

Respiratory Protective Equipment (RPE) Policy

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NHS Shetland Document Development Coversheet*

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1. Purpose and scope

This Policy will apply to all NHS Shetland's staff who either manage staff or are those staff who require to wear respiratory protective equipment (RPE) (Appendix 1). The purpose being to provide guidance to all staff and managers of the organisational arrangements in relation to respiratory protective equipment.

The scope of this policy is Board wide.

2. Legislative framework

Where respiratory protective equipment (RPE) is used as a control measure, under Control of Substances Hazardous to Health Regulations 2002 (COSHH), it is vital that the selected RPE is adequate and suitable. To ensure that the selected RPE has the potential to provide adequate protection for the individual wearer, the approved code of practice supporting COSHH states that tight fitting RPE must be face fit tested to ensure adequate protection for individual wearers. This will ensure that inadequate RPE is not selected for use. <http://www.hse.gov.uk/pubns/priced/hsg53.pdf>

In addition to COSHH Regulations 2002, RPE may need to be used to satisfy requirements in the following pieces of legislation. You will need to consider whether any of these Regulations apply to you and comply with any specific requirements they contain on RPE:

- Control of Asbestos Regulations 2012; 7
- Control of Lead at Work Regulations 2002; 8
- Ionising Radiations Regulations 1999; 9
- Confined Spaces Regulations 1997
- HSG 53 for details
- Initial face fit testing is mandatory and records of completed tests have to be kept by the organisation for a period of 5 years

3. Policy aims

This policy aims:

- To reduce/prevent the risk of infection/transfer between patients and staff by the respiratory route
- To identify and ensure that the relevant staff and managers understand their responsibilities
- To provide staff with the necessary guidance and support in when to wear appropriate RPE
- To support National Infection Prevention Control Manual , Chapter 2 &3, Personal Protective Equipment (PPE) & Respiratory Protective Equipment (RPE) in relation to respiratory disease or infection. NHS Shetland's Health & Safety policy
- To contribute NHS Shetland's compliance with The Control of Substances Hazardous to Health Regulations 2002

4. Definitions

From HSG 53: RPE must be both adequate and suitable;

Adequate – it is right for the hazard and reduces exposure to the level required to protect the wearer's health.

Suitable – it is right for the wearer, task and environment, such that the wearer can work freely and without additional risks due to the RPE.

There are two main types of RPE: respirators and breathing apparatus.

Respirators (filtering devices) use filters to remove contaminants from the air being breathed in. They can be either; non-powered respirators – relying on the wearer's breathing to draw air through the filter: or Powered respirators- using a motor to pass air through the filter to give a supply of clean air.

Tight fitting face pieces (often referred to as masks) rely on having a good seal with the wearer's face. A face fit test must be carried out to ensure the RPE can protect the wearer.

Loose fitting face pieces rely on enough clean air being provided to the wearer to prevent contamination leaking in (only available as powered air purifying respirators PAPR Examples are hoods, helmets, visors, blouses and suits.

FFP3 – Filtering Face Piece respirators offering P3 level of protection.

Half mask – a tight fitting face piece normally made of silicone or a rubber material such as EPDM which has interchangeable filters to provide protection against various hazards.

Breathing apparatus needs a supply of breathing-quality air from an independent source either an air cylinder or an air compressor. Neither of these sources is currently available in NHS Shetland and is therefore outside the scope of this policy.

Aerosol Generating Procedures (AGPs)

AGPs can produce droplets < 5 microns in size which may cause infection if they are inhaled. These small droplets can remain in the air, travel over a distance and still be infectious. <http://www.nipcm.hps.scot.nhs.uk/>

Aerosol Generating Procedures (APG) include but are not limited to:

- Intubation, extubation and related procedures, for example manual ventilation and open suctioning.
- Cardiopulmonary resuscitation
- Bronchoscopy
- Surgery and post mortem procedures in which high-speed devices are used.
- Some dental procedures (e.g. drilling)
- Non Invasive Ventilation (NIV) e.g. Bilevel Positive Airway Pressure Ventilation (BiPAP) and Continues Positive Airway Pressure Ventilation (CPAP)
- High frequency Oscillatory ventilation (HFOV)
- Induction of sputum (not including chest physiotherapy)

Please note: the selection and use of any respiratory protective equipment should be in accordance with risk assessment, guidance and protocols in the relevant Health & Safety and

Infection Control Policies. For NHS Shetland this will be the National Infection Prevention and Control Manual (NIPCM).

