

Mask Fit-Testing Policy for the Prevention of Infection

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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments
Target staff categories	All staff and contractors

Policy Overview:

This policy provides information on fit-testing and fit-checking requirements for FFP3 and FFP2 masks. This is to ensure that when respiratory protective equipment is required to protect staff from infection, it has been tested and checked in line with HSE requirements.

Latest Amendments to this policy:

16-02-21

- Addition of NHSEI fit-testing algorithm as Appendix F
- Clarification fo fit-testing requirements when staff are wearing items of religious headwear.

09/08/2021

- Section 8 – Rotation of masks added

06-09-21

- Section 9 on surgical and invasive procedures added following NPSA alert.

02-02-22

- Change to frequency of repeat fit testing to 2-years, in line with H&S Manager advice.

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1. Introduction / Purpose

This policy has been developed for use across the Trust. The aim of this document is to clarify responsibility and requirements for fit-testing and fit-checking of FFP3 masks used as part of personal protective equipment to protect staff from infection, including influenza and COVID-19. This will also include FFP2 masks in the event of extreme shortages of PPE, in line with national guidance.

2. Background

Respiratory protective equipment (RPE) is a control measure implemented following identification of a risk to health, for example if working in a situation when dusts may be created or used to protect staff from risk of infection. This Policy focuses on use of FFP3 masks for infection control purposes, (e.g. from certain infections, and during certain aerosol-generating procedures).

To be fully effective, masks must fit the users face to create a tight seal, therefore fit testing must be conducted when any situation requires use of an FFP3 or FFP2 mask.

As such their use is a requirement under the Health & Safety at Work etc Act 1974 and associated regulations (see references). Management therefore have a duty to make appropriate FFP3 masks available to staff supported by training in their use and ensure that staff are issued with masks that fit, and staff have a duty to comply with the requirements to use FFP3 masks in situations designated.

3. Fit Testing Requirements

For RPE to be suitable it must be matched to the job, the environment, the anticipated airborne contaminant exposure level, and the wearer. This is part of wider organisational actions to protect staff from respiratory infections which include Occupational Health risk assessment, workplace environmental risk assessment, redeployment and shielding options. The algorithm issued by NHSEI on 11-11-2020 contained at Appendix F should be followed.

The performance of these types of facepieces, relies heavily on the quality of fit of the facepiece to the wearer's face. An inadequate fit will significantly reduce the protection provided to the wearer.

Staff should note that the presence of facial hair in the region of the faceseal will significantly reduce the protection provided, and a reliable fit-test cannot be achieved if someone has a beard. See Appendix A from the gov.UK website:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877532/Facial_hair_and_FFP3_respirators_220320.pdf

Where a beard is a requirement for religious reasons, alternative respiratory protective equipment options are available, see section: Action If a Qualitative Fit Test Cannot Be Achieved

Where headscarves and other similar religious headwear is worn, the RPE will be fit-tested with the elastic straps over this garment. This is because it is not practical nor sensitive to staff religious beliefs to request they remove these items on multiple occasions during the working day as part of safe doffing practice. The area where the mask makes contact with the face must remain uncovered in order to obtain an effective seal so that the mask protects the staff member.

To ensure that the selected RPE has the potential to provide adequate protection for individual wearers, the HSE regulations stipulate that tight-fitting RPE must be fit tested as part of the selection process. This will help to ensure that inadequately fitting facepieces are not selected for use. Ill-fitting facepieces can create inward leakages of airborne contaminants, and put staff at risk of infection.

Staff must receive training and fit-testing on each different FFP3 (and FFP2) mask they use.

4. Responsibility for Fit Testing and Fit-Checking

Line managers are responsible for ensuring their staff have received fit-testing in line with this protocol and it is updated annually, and for ensuring a management record of training is maintained and available for inspection.

Individual staff members are responsible for ensuring:

- They only use the FFP3 mask type which they have been fit-tested for, and passed.
- They perform a fit-check each and every time they put on an FFP3 mask.

A video reminding staff how to perform this is contained on the HSE website at:

<https://www.hse.gov.uk/coronavirus/ppe-face-masks/face-mask-ppe-rpe.htm>

5. Frequency of Repeat Fit Testing

HSE operational circular 028/28 (v6: 30-04-2012) states:

It is good practice to have a system in place to ensure repeat fit testing of RPE is carried out on a regular basis. This is especially important when RPE is used frequently as a primary means of exposure control, e.g. annual testing for workers involved in licensed asbestos removal (L143 paragraph 198). A repeat fit test should in any case be conducted in the following circumstances:

1) Where the wearer:

- a) loses or gains weight;
- b) undergoes any substantial dental work;
- c) develops any facial changes (scars, moles, etc) around the faceseal area

OR

2) Where the employer's health and safety policy requires it.

A re-test is needed **every 2 years** for staff required to wear these masks at WAHT.

Staff are responsible for alerting their manager to any of these personal circumstances, in order that a repeat fit test can be performed.

6. Fit Testing Protocol and Competence

Fit testing must be performed by a competent person, who has undergone accredited training and can perform a qualitative fit test in line with the fit test protocol.

Each site and division will identify individuals who will act as fit testers for relevant departments using qualitative (spray) methods of fit testing. This is the responsibility of Divisional Management Teams. These individuals will have received accredited training and been included on the list of fit-testers. Accredited training for new fittesters can be arranged via external companies. Fit2Fit have been used as part of the national pandemic response, and can be contacted to arrange this when required.

The list of fit-testers is available on the shared drive and is available to Divisions.

In addition, the Infection Prevention Team, and Health & Safety Teams will each identify a small number of staff who will also be trained and competent to act as fit-testers, and can provide additional fit-testing support in the event of urgent need. This includes the Health & Safety Manager.

Action If a Qualitative Fit Test Cannot Be Achieved

If a qualitative fit test cannot be achieved on any of the available FFP3 masks the following action must be taken:

1. Refer to the Infection Prevention Team for quantitative fit-testing by trained competent fit-testers using the Portacount machine
2. If this fails then the staff member will be measured for and fitted with an individual issue reusable FFP3 mask, and fit-tested for this mask. They will receive written instructions on the care and cleaning of the JSP™ Force 8 or other reusable masks and will be individually responsible for following the instructions.
3. If this fails as well, the member of staff must use a powered air purifier respirator (PAPR) in the event that FFP3-level protection is required. These are located in key departments across the Trust, including emergency Departments, Theatres and Intensive Care.

7. Recording Fit Testing

Fit testing must be recorded on the record sheet issued by competent Fit-Testers. Ward/department managers are responsible for maintaining records of all staff within their team who have been fit-tested. It will also be recorded onto ESR.

8. Rotation of FFP3 Masks

- In line with NHSEI guidance (2021), staff are encouraged to be fit tested with at least two different brands of FFP3 masks approved by the Trust (preferably 3). This will ensure alternatives are readily available if stock levels fall for particular brands at any point. The Trust will favour brands recommended by the NHS with a robust UK based production and supply chain.
- Staff who directly perform sterile procedures e.g. surgeons, theatre staff, anaesthetists, interventional cardiology staff etc., should be preferentially fit tested to a non-valved FFP3 mask (see below).
- FFP3 users should be encouraged to demonstrate mask rotation on the masks they are tested for.
- Alternating between masks that have been successfully fit tested reduces the risk of pressure sores and other conditions linked with using the same specific PPE item and allows the individual to be familiar and confident in using the portfolio of FFP3 masks specific to them.
- Should there ever be an instance where a particular masks was not available this level of resilience would ensure that there is no disruption to staff capabilities, duties and impact on patient care as all staff will be able to revert to an alternative FFP3 mask.

9. Surgical and Invasive Procedures

- In line with NPSA guidance (2021) FFP3 masks worn by those performing/scrubbing for surgical or invasive procedures should be non-valved masks. This is to prevent the risk of bacterial contamination to the patient wound, and to protect the staff member from splashes of blood or body fluids.
- FFP3 masks in general are only necessary whilst undertaking sterile procedures where Aerosol Generating Procedures are part of the procedure and/or the patient is positive for an aerosol transmitted disease, such as Covid19, and/or the individual staff member's occupational risk assessment indicates they should wear an FFP3 mask in that circumstance.
- Staff performing surgical or invasive procedures should preferentially be fit-tested to a non-valved FFP3 mask. They should only be fit-tested to a valved mask if they are unable to achieve a fit test pass with a non-valved mask.

