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SOP Objective

To ensure those staff members requiring to wear FFP3 masks as per the National Infection Control Guidelines have been appropriately fit tested to the correct mask.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- New SOP

Document Control Summary


Approved by and date	Board Infection Control Committee 28 th January 2019
Date of Publication	6 th February 2019
Developed by	Infectious Diseases Unit
Related Documents	National IPC Manual Control of Substances Hazardous to Health Regulations 2011 (COSHH) HSE fit testing guidelines
Distribution/ Availability	NHSGGC Infection Prevention and Control Internet www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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1. Responsibilities

Health Care Workers (HCW) must:

- Ensure that they have been fit tested for an FFP3 as per this SOP
- Comply with guidance on use of the appropriate mask as per the National Infection Prevention and Control Manual (NIPCM)
- Alert their manager if they have failed the fit test due to concerns about the level of seal achieved. This may be due to a change in face shape e.g. significant weight loss.


Managers must:

- Direct staff to this SOP
- Provide details on fit testers and an opportunity for fit testing as appropriate
- Keep a record of all staff fit testing and retesting dates
- Ensure retest dates are adhered to
- Keep a record of all staff who have failed the fit test and agree with those staff that they must not put themselves at risk by caring for a patient when an FFP3 mask is deemed necessary. (This includes the nurse bank)
- The person in charge during a shift must alert bank/agency staff to the requirement for use of respiratory precautions including an FFP3 mask
- Ensure adequate supplies of FFP3 masks are available at ward/department

Infection Control Teams must:


- Provide guidance on specific conditions, diseases and procedures where an FFP3 respirator is required.
- Keep guidance up to date and aligned to the NIPCM

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Health and Safety Team must:

- Provide a programme of Face Fit Tester courses for staff who will undertake fit testing at service level Update Health and Safety (non-clinical) related Guidance and Educational materials as required


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2. General Information


National Minimum Risk Categorization for fit testing with FFP3	<p>The risk categorization is as follows:</p> <ul style="list-style-type: none"> • <u>Level 1</u> – Preparedness for business as usual . Staff in clinical areas most likely to provide care to patients who present at healthcare facilities with an infectious pathogen spread by the airborne route; and/or undertake aerosol generating procedures i.e. ED, CCU, Paediatrics, Respiratory, Infectious diseases, Anaesthesia, Theatres, Chest physiotherapists, Special Operations Response Team (Ambulance), A&E Ambulance Staff, Bronchoscopy Staff, Resuscitation teams and Mortuary staff involved in Post Mortem procedures (in which high speed devices are used). • <u>Level 2</u> – Preparedness in the event of emerging threat Staff in clinical setting likely to provide care to patients admitted to hospital in the event of an emerging threat e.g. Medical receiving, Surgical, Midwifery and Speciality wards, all other ambulance transport staff. In the event of an ‘Epidemic/Pandemic’ Local Board Assessment as per their preparedness plans will apply. <p>Level 1 & 2 should be a minimum priority level for boards and anything additional should be the responsibility of local sectors/services to assess and add into their preparedness plans.</p>
FFP3 respirators	<p>All tight fitting RPE i.e FFP3 respirators must be:</p> <ul style="list-style-type: none"> • Single use (disposable) and fluid repellent • Fit tested on all healthcare staff who may be required to wear a respirator (as part of identified risk control measures) to ensure an adequate seal/fit according to the manufacturers’ guidance. • Fit checked (according to the manufacturers’ guidance) every time a respirator is donned to ensure an adequate seal has been achieved. • Compatible with other facial protection used i.e. protective

