

**INTERNAL ONLY**  
**ISLHD PROCEDURE**  
**COVER SHEET**



<b>NAME OF DOCUMENT</b>	Respiratory Protection Program
<b>TYPE OF DOCUMENT</b>	Procedure
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<b>FUNCTIONAL GROUP OR HUB</b>	District-Wide
<b>NSQHS STANDARD</b>	Standard 1 Standard 3
<b>SUMMARY</b>	A program that outlines how respiratory protection equipment is to be used and the fit testing program that is to be followed for all identified workers working in high risk areas for airborne contaminants

**COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## 1. POLICY STATEMENT

The Illawarra Shoalhaven Local Health District (ISLHD) has an obligation under the Work Health and Safety Act 2011 to provide a safe and healthy environment for all ISLHD workers, patients, and contractors (and their workers), as well as visitors to the hospital facilities, sites and community service areas under our management.

The WHS Act 2011 and WHS Regulations 2017 requires ISLHD to manage risks. This is achieved by the elimination of health and safety risks, so far as is reasonably practicable, and if it is not reasonably practicable to do so, to minimise those risks.

This procedure applies to all employees who are required to wear respiratory protection due to the nature of their work in ISLHD. It applies to the use of reusable air-purifying and air-supplying respirators as well as disposable filtering face piece respirators.

The use of respiratory protection by contractors working on ISLHD sites will be managed by [ISLHD's Contractor Management procedures](#). However, it remains the responsibility of the Contractor to ensure the appropriate respiratory protection is provided, worn and is suitable for the work to be performed.

## 2. BACKGROUND

With the emergence of global infectious diseases such as COVID-19 and Severe Acute Respiratory Syndrome (SARS), there is a heightened awareness of the need for workers to be able to work safely and be protected against respiratory aerosol generating procedures (AGPs) for patients with suspected, probable or confirmed respiratory infection or communicable diseases with potential for airborne transmission. This procedure applies to any ISLHD workers – clinical and non-clinical – who may be exposed to airborne pathogens while performing their required duties.

Certain work groups are not likely to be exposed to infectious respiratory pathogens, but may be exposed to other hazardous substances, and are therefore determined to require respiratory protection equipment for this aspect of their work.

The development of a Respiratory Protection Program (RPP) in line with Clinical Excellence Commission (CEC) [guidelines](#) allows for ISLHD to provide this level of protection for its workforce.

## 3. RESPONSIBILITIES

### 3.1. Employees in the Program must:

- Declare any medical reason that indicates that fit testing/or wearing Respiratory Protection Equipment (RPE) cannot be done.
- Be clean shaven for fit testing. Facial hair even stubble may compromise the seal.
- Attend annual training and respirator fit testing as required in the RPP.
- Use, maintain, and dispose of respirators properly in accordance with training and local procedures.

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- Conduct a fit check every time RPE is used.

### **3.2. Supervisors/line managers must:**

- Ensure that all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible pathogens, have been identified and workers have been provided with the correct RPE.
- Ensure that workers who require RPE are identified
- Ensure that this procedure is implemented in the work area.
- Ensure workers attend the required training and scheduled fit testing during work hours.
- Ensure that records of respirator training are documented and available.

### **3.3. General Managers/Service Directors must:**

- Apply due diligence by ensuring that this procedure is implemented within their areas.
- Ensure that hazards / risks are identified in consultation with their workers.
- Ensure Risk Assessments are undertaken across their work areas to identify workers who require respiratory protection (refer to Appendix 1)
- Ensure that training and resources are available to allow compliance with this procedure

### **3.4. Chief Executive must:**

- Ensure that a process is in place to allow the RPP to be implemented.
- Ensure that all required resources are available for the implementation and ongoing management of the RPP.