- Where a valved mask is the only FFP3 option for a staff member they must follow the poster guidance approved by the Trust, to additionally wear an FRSM mask over the FFP3 mask when performing a surgical or invasive procedure. In this circumstance they must ensure they pass the fit-check after the FRSM has been added over the top of the FFP3 mask.
- In the event a staff member is unable to achieve a fit-test pass with any FFP3 mask, powered air purifying respirators (PAPR) (with differing types of hoods) are available to protect the staff member from the risk of infection. When worn for a surgical or invasive procedure, it is essential that the flaps of the hood are fully tucked into and underneath the surgical gown, in order to reduce risk of bacterial infection to the patient (if the hood is a skirted type hood). This is in line with long-standing national safe surgical practice in orthopaedic surgery. PAPRs which vent exhaled air to the atmosphere from the mask at face level are much less suitable for use during sterile procedures.

10. References

- Health & Safety at Work etc Act 1974
- Management of Health & Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- Personal Protective Equipment at Work Regulations 1992
- Health & Safety Executive Operational circular 028/28 (v6: 30-04-2012)
- HSE (2013). Respiratory Protective Equipment at Work. A Practical Guide. <https://www.hse.gov.uk/pubns/books/hsg53.htm>
- **HSE Guidance on respiratory protective equipment (RPE) fit testing INDG136(rev4** <https://www.hse.gov.uk/pubns/indg479.htm>
- NPSA (2021) Infection risk when using FFP3 respirators with valves or powered air purifying masks during surgical and invasive procedures . [NatPSA-vented-masks-hoods-FINAL.pdf \(england.nhs.uk\)](#)

11. Training and awareness

It is a mandatory requirement that all new Trust employees must attend a Trust corporate induction programme, which includes IPC training. It is the responsibility of the line manager to ensure that IPC issues are covered in all local inductions and that this is documented.

It is a mandatory requirement that all clinical and non-clinical staff update their infection control training annually, either by attendance at a formal session, or using and completing online or e-learning resources. It is the line manager’s responsibility to ensure that this occurs. Records of staff training are kept centrally on the ESR database and locally by Directorates as required.

12. Monitoring and compliance

Key areas of practice specific to this policy are indicated within the table below.

Page/Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
1	Fit testing for relevant staff is completed annually	Via ESR reports	Annually	Line Managers	TIPCC	Annually

Policy Review

This policy will be reviewed by the Trust Infection Prevention and Control Committee (TIPCC) and updated as necessary.

Background

Equality requirements

Please refer to supporting document 1

Financial risk assessment

Please refer to supporting document 2

Consultation

This key document has been circulated to key stakeholders and representative of the target audience for comment prior to finalisation before being submitted for approval by TIPCC

Name	Designation
All Trust members of Trust Infection Prevention & Control Committee	TIPCC
Neil Hodgkiss and Sam Reid	Health & Safety Team
Felicity Davies	Deputy Director of People & Culture

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Name	Committee

Approval Process

This policy will be approved by the Infection Prevention and Control Steering Group (formally TIPCC).

Version Control

Date	Amendment	By:

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy / guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	Disability	No	
	Gender reassignment	No	
	Marriage and civil partnership	No	
	Pregnancy and maternity	No	
	Race	No	
	Religion or belief	No	Amendments February 2021 take account of religious headwear, and have the support of the Trust Imam
	Sex	No	
	Sexual orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the policy / guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy / guidance without the impact?	None	
7.	Can we reduce the impact by taking different action?	No	

NB:

Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to Equality and Diversity Committee, together with any suggestions as to the action required to avoid / reduce this impact.

Advice can be obtained from the Equality and Diversity Leads in HR and Nursing Directorates (details available on the Trust intranet).

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix A: NHSEI Guidance

Facial hair and FFP3 respirators



*Ensure that hair does not cross the respirator sealing surface

For any style, hair should not cross or interfere with the respirator sealing surface. If the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve.

*Adapted from The US Centers for Disease Control and Prevention, The National Personal Protective Technology Laboratory (NPPTL), NIOSH. Facial Hairstyles and Filtering Facepiece Respirators. 2017. Available online at <https://www.cdc.gov/niosh/npptl/RespiratorInfographics.html>. Accessed 26/02/2020.

Appendix B: Fit-Testing: Information for the Mask (Facepiece) Wearer

(Adapted from Fit Testing of Respiratory Protective Equipment Facepieces, Operational Circular OC 282/28, HSE (2012))

What is a fit-test?

