Frequently Asked Questions Related to Use, Fit Testing and Training of N95 Respirators For Managers, Human Resources, and Academic Institutions

Fit Testing of N95 Respirators is required under the Workplace Safety and Health Regulation through its reference to the CSA Standard CSA-Z94.4-11, Selection, Use, and Care of Respirators.

What's the difference between a N95 Respirator and a surgical/procedure mask?

- A N95 NIOSH-approved respirator protects the user from inhaling airborne hazards. It can filter out 95% of airborne particles that are 0.3 microns or more in size.
- A surgical/procedure mask is not a respirator as it is designed to protect the nose and mouth from sprays or splashes. Protection to eyes/face can be enhanced by using face-shields. A surgical/procedure mask should be worn if in close contact to someone on droplet transmission precautions.

When is a N95 Respirator required?

The WRHA requires the use of fit tested NIOSH approved N95 respirators for all healthcare workers required to provide care to patients on airborne precautions (tuberculosis, measles, varicella, disseminated zoster, extensive localized zoster, severe respiratory infection of unknown origin, ebola, etc. as outlined in the Infection Prevention and Control Manual). In addition N95s are required when aerosol generating medical procedures (AGMPs) are being performed or for Exposure to Particulate Dusts or Mists or Particulate plumes such as electrocautery in specific surgical cases.

What is Fit Testing and why is it needed?

Fit testing is needed to determine if a particular size and model of respirator provides the wearer with an acceptable fit and seal to their face. Fit testing consists of training related to donning/doffing the respirator and the fit test itself using the Portacount Machine and takes approximately 20 minutes. Without the appropriate fit the respirator will not protect the user from inhaling airborne hazards.

When should fit testing be repeated?

- Every two years, or
- If there is a significant change in facial structure. This could be from weight gain/loss or broken bones, etc.

Note: Staff with recently expired 3M Aura, V-Flex or 1860 respirator fit testing can continue to wear the same make/model/size to which they were fit tested unless they have experiences a significant change in facial structure.

Why do staff need to be clean shaven for fit testing or to wear a respirator?

Facial hair will interfere with the ability to get a good seal. Staff must be clean shaven where the respirator ***seals to the face*** (as per the CSA Standard) for fit testing or when wearing the respirator.

What does the Workplace Safety & Health Act and Human Rights Code say?

Workplace Safety & Health Act requires employers to ensure that workers use necessary PPE in the workplace. Human rights laws require employers to accommodate their workers' religious beliefs.

Is use of respirators and required fit testing a bona fide occupational requirement (BFOR)?

Yes, it is generally accepted that legislated requirements are bona fide occupational requirements as they are reasonably necessary to assure the safety of workers.

Are employers required to accommodate religious beliefs?

Yes, an employer has to make reasonable attempts to accommodate a worker's protected characteristics such as religious practice or beliefs, but only to the point where the employer would suffer undue hardship. The worker's safety must still be protected and personal protective equipment must fit and be used properly and consistently.

What type of accommodations can be made to meet the requirements of the legislation?

- If accommodation is required, re-assign the worker to duties or units where N95 respirators would not be required.

Contact your local workplace or occupational health and safety designate for fit testing appointments.

Respiratory Selection Guidelines

Hazards	Examples	PPE
Particulate Airborne Infectious Agents	TB, SARS, Chicken Pox, Avian Flu, Measles, Mumps, Ebola, emerging unidentified respiratory infections	N95 As required in the Infection Prevention & Control Manual for Airborne Precautions
Particulate Mists	Droplet	N95, P100, Appropriate particulate cartridge with half face / PAPR / Full Face.
Nuisance Dusts	Storage Area's	Dust Mask *(not a respirator)*
Staff Biological	Protecting Patients	Surgical Mask *(not a respirator)*
Particulate Dust	Mold Maintenance Activities Asbestos	N95, P100, Appropriate particulate cartridge with half face /PAPR/ Full Face.
Particulate Plume/Fume	Electrocautery, Lasers, Welding	N95 / Appropriate particulate / chemical cartridge with half face / PAPR / Full Face.
Chemical Vapors	Solvents, Bleach, Aldydes, Anesthetic Gasses	Appropriate Chemical Cartridge with half face / full face / PAPR/ SCBA, etc.
Gasses	Oxygen, Nitrous Oxide, Nitrogen Helium	Appropriate Chemical Cartridge with half face / full face / PAPR/ SCBA, etc.
Oxygen Deficiencies	Confined Spaces	SCBA

RESPIRATORY PROTECTION FOR
AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)†

Wear fit-tested N95 respirators in the following situations:		
AT ALL TIMES	**DIAGNOSIS UNKNOWN**	**NON-RESPIRATORY TB**
• Respiratory TB or other pathogens spread by the airborne route are known or suspected • Sputum induction • Emergent intubation* • Cardiopulmonary resuscitation* • Autopsy* • Bronchoscopy*	• Open tracheal suctioning • Planned break in ventilator circuit • Extubation	• Non-respiratory TB highly suspected or diagnosed, and there is potential for aerosolization from the site (e.g., open abscess or wound irrigation)

*According to Point of Care Risk Assessment (refer to Routine Practices)

†**Aerosol-generating medical procedures (AGMPs)**: AGMPs are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. There are several types of AGMPs which have been associated with a documented increased risk of tuberculosis (TB) or SARS transmission: Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), Cardiopulmonary resuscitation, Bronchoscopy, Sputum induction, Nebulized therapy, Autopsy, Non-invasive positive pressure ventilation (CPAP, BiPAP).