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**Memorandum**

TO All Physicians and Frontline Staff

FROM Workplace Health and Safety

DATE February 7, 2020

TOPIC Fit Testing Strategy for Preparation of 2019 Novel Coronavirus (2019-nCoV)

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As our organization prepares for potential cases of 2019-nCoV, many questions are coming forward regarding the need for fit testing of N95 respirators and access to fit test services. This memo provides reference to key resources regarding protection of health care workers against 2019-nCoV (including personal protective equipment (PPE) such as procedure mask and respirators), the strategy to assess fit test needs across AHS, and direction on how to access fit test services. We encourage you to share the following information with our staff.

**Overview**

- Protective measures for 2019-nCoV are equivalent to what staff should already be practicing for Influenza-like illness (ILI). This includes [Point-of-Care Risk Assessment \(PCRA\)](#)<sup>1</sup>, [Routine Practices](#)<sup>2</sup>, and additional precautions ([IPC novel Coronavirus \(2019-nCoV\) Interim Recommendations Info Sheet](#)<sup>3</sup>);
- An N95 respirator is required when performing aerosol-generating medical procedures (AGMPs) on persons under investigation for 2019-nCoV, or who have probable or confirmed 2019-nCoV. All staff who wear an N95 respirator must be fit-tested at least every two years or sooner, and ensure that their fit-test is up to date;
- The Workplace Health and Safety Business Partnerships (WHS BP) team offers regular fit testing services throughout the year to AHS staff. If WHS BP has not already contacted your area, and you wish to understand the potential risk in your areas for consideration of fit test deployment, AHS staff, please contact your [local WHS BP team](#)<sup>4</sup>.

**Reference materials guiding HCW protection against 2019-nCoV**

- All health care workers (HCWs) are required to perform a [Point-of-Care Risk Assessment \(PCRA\)](#)<sup>5</sup> prior to any patient interaction.
- In addition to [Routine Practices](#)<sup>6</sup>, the [IPC novel Coronavirus \(2019-nCoV\) Interim Recommendations Info Sheet](#)<sup>7</sup> must be used when dealing with patients who are under

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<sup>1</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>

<sup>2</sup> <https://www.albertahealthservices.ca/ipc/hi-ipc-routine-practices-info.pdf>

<sup>3</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

<sup>4</sup> <https://insite.albertahealthservices.ca/hr/Page4891.aspx>

<sup>5</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>

<sup>6</sup> <https://www.albertahealthservices.ca/ipc/hi-ipc-routine-practices-info.pdf>

<sup>7</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

investigation for 2019-nCoV, or who have probable or confirmed 2019-nCoV. This includes wearing a procedure mask, gloves, gown, and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield).

- An updated [Respiratory \(ILI\) Algorithm: Assessing the Need for Additional Precautions](#)<sup>8</sup> has been created. Also see: [Healthcare Worker Staff Q&A novel Coronavirus \(2019-nCoV\)](#)<sup>9</sup>.

The guidance in these resources indicates that precautions for 2019-nCoV follow that of Influenza Like Illness (ILI). Management of ILI patients should be nothing new for AHS staff. In other words, there is no “new” training that is required, and no “new” PPE to become familiar with (unlike the Ebola situation from a few years ago). Whether it’s 2019-nCoV or any other cause of ILI, staff should adhere to the usual ILI management approach, as described in the resources above

This is a very good time to review proper “donning” and “doffing” of the recommended personal protective equipment with your teams. If we can prevent exposures due to misunderstandings about what to wear or how to put it on and use it, then we succeed, and staff can feel confident. Practicing is recommended.

See the following resources for details on when to perform hand hygiene and how to carefully remove and dispose of PPE:

- [AHS Hand Hygiene Insite Page](#)<sup>10</sup>
- [Putting on \(Donning\) Personal Protective Equipment Poster](#)<sup>11</sup>
- [Taking off \(Doffing\) Personal Protective Equipment Poster](#)<sup>12</sup>

## **N95 and Fit Testing Requirements**

In the majority of clinical interactions with persons under investigation for 2019-nCoV, or probable or confirmed 2019-nCoV cases, an N95 respirator is not required. As per the guidance above, N95 respirators are only required in the case of performing an Aerosol Generating Medical Procedure (AGMP) on persons under investigation for 2019-nCoV, or patients with probable or confirmed 2019-nCoV.

When an AGMP is being performed on a person under investigation, or a patient with probable or confirmed 2019-nCoV infection, a fit tested, seal checked and properly donned N95 respirator is required to be worn by all HCWs present in the room where the AGMP is being performed. The number of HCWs present during an AGMP should be limited to only those essential for patient care and support.