The person carrying out the fit-test will explain to you what a fit-test is and why it is carried out.

What will be required from me when I have a fit-test?

You will be asked not to eat, drink (except plain water), smoke, or chew gum for at least 15 minutes before the fit-test.

A fit-test should not be conducted if you have any facial hair growth in the area where the facepiece seal meets your face. This is because a reliable face seal can only be achieved if you are clean-shaven in the area where the facepiece seal touches your face. You will therefore be asked to be suitably clean-shaven for the fit-test. See appendix A.

If you wear an item of religious headwear, provided the area where the facepiece seal meets your face is uncovered, then the fit-test can proceed with the elastic straps over the material. Please be aware that the material can affect the seal, so be sure to fit-check very carefully to ensure your mask is correctly fitted with the tight seal required.

You should remember that the same rule applies when you wear your facepiece on a day-to-day basis at work.

If you are unable to be suitably clean-shaven for an unavoidable reason (e.g. where a beard is worn for religious reasons), then you will be provided with access to a suitable loose fitting facepiece that does not require you to be clean-shaven. This will be a powered air purifying respirator.

Care should be taken to ensure that any facial hair within the facepiece does not interfere with the proper functioning of the facepiece components such as exhalations valves. Loose fitting facepieces do not require the fit testing described in this document.

You should be able to fit the facepiece in the manner in which you have been trained, and without assistance from the fit tester.

You should know how to carry out a pre-use fit check of the facepiece.

During the fit test you will be asked to perform simple exercises. The person conducting the fit test should explain the reasons for carrying out these exercises. If you have any medical condition that may prevent you from performing these exercises then you should bring this to the attention of the fit-tester and your manager.

If you normally wear protective goggles when you wear your facepiece you may be asked to wear these also during the fit test.

Can I be fit-tested in the facepiece I usually wear?

The fit-test will be carried out using the facepiece you normally wear or one identical to it.

What if I normally wear more than one type of respirator?

If you need to wear more than one type of tight-fitting facepiece for your job, e.g. a filtering facepiece and a full face mask respirator, then you should be fit tested for each type of facepiece.

What will I be told at the end of the fit-test?

When you have completed the fit-test you will be told if you have obtained a pass or a fail.

A pass means that the facepiece is suitable for you. You will be issued with a fit-test report, which should be retained. A failed fit-test may indicate that the facepiece does not fit you properly.

What will happen if I fail a fit-test?

The fit-tester should ask you to re-fit the facepiece and repeat the fit-test. If a better fit is not obtained you may be asked to try on a different size or type of facepiece and repeat the fit-test.

If you still cannot get a fit-test pass, you will be asked to book in for fit testing with the Infection Prevention Team, using the Portacount machine for quantitative testing.

You must not use a facepiece that does not fit you properly.

How often should I have a fit-test?

If you need to change to another type of facepiece; you lose or gain weight; undergo any substantial dental work or develop facial imperfections (scars, moles, etc) around the face seal area.

What if I Perform Surgical or Invasive Procedures?

If you perform surgical or other invasive procedures, you will be fit-tested to a non-valved facepiece, as valved masks do not provide a barrier to droplets from staff member to patients and may increase the risk to patients of other (non-covid) infections at the sterile site. If you can only obtain a fit-test to a facepiece with a valve then you should follow the guidance issued by the Trust about additional precautions to follow. Posters are available in the relevant clinical areas highlighting this.

Appendix C: Information for the Person Conducting the Fit-Test

(Adapted from Fit Testing of Respiratory Protective Equipment Facepieces, Operational Circular OC 282/28, HSE (2012))

Explain to the wearer the purpose of the test, what they will have to do, and the meaning of the fit test results. Confirm if they perform surgical or invasive procedures, and if they do you should select a non-valved mask for the fit test.

Check that the fit-testing equipment is properly set up and checked prior to conducting the fit-test.

Ensure that the nebulisers are not blocked.

Confirm you have the same types of sensitivity and test solutions (i.e: bitter sensitivity and bitter test solution).

Use a test facepiece that exactly matches the facepiece to be using in practice must be used, or the individual issue JSP or other reusable mask if fit-testing this.