5. Responsibilities and organisational arrangements

5.1. Chief Executive

The Chief Executive has overall strategic responsibility for ensuring that Board Policies comply with all legal, statutory and good practice guidance requirements.

5.2. Executive Directors, General/Nurse Managers, Clinical Leads and Department Heads/Managers

Are responsible for:

- Ensuring that all staff for which they have line management/clinical responsibility are appropriately informed, instructed, trained and supervised in compliance with this policy
- Ensuring the provision of the necessary RPE in liaison with line management / procurement
- Ensuring that there is always at least one, ideally two, competent fit testers within the organisation
- Ensuring fit testers have adequate initial and regular refresher training, including:
 - Use, donning, doffing, cleaning, storage, maintenance and checks of any Respiratory Protection Equipment (RPE)

5.3. Line Managers – including all disciplines

Are responsible for:

- Identifying those staff that may be required to use RPE
- Ensuring they are, where appropriate tested or trained in a suitable alternative
- If no suitable RPE for the individual then exclude them from the relevant patient contact / risk area
- Maintaining records of fit testing and any training
- Ensuring the provision of the necessary RPE as per local risk assessment and/or as identified in the NIPC manual
- Managers should also note that individual staff members may be unable to be successfully fit tested with a FFP3/ tight fitting mask. In most cases the provision of a powered air purifying (PAPR) respirator or temporary redeployment would need to be accommodated
- Staff wearing masks may cause additional communication problems especially to those patients with existing communication/language difficulties

5.4. Staff –including all disciplines

Having been provided with the necessary information, instruction, training on the appropriate RPE will be responsible for:

- Ensuring the appropriate selection and use of the RPE they have been fit tested for/trained on
- Ensure that they wear the appropriate RPE when entering a risk area
- Ensuring the correct use, cleaning, storage, maintenance and checks are completed for their RPE
- Ensuring the correct and safe fitting, removal and disposal of RPE
- Ensuring that they carry out a Fit check each and every time they wear tight fitting RPE
- Ensuring they report any faults or inadequacies with their RPE to their line manager
- Ensuring they report any significant changes to their manager/designated fit tester, for example: significant weight loss/gain, significant dental work or any facial changes around the mask face seal area
- Ensuring that they attend regular refresher training/reassessment as required and defined in the Competency Frameworks

5.5. Face Fit Testers

Are responsible for:

- Ensuring all staff identified as requiring a face fit tested, receive this either on induction, or as soon as practicable thereafter
- Ensuring completion of face fit test report and copy given to manager, the employee and Occupational Health
- Maintain the register for all face fit testing and update the spreadsheet as appropriate
- Ensuring any staff or their line manager who report any changes, i.e. significant weight loss/gain, has substantial dental work undertaken or develops any facial changes (scars or moles) around the face seal area are retested
- Additionally the face fit tester will provide training on use, fitting, removal, disposal, cleaning, maintenance and storage of RPE
- Ensuring that they attend regular refresher training/reassessment as required

5.6. Occupational Health

Are responsible for:

- Notifying a staff members' line manager of any condition that could affect an individual's ability to wear RPE

5.7. Infection Control Team

Are responsible for:

- Ensuring relevant National Policy is accessible to staff via Infection Control Manual – intranet /Blog
- Providing advice and guidance to all parties on the appropriate provision, use, decontamination, disposal and storage of RPE, guided by Health Protection Scotland and

local Standard Infection Control Precautions (SICPs) and Transmission based Precautions (TBPs) and Health & Safety

- Providing guidance and support to all parties in the development of local risk assessments, where appropriate.