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	<p>eyewear so that this does not interfere with the seal of the respiratory protection. Regular corrective spectacles are not considered adequate eye protection.</p> <ul style="list-style-type: none"> • Donned and removed in a safe area, that is, outside the isolation/cohort room/area in adherence to agreed infection, prevention and control principles.
Fit Testers	<p>The number of Fit Testers required will be dependent on varying factors. Local assessments must be undertaken by the area or specialty to identify numbers required.</p> <p>Fit Testers must have completed face fit testing training and be provided with access to the appropriate equipment. Order details are available within the 'FFP3 Guidance on Use' document, here. Local procedures should be written to ensure that sufficient stock is maintained and rotated to ensure use by dates are not breached.</p> <p>Fit Testers should establish a rolling programme of fit testing sessions and be given sufficient protected time to fit test all staff identified who require testing at least every 3 years.</p> <p>Each fit test will take approximately 30 minutes, additional time will be required for the administrative tasks including scheduling appointments, recording the individual tests and entering information into the database.</p> <p>It also is recognised that those who fail a test will require a retest which cannot be done immediately. There will also be missed appointments.</p> <p>New staff members will require to be fit tested within 4 weeks of starting work so flexibility is required at certain times of the year e.g. August when there are significant staff movements. The Fit Tester must be given time to achieve the fit testing schedule. Where this cannot be achieved it must be escalated to the appropriate manager for action</p> <p>Fit Testers themselves will require to undergo refresher training</p>

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	at least every 3 years.
Recording of the test	All testing done will be recorded, including those that have failed and the reason for failure, on the 'FFP3 Test Record Form' available here . A copy of the test will be collected and retained by each line manager and a copy will be given to each individual. The retained copy will be kept appropriately, for example, personnel file, appraisal document or training folder.
Failed test or facial hair	Anyone with facial hair including a beard or stubble cannot undergo a fit test. In terms of infection control they will be regarded in the same way as a failed fit test and they will be instructed not to enter an area where FFP3 masks are recommended as per infection control guidelines. Managers should review any employee who falls into this category and agreement reached on suitable duties.
Temporary / Bank / Locum staff	Where there are additional staff to areas such as bank, agency or locum then the nurse in charge should ensure that staff are made fully aware of respiratory isolation risk and do not enter these clinical areas if not appropriately trained/tested.
<i>What is an aerosol generating procedure (AGP)?</i>	Aerosol generating procedures are certain medical and patient care procedures that result in the production of airborne particles (aerosols) and create the potential for airborne transmission of infections that may otherwise only be transmissible by the droplet route. The following procedures are currently considered to be AGPs: <ul style="list-style-type: none"> • Intubation, extubation and related procedures e.g. manual ventilation and open suctioning. • Cardiopulmonary resuscitation. • Bronchoscopy. • Surgery and post-mortem procedures involving high-speed devices. • Some dental procedures (e.g. drilling). • Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway

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	Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP). <ul style="list-style-type: none"> • High-Frequency Oscillating Ventilation (HFOV). • Induction of sputum.
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3. Evidence Base

<http://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm>

<http://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/>

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Appendix 1 – (find at (NHSGGC : Respiratory Protection Equipment (FFP3 Masks))

Site Name Address					Date of Test		
Department					Name of Assessor		
Employee Name				Date of Birth / payroll number:			
Respirator Details				PPE Worn During Test			
Make				Spectacles	Y / N	Hard Hat	Y / N
Model							
Ownership				Goggles	Y / N	Hearing	Y / N
Condition							
Sensitivity Test Level (circle as appropriate)		Bitter / Sweet		10	20	30	31+(no sensitivity)
Help Required Donning Respirator	Yes / No	Details:					
Test Results							
Exercise	Pass	Fail	Exercise	Pass	Fail		
1. Normal Breathing			2. Deep Breathing				
3. Turning Head Side To Side			4. Moving Head Up and Down				
5. Talking			6. Bending Over				
7. Normal Breathing							
Overall Test Outcome	Pass		Fail		Test Number		
If fail, what was the reason:							
Assessor's Signature					Recall / Re-fit date		
Test Subject Signature							

NB Record to be retained for 5 years

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FFP3 Face Mask Test Register

Appendix 2 (Find at [NHSGGC : Respiratory Protection Equipment \(FFP3 Masks\)](#))

Test Date	Employee Name	Job Title	Ward/Location	Sensitivity Test	AS 3030V		3M1863		Recall date
					Test 1	Test 2	Test 1	Test 2	

FFP3 Face Mask Test Register

Test Date	Employee Name	Job Title	Ward/Location	Sensitivity Test	AS 3030V		3M1863		Recall date
					Test 1	Test 2	Test 1	Test 2	