Visually examine the facepiece (used for fit-testing) prior to carrying out a fit-test. The examination should include the condition of the facepiece, especially around the face seal and facepiece connectors, the exhalation valve(s) and the head harness. Test facepieces should be properly inspected and maintained in accordance with the manufacturer's instructions.

Instruct the wearer in the test exercises.

Ascertain that the wearer is medically fit to wear RPE and, where appropriate, be able to undertake the recommended test exercises.

The wearer should don the facepiece in accordance with the manufacturer's instructions. If it is necessary for you to help (or intervene) this should be noted and recommendations should be made for further training. The use of a mirror will assist the wearer to fit the facepiece correctly.

The wearer should be instructed to wear the facepiece for at least five minutes before the start of the fit test. This allows time for the wearer to determine if the facepiece is comfortable and to make any adjustments to the fit before commencing the fit test.

Show the wearer how to put on a facepiece, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit doing a fit-check. A mirror would be useful if available to assist the wearer in evaluating the fit and positioning of the facepiece.

If other types of Personal Protective Equipment (PPE) are worn with the RPE, (e.g. goggles, etc), and have the potential to interfere with the seal of the facepiece then they should be worn during the fit-test.

Appendix D: Fit-Testing Procedure

You should not conduct the fit test if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, moustache, sideburns or low hairline which cross the respirator sealing surface. You should ensure that any type of non-PPE apparel or adornment (e.g. piercing) does not interfere with the fit of the facepiece. Religious headwear can be worn with the elastic straps over the headwear.

You should observe the wearer throughout the fit test to watch for facial/head movements that may cause face seal leakage and also to ensure the safety of the wearer.

If the wearer sneezes or coughs during the fit test this can have an effect on the fit test result and the fit-test may have to be repeated.

If the test fails, you must determine the appropriate action to take. This is where the fit-test operator's experience is important. Further guidance on failures is given below. The fit-test should be repeated in its entirety if there is a fail.

You should inform the wearer of the fit-test result, i.e. a pass or fail.

The wearer should not eat, drink (except plain water), smoke, or chew gum for at least 15 minutes before the fit-test.

Before carrying out a qualitative (spray) fit-test using a distinctive taste, the taste threshold of the wearer must be established. This is often referred to as a 'sensitivity test'. This screening test is carried out to check that the wearer can detect the taste of the test aerosol. If the wearer cannot detect the taste during the screening test then the fit-test method cannot be used and a different method should be chosen.

The fit-test should be carried out in accordance with the manufacturer's instructions.

Ensure that the sensitivity solution is used during the sensitivity test and that the more concentrated fit test solution is used during the actual fit-test.

The nebuliser may clog during use and stop delivering the test aerosol; the test operator should make periodic checks of the nebuliser to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid. Regular cleaning of the nebuliser should help to prevent clogging.

Qualitative Bitter / Sweet Tasting Aerosol Fit Test Method

The person is fit-tested while wearing the respirator inside a hood while the test solution (either bitter or sweet) is sprayed into the hood. If the wearer detects the taste of the aerosol during the test then the fit is unsatisfactory and the fit-test is failed. The bitter tasting test solution is the testing solution of first choice at WAHT.

During this test the wearer will carry out a number of specified exercises.

The types of respirators that can be fit tested with this method include:

- Filtering facepieces FFP1, FFP2, FFP3;
- Half facemask respirators fitted with a particulate or combined filter

The fit test procedure should be carried out in accordance with the manufacturer's documented instructions, but following the standard fit test exercises.

For a reminder of the correct procedure for undertaking the sensitivity test and the fit test, please see the Memory Jogger in Appendix E.

Fit-Test Exercises

For qualitative methods the test protocol should comprise of a minimum of 7 exercises; each test exercise should be performed for at least one minute. The exercises are:

- (i) Normal breathing: The wearer should breathe normally with no head movements or talking.
- (ii) Deep breathing: The wearer should breathe slowly and deeply, taking care so as not to hyperventilate.
- (iii) Turning head side to side: The wearer should slowly turn their head from side to side between the extreme positions on each side (approximately 15-20 times per minute). The head shall be held at each extreme momentarily so the wearer can inhale at each side.
- (iv) Moving head up and down: The wearer should slowly move their head up and down (approximately 15-20 times per minute). The wearer should be instructed to inhale in the up position (i.e. when looking toward the ceiling).
- (v) Talking: The wearer should talk out loud slowly and loud enough so as to be heard clearly by the fit tester. The wearer should read from a prepared text such as the Rainbow Passage or count down from 100.
- (vi) Bending over: The wearer should stand and bend at the waist as if to touch their toes, and then return to an upright position. Repeat approximately 10-15 times per minute.
- (vii) Normal breathing: The wearer should breathe normally with no head movements or talking.