6. Monitoring

Responsibility for monitoring the application of this policy will rest with the Health and Safety Lead, assisted by the Infection Prevention & Control Team.

The Policy will be reviewed a minimum of every 3 years by the Health and Safety Lead. Ongoing audit will be conducted by Health and Safety at site visits to assess compliance throughout the organisation. Any changes will be made in consultation with the relevant staff. Revised versions of this policy will be approved by the Control of Infection Committee and Health, Safety & Wellbeing Committee prior to dissemination and implementation.

7. Re-testing

A fit test should be repeated whenever there is a change to the RPE type, size, model or material, or whenever there is a change to the circumstances of the wearer that could alter the fit of the RPE, for example:

- weight loss or gain
- substantial dental work
- any facial changes (scars, moles, effects of ageing etc) around the face seal area
- facial piercings
- introduction or change in other head-worn personal protective equipment (PPE)

There is no legally defined frequency for retesting and therefore, there is no requirement to retest if there are no changes in these circumstances. However, NHS Shetland recognises that as anyone ages, bodily changes can occur naturally. Therefore, re-testing will be carried out every 3 years, if no other changes have been identified.

8. Associated documents / references

- Control of Substances Hazardous to Health Regulations 2002.
- INDG 479 Guidance on respiratory protective equipment (RPE) fit testing.
- HSE Website guidance for “Fit testing face masks to avoid transmission during the coronavirus (COVID-19) pandemic”. [Fit testing face masks to avoid transmission during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/covid19/fit-testing-face-masks.htm)
- BSEN 12942:2001 Respiratory Protective Devices: Power assisted fitting devices incorporating full face pieces, half face pieces, half or quarter face pieces – requirements, testing, markings.
- BSEN 136:1998 Respiratory protective devices: full face piece – requirements, testing, markings.
- BSEN 140:1998 Respiratory Protection Devices: half face pieces and quarter face – requirements, testing, markings General Information & Infection Control Precautions to Minimise Transmission of Respiratory Tract Infection in Healthcare Settings, Health Protection Scotland, 31.10.2010.
- Infection Control Precautions During the Assessment of Patients Presenting with
- Respiratory Illness in A&E/Acute Admission Department, Health Protection Scotland, 30.07.2009.
- National Infection Prevention & Control Manual, Chapter 2, 2.4(03.04.2017). [National Infection Prevention and Control Manual: Home](#)

Appendix 1 – Areas of risk (patient areas)

The following areas and groups of staff have been deemed by Control of Infection Committee and Health, Safety & Wellbeing Committee as “high risk”, **including but not limited to:**

- Accident and Emergency
- Ward 3
- Ward 1
- Maternity
- Outpatients
- Specialist Nurses in Unit
- Renal
- Child Health
- Bank Staff
- Theatre (All staff)
- Physiotherapy
- Doctors (working in areas already identified)
- Non Doctor Island Nurses

Other areas of potential risk

- Estates
- Dental
- Podiatry
- Community Nursing

Other areas and groups of staff may be identified as a result of a suitable and sufficient risk assessment. Advice can be provided by Infection Prevention and Control Team/Health and Safety Lead.

Appendix 2 – HSE guidance on Face Fit Testing

The following HSE publication (indg 479) provides advice on face fit testing for the employer and those conducting face fit tests. This guide provides:

- Information on fit test methods
- Information on what can be achieved from a face fit test
- The core information to be included in a face fit test report

<https://www.hse.gov.uk/pubns/indg479.pdf>

Appendix 3 – Respirator Face Fit Test information

A face fit test should be carried out before people wear RPE for the first time. Inadequate fit can reduce the protection provided and lead to immediate or long-term ill health or can even put the wearer's life in danger.

