

Fit Testing

Introduction

The current evidence around fit testing remains equivocal and in NSW we have different viewpoints across the Local Health Districts. South Australia continues to be the only state which is currently implementing fit testing. NSW Health recognises that the current guidance for staff on Transmission Based Precautions sets out the safe and appropriate use of PPE, however in the interests of staff welfare we are supportive of the implementation of fit testing until there is more unequivocal evidence available.

This week has seen the release of new national guidance which has emphasised fit testing as a practice worth implementing, while also recognising that there will be challenges.

- *Fit testing is recommended as the gold standard (AS/NZS 1715:2009) for use of P2/N95 respirators, but it has not been widely applied in Australia.*
 - *Despite increased awareness and demand, in the context of COVID-19, fit testing of all healthcare professionals, who need to use P2/N95 respirators, will be difficult due to limited supplies and range of types/sizes available*
 - *NOTE: Fit testing does not guarantee that a respirator will not leak, particularly if a different type or size is used – this reinforces the need to fit-check with each use.*

*Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak (2020)
Australian Government
Department of Health*

NSW wishes to emphasise its ongoing commitment to staff safety, and support implementation of fit testing as an extension of the current CEC guidance on Transmission Based Precautions. This includes Standard precautions, PPE, donning and doffing, buddying, fit checking and fit testing.

A fit testing program needs to be recognised as an addition to our current infection prevention and control education and guidance on the adequate use of PPE and will not be successful if the other steps are incomplete.

Implementation across a state as large as NSW will require to be carried out as a rolling program. We would propose commencing by working with Sydney LHD (SLHD) and Hunter New England LHD (HNELHD) who have both been focusing on limited fit testing with high risk staff in high risk areas, caring for high risk patients, and learn from them in the first instance on areas including:

- Appropriate training providers
- Optimal training programs for frontline clinical staff on how to fit test and fit check their masks
- Alternative masks and protection for staff who do not achieve a fit test
- Processes to identify and record which staff have been tested and which mask is a fit for them
- Optimising the current supply chain around fit testing training and implementation

- Embedding this approach into the CEC guidance on Transmission Based Precautions.
- Creating capacity and capability at an LHD level to support sustainability of any approach

Phase 1 Process

Implementation would focus on the high risk areas of anaesthesia and ICU in SLHD and HNELHD. Within these environments it would focus on clinicians who are caring for patients who are COVID-19 positive or symptomatic and who are required to administer Aerosolised Generating Procedures (AGPs) individually or as a clinical team. Staff who are caring for COVID positive or symptomatic patients who are required to apply PPE for contact and droplet precautions, which includes a surgical mask, will not require fit testing.

If clinical staff are required to administer AGPs in anaesthesia or ICU they will be fit tested. Specific AGPs for the relevant specialties would be confirmed in partnership with SLHD and HNELHD clinicians and would include:

- insertion or removal of endotracheal tube
- deliberate or inadvertent disconnection/reconnection of a closed ventilator circuit
- high frequency oscillatory ventilation (HFOV)
- open oropharyngeal or tracheal suctioning
- upper respiratory instrumentation e.g. bronchoscopy, tracheostomy
- intercostal catheter insertion for relief of pneumothorax
- manual or non-invasive ventilation (NIV)
 - bi-level positive airway pressure ventilation (BiPAP)
 - continuous positive airway pressure ventilation (CPAP)
- collection of induced sputum
- high flow nasal oxygen (HFNO)
- chest physiotherapy

Post Phase 1 Process

This would inform the development of an NSW implementation plan for fit testing and ongoing emphasis on the responsibility of staff to comply with infection control standards and guidance.

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