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<sup>8</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf>

<sup>9</sup> <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-staff-faq.pdf>

<sup>10</sup> <https://www.albertahealthservices.ca/info/Page14955.aspx>

<sup>11</sup> <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf>

<sup>12</sup> <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>

[Respiratory \(ILI\) Algorithm: Assessing the Need for Additional Precautions](#)<sup>13</sup> defines AGMPs to include:

- Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning);
- Cardiopulmonary resuscitation;
- Bronchoscopy;
- Bi-level Positive Airway Pressure (e.g. BiPAP);
- Humidified high flow oxygen systems (e.g. ARVO, Optiflow);
- Aerosolized medication administration;
- Nebulizer therapy;
- Sputum induction;
- Respiratory/airway suctioning;
- High frequency oscillatory ventilation;
- Tracheostomy care.

The following are **not** considered to be AGMPs:

- Nasopharyngeal swab;
- Nasopharyngeal aspirate;
- Chest physiotherapy;
- Phlebotomy

AGMPs should be performed in an airborne infection isolation room (i.e. negative pressure) whenever feasible. If not feasible, AGMPs should be carried out using a process and in an environment that minimizes the exposure risk for HCWs, ensuring that non-infected patients/visitors and others in the healthcare setting are not unnecessarily exposed to the 2019-nCoV virus.

### **Assessing Fit Test Needs for HCWs in priority areas**

An effective facial seal must be achieved for an N95 respirator to do its job. As per the AHS Respiratory Code of Practice<sup>14,15</sup> (AHS staff can access this link below) that enforces the obligation of AHS and its workers under OHS legislation in relation to respiratory protection, those who wear respiratory protection that requires a facial seal must be clean shaven where the respirator seals with the face. In the absence of a medical or religious factor that would preclude effective respirator fit, a failure to be able to properly use an N95 respirator when it is required PPE may result in an individual being considered unfit for work. Managers should work with staff to ensure an appropriate fit test has been completed or will be completed in an appropriate timeframe.

A fit test is required to verify an effective seal and comfortable respirator fit. A worker required to use an N95 respirator must be fit tested at least every two years or sooner if there is a change in facial features due to weight gain/loss, dental work, etc. that may impact the seal of the respirator.

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<sup>13</sup> <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf>

<sup>14</sup> <https://insite.albertahealthservices.ca/main/assets/hr/tms-hr-whs-respiratory-protection-code-practice.pdf>

<sup>15</sup> <https://insite.albertahealthservices.ca/hr/Page7269.aspx>

In preparation for 2019-nCoV cases, priority fit testing services will be focused on HCWs who may perform AGMPs on patients under investigation for 2019-nCoV, or probable or confirmed cases of 2019-nCoV. Initially this will include HCWs in the following areas:

- Emergency Medical Services (EMS)
- Emergency Rooms (ER) and Urgent Care Centers (UCC) - including respiratory staff
- Intensive Care Units (ICU)

As the situation evolves, additional priority areas will be identified.

## **\*AHS Staff Only (links are only accessible to AHS Staff)**

### **Fit Test Service Deployment and Access**

The Workplace Health and Safety Business Partnerships (WHS BP) team offers regular fit testing services throughout the year. The team is currently working on surge capacity fit test services by identifying priority areas, pulling relevant fit test records, contacting local leaders, working with the operational teams to assess needs, and arranging a plan for fit test services.

Fit test services are delivered directly by WHS staff (clinics) or by a trained fit test designate.

If WHS BP has not already contacted your area, and you wish to understand the potential risk in your areas for consideration of fit test deployment, please contact your [local WHS BP team](#)<sup>16</sup>.

Although this surge capacity fit test deployment will focus on priority areas, things can change. It is important that any staff who need to wear an N95 respirator as part of their regular job duties, or who may need to respond to an outbreak requiring the potential for an N95 respirator, are fit tested. Watch for our regular offering of fit test clinics in your area and encourage staff to sign up. As the pressure grows in preparation for 2019-nCoV, WHS may need to target the full fit testing deployment toward priority areas. Further capacity may be available after priority areas are addressed. We ask for your patience as we work through this strategy.

The review of fit test records does not include physicians. Relevant physicians in priority areas will need to be identified by the local departments. Physicians can also self-identify by contacting the [local WHS BP team](#).

Thank you for your attention and please do not hesitate to contact your [local WHS BP team](#) if you have any questions.

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<sup>16</sup> <https://insite.albertahealthservices.ca/hr/Page4891.aspx>