Failures

(Adapted from Fit Testing of Respiratory Protective Equipment Facepieces, Operational Circular OC 282/28, HSE (2012))

Wearer Factors

The most obvious reason for a fit-test failure is that the facepiece is unsuitable for the wearer and is not capable of fitting their face. Certain facial features may lead to poor fit.

Watch out for:

- Cleft chins;
- Scars on the face sealing area;
- Depressions around the temple/cheekbones;
- Unusual chin profiles (chisel feature);

- Unusual nose shapes;
- Very large/small or angular faces.

The fit tester should inspect the fit of the facepiece before beginning the fit test. Ask the wearer to move their head to look down whilst you check the fit around their nose or forehead. Similarly ask them to move their head to look up, then to each side to check the fit all around the facepiece. Obvious gaps indicate a poor fit and an alternative facepiece may be needed.

A fit check should be successfully carried out before beginning the fit-test.

It is possible that the fit-test exercises will result in the facepiece moving on the face creating a leak. Note at what stage in the test the failure occurred. If it was during the head movement exercises, this could mean that the facepiece could have moved on the face.

Inspect the fit again for changes since the beginning of the test. Changes may be because the facepiece is unsuitable for the wearer's face or could be due to other factors. Watch out for:

- Sweating which can cause the facepiece to slip;
- Make-up, face-creams etc these can create sealing problems;
- Jewellery such as nose studs interfering with the fit.

The facepiece may need re-donning and the straps tightening to prevent slippage, however they should not be so tight as to make the facepiece uncomfortable. Re-test if the problem can be rectified or try a different facepiece.

Facepiece Problems

If there is no obvious reason for the fit-test failure it is worth examining the facepiece closely to check for defects.

With reusable facepieces inspect generally and ensure that the exhalation valve is in good condition and clean.

Other Problems

Always check your fit-test equipment before use:

- The nebulisers should be checked during each test for correct functioning;
- Make sure you use the correct solution for the fit-test.

Is the wearer trying to smell the aerosol, rather than taste it? You may have to keep reminding the wearer to breathe through their mouth, not their nose.

Make sure the wearer does not eat, drink or smoke for at least 15 minutes before the test, otherwise their sense of taste may be affected.

Appendix E: Aide Memoire for Fit Testers

(Adapted from Guide to using the 3M Qualitative Fit Test Kit, 3M Occupational Health and Environmental Safety Group)

Below is a reminder of the correct procedure for undertaking the sensitivity test and the fit test.

Sensitivity Test

Place the hood over the persons head. Use the sensitivity solution with the matching atomiser; Remind person to breathe through mouth with tongue at front;

Say ... "Tell me immediately when you can taste it";

- 1-10 Squeezes - If not tasted, repeat;
- 11-20 Squeezes - If not tasted, repeat;
- 21-30 Squeezes - STOP if not tasted;

Note down which range the taste was detected = 10, 20 or 30. This provides the starting number for the Fit Test.

Remove the hood, and take a drink of water.

Fit Test

Fit the mask facepiece and replace the hood

Use the test solution with the matching atomiser;
Repeat again ... "Tell me immediately when you can taste it";

Start with 10, 20 or 30 squeezes (Based on the findings of the Sensitivity Test);

During test apply half of the start number (i.e. 5, 10 or 15) extra squeezes every 30 seconds for the duration of the test;

Change exercise every 60 seconds. 7 exercises:

