

BRIGHTON VOLUNTEER AMBULANCE

FIT-TESTING EVALUATION/MEDICAL QUESTIONNAIRE



Employee Name: _____	Date: _____
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N95 FIT Testing Complication Factors - Indicate All That Apply

<input type="checkbox"/> Facial Hair	<input type="checkbox"/> Facial Scar / Deformity	<input type="checkbox"/> Dentures
<input type="checkbox"/> Glasses	<input type="checkbox"/> Weight Loss/Gain	<input type="checkbox"/> None
<input type="checkbox"/> Other [Describe Below]: _____ _____		

HEPA/N95 Fit Testing Waiver/Result

I have been instructed on the appropriate donning, usage, and disposal of BVA provided HEPA/N95 masks. I additionally understand that all masks require an initial "Fit test" to assure proper sizing, placement, and maximized efficiency. My signature indicates that I voluntarily agree to a HEPA mask fit test and the understanding that facial hair, or other testing complications may decrease mask efficiency and increase the possibility of airborne contaminant exposure. I accept these risk(s) and agree to use the HEPA/N95 masks as provided by Brighton Volunteer Ambulance.

Employee Signature: _____	Examiner Signature: _____	
Solution Lot Number: _____	Mask Size: _____	Mask Model: _____
<input type="checkbox"/> Mask Test Pass	<input type="checkbox"/> Mask Test Fail	

Declination Statement

I _____ understand that although this is a federal OSHA requirement (29 CFR Part 1910.1030) for all EMS personnel involved in direct patient care, I decline to be properly fitted for a BVA HEPA mask. I understand that I may be increasing my risk for exposure to myself and others from respiratory based airborne diseases. I understand that BVA will retain the right to restrict me from patient care at their discretion as to reduce the risk of potential airborne pathogen exposure.

I _____ understand that I risk contracting a respiratory infection as a result of refusing to accept proper HEPA mask fitting provided. Refusing this may result in illness, loss of work, reduced health, or even death. I accept sole responsibility for any infection disease transmission and will not hold the agency BVA or any staff members responsible for any of the above noted risks. I waive the right to hold BVA or any of its representatives responsible, liable, for any health or legal consequences.

Signature: _____	Date: _____
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NIOSH N95 Respirator / Policy

NIOSH approved N95 particulate respirator(s) will be issued to all personnel at the time of initial FIT Testing, and as needed for replacement. Brighton Volunteer Ambulance will maintain a supply of N95 respirators as outlined in NYS Part 800 Section 3.14 "Minimum Equipment Requirements", and stock all appropriate apparatus accordingly.

Personnel that do not pass FIT Testing with standard-sized N95 mask(s) will be issued personal size-specific masks to ensure compliance OSHA 29 CFR Part 1910.1030. Size-specific replacements will be maintained in accordance with previously noted Part 800 guidelines.

N95 respirators should be inspected by personnel routinely to ensure the following, and replacement should be requested if:

- N95 is presents with visible damage (rips, tears, stretching)
- Respirator is soiled and/or saturated with any liquid
- After any use with a patient in confirmation of possibly infection respiratory disease
- After being in the presence of any patient receiving any aerosolized intervention (nebulizer, intubation, CPAP)

All question(s) and replacement requests should be directed to the agency Health & Safety Officer.

Retesting Requirement(s)

Personnel will be retested for N95 mask compliance annually. If at such time previously issued respirator(s) are found to require additional modification appropriate retesting will be conducted.

Personnel are suggested to request additional FIT testing if any of the following circumstances present:

- Weight gain/loss that may impede N95 respirator compliance
- Modification to facial hair / personal grooming
- At any time where concern for respirator compliance is of concern

Acknowledgement of Respirator Issuance

I have received my issued, fit tested respirator. I understand that I am responsible for keeping the issued respirator available to myself at all times while on duty, and to regularly inspect it for any gross contamination or damage. I am aware that I may decontaminate the issued respirator **only** within CDC guidelines. I am aware that I must notify the on duty Captain if I am in need of a replacement respirator.

Respirator Manufacturer:

Model:

Signature:
