and healthcare workers (HCWs) with confidence that they have the most up-to-date skills and knowledge in relation to PPE, and particularly RPE, in order to protect themselves from occupational exposure to respiratory hazards.

# 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 are required to wear a fitted respirator, fit testing and user seal check training should be routinely performed to ensure that their fit continues to be acceptable.

### Frequency of repeat 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*, the significant volume of HCWs requiring fit testing must be acknowledged. *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. Health services will need to employ a pragmatic approach to their fit testing and re-testing programs with a focus on practical risk reduction.

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

**High risk areas and high priority HCWs**

All staff (including students and volunteers) identified to be working in high-risk areas, required to routinely enter high risk areas, or be otherwise considered priority staff, should be fit tested annually in line with the health services risk prioritisation framework. Identified high risk staff are recommended to be tested annually but re-fit testing should be completed no later than eighteen months after the initial fit test. This includes allied health practitioners and non-clinical staff who may be required to frequently enter areas where airborne precautions are required.

The risk assessment undertaken by health services will need to identify staff working in high-risk areas.

**Low risk areas**

HCWs working in areas determined to be low risk should also be routinely fit tested. For these workers, annual fit testing may not be necessary but fit testing frequency should not exceed more than two years.

HCWs from low-risk areas should not be redeployed to high-risk areas unless they have been successfully fit tested within the past twelve months and none of the criteria for re-testing apply.

**Further indications for repeat fit testing**

In addition to repeat fit testing according to the HCW’s risk profile, all HCWs (if they are working in low or high risk areas) are required to wear fitted respirators are required to be re-tested for the following indications:

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
* Any other reason for suspecting a mask leak including a worker suspected of acquiring a respiratory illness at a workplace despite wearing RPE.

Additional fit testing must also be provided in these circumstances:

* 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
* When a new brand/model of RPE is made available
* Where the staff member is concerned about the respirator fit

Health services will need to develop an annual system of assessment for all staff members to identify if there have been any physical facial changes. This may be in the form an annual signed declaration by the employee stating whether or not there have been physical changes.

### Re-testing considerations

Health services will need to develop a re-testing policy which should provide guidance for which masks will be re-tested. Where a mask has previously been a clear fail, it is unlikely that the same mask will fit in the future and re-testing on these masks will likely continue to be unsuccessful. Where a mask was a previous borderline fail, that mask could be reconsidered as subtle changes to facial features and practices donning over time may allow a previously unsuccessfully fitted mask to become a successful fit.

Respirators that have previously been successfully fitted should be tested first.

The Industree Trident and 3MAura 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 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.

### 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. Health services should provide an opportunity for agency/locum staff and students to be fit tested where practicable.

# 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 employment or the testing anniversary date.

It will remain at the discretion of health services as to whether they accept the fit testing undertaken by other health services or fit testers.

Further information can be found in the *Transferability of fit testing records* guidance document.

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 *The Victorian Respiratory Protection Program – Fit testing guidelines: Unable or unwilling to be fit tested*.

Relevant information

The following standards provide information on general principles of respiratory protection for workers and supports the following legislation and standards:

## 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
* [Victorian Infection Prevention and Control Guidelines – Coronavirus disease 2019](https://www.dhhs.vic.gov.au/coronavirus-covid-19-infection-control-guidelines-version-2-21-june-2020) <https://www.dhhs.vic.gov.au/coronavirus-covid-19-infection-control-guidelines-version-2-21-june-2020>

## Useful links:

Supporting information is available from WorkSafe Victoria <https://www.worksafe.vic.gov.au/prevention-and-management-exposure-coronavirus-covid-19-healthcare-and-social-assistance-industry>

Department of Health (DHHS) <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>

Victorian Infection Prevention and Control Guidelines (v6) <https://www.dhhs.vic.gov.au/covid-19-infection-control-guidelines>

The Victorian Health Service Guidance and Response to COVID-19 Risks (VHSGR) <https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risk>

To receive this document in another format phone 1300 651 160 using the National Relay Service 13 36 77 if required, or email [Victorian Respiratory Protection Program](mailto:VicRPP@health.vic.gov.au) <VICRPP@health.vic.gov.au>

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

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