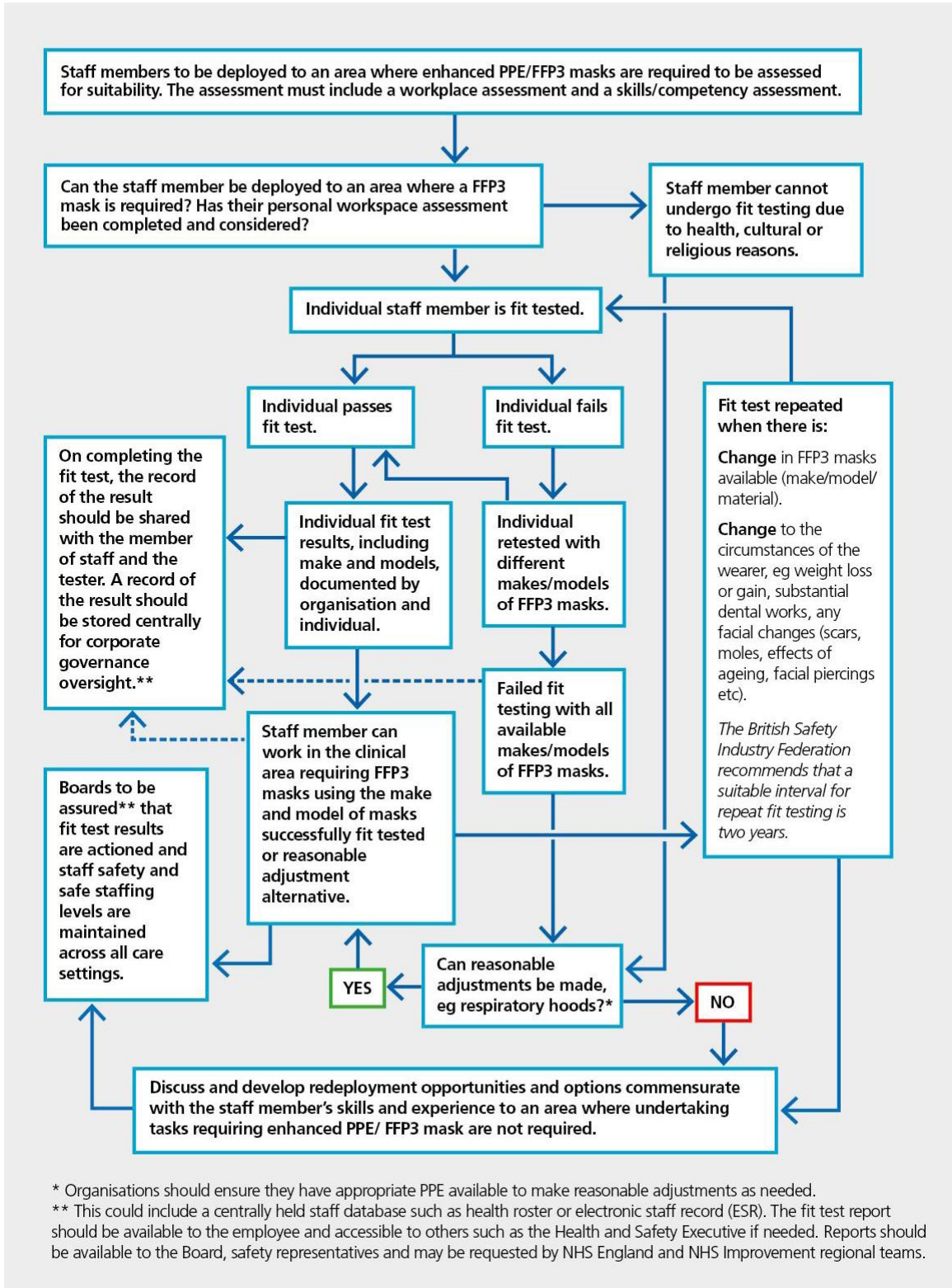
1. Breathe normally;
2. Breathe more deeply;
3. Head side to side;
4. Up and down;
5. Bending over;
6. Talking;
7. Breathe normally;

Finish – Ask the person to reach under the hood to break the face seal with their fingers and take a breath through the mouth. They should taste the solution and react. Immediately remove the hood and explain that shows them the mask was fitted correctly as they could not taste the solution during the test.

Record the results. One copy of the fit test record should be given to the staff member.

Appendix F: Algorithm issued by NHSEI 11-11-2020

Fit testing algorithm



* Organisations should ensure they have appropriate PPE available to make reasonable adjustments as needed.
 ** This could include a centrally held staff database such as health roster or electronic staff record (ESR). The fit test report should be available to the employee and accessible to others such as the Health and Safety Executive if needed. Reports should be available to the Board, safety representatives and may be requested by NHS England and NHS Improvement regional teams.