A fit test should be repeated whenever there is a change to the RPE type, size, model or material, or whenever there is a change to the circumstances of the wearer that could alter the fit of the RPE, for example:

- weight loss or gain
- substantial dental work
- any facial changes (scars, moles, effects of ageing etc.) around the face seal area
- facial piercings
- introduction or change in other head-worn personal protective equipment (PPE)

There is no stipulated frequency for retesting, and you don't need to retest if there are no changes in these circumstances.

[Find out more about face fit testing.](#)

Reduce the risk of transmission

People who have symptoms of COVID-19 or are isolating in accordance with government guidance should not attend a face fit test.

To reduce the risk of transmission of COVID-19 during face fit testing the following measures can be taken as part of a risk assessment:

- make sure there is adequate ventilation in the room where the test is conducted
- people being fitted can keep their respirators on as much as possible to reduce risk to the tester
- both the fit tester and those being fit tested should wash their hands before and after the test
- people being fit tested with non-disposable masks should clean the mask themselves before and immediately after the test using a suitable disinfectant cleaning wipe - you should check with the manufacturer to avoid damaging the mask
- test face pieces that cannot be adequately disinfected (for example disposable half masks) should not be used by more than one person
- fit testers should wear disposable gloves when cleaning tubes, hoods and so on and make sure they remove gloves [following the correct procedure \(PDF\)](#)
- immediately dispose of used gloves, disposable masks and cleaning wipes in a waste bin
- make sure you comply with the Public Health regulations and guidance for the nation you are working in

Face fit testers should familiarise themselves with the following potential contact points and actions to reduce transmission:

Contact points	Action to reduce transmission
Inside and outside of respirator	<p>After a fit test using non-disposable RPE, provide a suitable surface cleaning disinfectant wipe to the person fit tested and show them how to clean the inside and outside of the face piece.</p> <p>Ensure they clean it well by providing them with clear instruction and supervising them.</p>
Qualitative fit testing kit:	<p>After conducting a qualitative fit test on an individual and following the normal cleaning of the kit, ensure all parts of the fit testing kit which have the potential for the person being fit tested to have exhaled their breathe in very close proximity to it are suitably disinfected.</p>
Hood	<p>Use a suitable surface cleaning disinfectant wipe to disinfect both the inside and the outside of the fit testing hood, leave the hood to dry before reuse, to allow sufficient contact time to maximise effectiveness of the disinfectant.</p>
Nebuliser	<p>The outlet of the nebuliser which is positioned inside the aperture of the fit testing hood during tests should also be suitably disinfected after each person.</p> <p>Disinfect the nebuliser by submerging in a disinfectant solution of the correct strength, for a sufficient contact time to ensure adequate disinfection.</p>
Test solution	<p>Ensure that only the recommended volume of 5ml of the solutions are poured into the nebuliser saucers before each test and discard any remaining test solution remaining in the saucer at the end of each test.</p>
Quantitative fit testing Moisture from the wearer's breath collected inside the ambient particle counting device tubing (ie for quantitative testing)	<p>Clean and disinfect the tube with a suitable surface cleaning disinfectant wipe after every use. Allow tubes to dry before reuse or have a stock of spare tubes available for subsequent tests.</p>

Contact points	Action to reduce transmission
<p>Quantitative fit testing Fit testing adaptors and Sampling probe</p>	<p>After a fit test, provide a suitable surface cleaning disinfectant wipe to the person fit tested and show them how to clean the fit testing adaptors and sampling probe. Ensure they clean it well by providing them with clear instruction and supervising them.</p>
<p>Quantitative fit testing Specific inner mask supplied by fit tester when fit testing powered RPE and the existing inner mask is replaced</p>	<p>After the fit test, provide a suitable surface cleaning disinfectant wipe to the person fit tested and show them how to clean the inside and outside of the face piece. Ensure they clean it well by providing them with clear instructions and supervising them.</p>
<p>Filters</p>	<p>When wearing RPE, the wearer's exhaled breath does not pass through the filters. The filters will be handled during the test and therefore use a suitable surface cleaning disinfectant wipe on the surfaces of the plastic casing after each use.</p>