

## **N-95 Training and Fit Testing Checklist For the Tester**

### **BEFORE FIT TESTING:**

\_\_\_ **Respirator clearance:** Ensure each person scheduled to be fit tested has been medically cleared. Fit testers will be given a list of those medically cleared.

\_\_\_ **No facial hair around seal of respirator:** May need to remind some people to shave on day of testing.

\_\_\_ **Room considerations:** Access to mirror.

\_\_\_ **Review respirator literature**

\_\_\_ **Consider wearing nitrile gloves** during the fit testing. The Bitrex will invariably get on your fingers and you may taste it for several days.

### **FIT TESTING:**

\_\_\_ **No food, flavored drink or tobacco for 15 minutes before sensitivity test.**

\_\_\_ **Explain fit test process** (chemical used, taste threshold test, don respirator for five minutes, seven one-minute tests).

- Chemical used – provide MSDS if requested.
  - Bitrex – bittering agent added to products (soap/shampoo) to make unpalatable
  - Saccharin – artificial sweetener
- Ask test subject if they will be able to read with hood on.

\_\_\_ **Check Taste Threshold:**

- Use dilute solution (marked as “threshold” or “sensitivity”)
- No respirator
- Don test hood while standing
- Instruct test subject to breathe through mouth and slightly extend tongue.
- Squeeze up to 10 shots of sensitivity solution
- If test subject tastes chemical, record 10 as taste threshold
- If not, repeat up to 30 total squeezes, 10 at a time. Record threshold as 10, 20 or 30.
- If subject does not taste, stop test. Consider using another chemical (Saccharin) or call Keith Cook for further suggestions.
- Subject may drink plain water after test, but nothing with taste.

\_\_\_\_\_ **Select Respirator**

- Make sure test subject puts on selected respirator per training and manufacturer's instructions.
- Ensure respirator is reasonably comfortable (there should be room to talk and for eye protection).
- Review the following:
  - Chin properly placed;
  - Adequate strap tension, not overly tightened;
  - Fit across nose bridge;
  - Respirator of proper size to span distance from nose to chin;
  - Tendency of respirator to slip;
  - Self-observation in mirror to evaluate fit and respirator position;
  - Fit check: positive and/or negative based on manufacturer's instructions.

\_\_\_\_\_ Review donning order for PPE (<http://www.cdc.gov/ncidod/dhqp/ppe.html>). The type of PPE used will vary based on the level of precautions required:

1. Gown
2. Respirator
3. Goggles or face shield
4. Gloves

\_\_\_\_\_ Test Subject to **wear respirator for five minutes** before test begins.

- Subject should ensure respirator is reasonably comfortable
- Good time to emphasize respirator information (proper wear, limitations...)

\_\_\_\_\_ **Provide training:** While person is wearing respirator for five minutes.

\_\_\_\_\_ **When a respirator is necessary:** N-95's should be worn when treating a TB patient or suspect TB patient and/or when in the room of a TB patient or suspect TB patient.

N-95 may be worn for other airborne infectious agents when directed by your supervisor or infection control.

\_\_\_\_\_ **How to inspect, properly don, doff, adjust, fit check and wear the N-95.** Refer to respirator package insert.

- Check respirator insert for procedure on fit check. Many have a positive pressure fit check.

\_\_\_\_\_ **The limitations of the N-95 respirator**

- Does not provide air or oxygen.
- Only filters out particulates.
  - Provides no protection from chemical vapors or gases.
  - Does not provide protection if cleaning up a chemical spill.

\_\_\_\_\_ **The proper care, maintenance, usual life and disposal of the N-95 respirator.**

- N-95's are disposable.
- Discard after surgical use.
- Subject may wear the same N-95 (assuming it is not damaged) for the same patient for one day. The respirator should be removed when leaving the room and stored in a sanitary manner (in a plastic bag).
- If contaminated with blood or other potentially infectious material, dispose as regulated medical waste (in red bags).

\_\_\_\_\_ **Recognize medical signs and symptoms that may limit or prevent effective use of the respirator**

- Employee must report signs and symptoms that may limit their ability to safely use a respirator. An additional medical evaluation may be necessary if the employee has the following symptoms: shortness of breath, dizziness, coughing, wheezing, chest pain, chest injuries, lung diseases, cardiovascular conditions, or heart conditions.

\_\_\_\_\_ **Fit test:**

- Respirator still on from five minute wearing
- Test subject dons test hood
- Use fit test solution
- Squeeze same number of times (10, 20 or 30) it took for taste threshold test.
- Every 30 seconds squeeze one-half the number of times (5, 10 or 15) it took for the taste threshold test.
- Each of the seven tests lasts one minute.
- Have test subject perform exercises while standing.

(1) **Normal breathing.** In a normal standing position, without talking, the subject shall breathe normally.

(2) **Deep breathing.** In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) **Turning head side to side.** Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) **Moving head up and down.** Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) **Talking.** The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized

poem or song.

(6) **Bending over.** The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

(7) **Normal breathing.** Same as exercise (1).

- Remind them to tell you if they taste the test chemical.

\_\_\_\_\_ **Review proper PPE doffing (removal) order.**

To remove PPE safely, you must first be able to identify what sites are considered “clean” and what are “contaminated.” In general, the outside front and sleeves of the isolation gown and outside front of the goggles, respirator and face shield are considered “contaminated,” regardless of whether there is visible soil. Also, the outside of the gloves are contaminated.

The areas that are considered “clean” are the parts that will be touched when removing PPE. These include inside the gloves; inside and back of the gown, including the ties; and the ties, elastic, or ear pieces of the respirator, goggles and face shield.

Order is :

1. Gloves (considered the most contaminated, thus removed first).
2. Face shield or goggles (are cumbersome and would interfere with removal of other PPE)
3. Gown
4. Respirator (with bare hands, lift bottom elastic over your head first, then lift off the top elastic, discard). Do this slowly to prevent respirator from “snapping” off the face. This may be a different doffing order than in the manufacturer’s literature, but is necessary to prevent cross contamination by touching the front of the respirator.
5. Perform hand hygiene.

\_\_\_\_\_ **Paperwork:** Make sure all paperwork is filled out.

\_\_\_\_\_ **Clean-up:**

- Disinfect hood between uses. Test subject may also wear hair protection.
- The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

Checklist provided by:

ANTHC/DEHE, Toll Free: 800-560-8637