### **3.5. Respiratory Protection Program Co-Ordinator**

- Coordinate training for new fit testers
- Ensure competency assessment of fit testers is conducted annually
- Maintain records of worker consents and results of fit testing
- Coordinate annual respirator fit testing program
- Maintain fit testing equipment and consumables to ensure testing program is not impacted
- Provide reports on fit testing results

### **3.6. Respiratory Protection Program Steering Committee**

- Receive, review and respond to status reports on fit testing
- Identify and prioritise fit testing requirements across the District
- Collaboratively resolve issues that have been escalated regarding the RPP

### **3.7. Procurement must ensure:**

- Supply of suitable respirators that meets the requirements of ISLHD will be procured as per HealthShare guidance and recommendations.
- Communicate and liaise with HealthShare to ensure testing aligns with availability

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- of respirators
- Respirators meet the requirements of WH&S legislation
- Respirators meet the requirements of NSW Health and ISLHD infection prevention and control policies.

### 4.1. Respirator Use within ISLHD

#### Clinical Environments:

The most common potential exposure for workers involved in patient care will be pathogens associated with aerosol transmissible diseases such as tuberculosis (Refer [ISLHD DOC 73 IMACS Transmission based Precautions](#)).

Infection Management and Control Services (IMACS) will provide guidance regarding the type of RPE that would be suitable for workers in these environments, and this will be based on existing ISLHD Infection Control practices and other relevant public health guidelines.

#### Other Environments:

ISLHD workers within maintenance, housekeeping, laboratory, or other areas may potentially be exposed to hazardous gases, vapours, or dusts in addition to aerosol transmissible pathogens. A risk assessment is required that will identify and determine the type of RPE that is required for workers working in these environments. The risk assessment must be done in consultation with the workers in each of these environments.

The risk assessment will include the following:

- Identification of potential exposures.
- The duration of the potential exposure
- A review of work processes to determine levels of potential exposure for all tasks and locations.
- Quantification or objective determination of potential exposure levels, where possible.

The supervisor/line manager will review and update the risk assessment any time a worker or supervisor identifies or anticipates a new exposure or changes to existing exposures occurs as a result of any changes to practice or operating conditions.

Any worker who believes that RPE is needed during a particular activity must contact their line manager. The line manager will assess the potential risks with the worker(s). If it is determined that respiratory protection is required, all elements of this program will come into effect for those tasks.

### 4.2. Workers who are unable to use RPE

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Workers whose work activities require the use of RPE must be medically (both physically and psychologically) fit to participate in the fit testing program and the wearing of the RPE.

If a worker is unable for medical reasons to participate in the fit testing program, the manager is to follow the process as outlined in [ISLHD CORP PROC 66 Management of Non-Work Related Injury or Health Condition](#)

Medical information may need to be obtained from the worker's treating doctor when:

- The worker reports medical signs or symptoms that are related to the ability to use a respirator.
- The supervisor or the RPP Coordinator requests a medical evaluation.
- Observations made during fit testing or program evaluation indicate a need for medical evaluation (e.g. the employee experiences claustrophobia or difficulty breathing during the fit test).
- A change occurs in workplace conditions (e.g. physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee while wearing a respirator.

### 5. Types of Respiratory Protection Equipment (RPE)

#### 5.1. Reusable Respiratory Protection Equipment (RRPE)

Reusable Respiratory Protection Equipment (RRPE) refers to a variety of reusable respirators that protect the user's respiratory system from exposure to recognised and unrecognised sources of airborne and aerosolised infectious agents in healthcare settings.

RRPE may take the form of a reusable mask and harness fitted with particulate P2 or P3 filters that are activated passively as the wearer breathes. Another type of RRPE are Powered Air Particulate Respirators (PAPRs). These actively supply filtered air to the wearer and deliver a positive air pressure via a battery operated blower unit.

#### 5.2. Disposable Respiratory Protection Equipment

Disposable respirators are the most common devices used in healthcare settings for protection against airborne pathogens or during respiratory AGPs where a communicable respiratory infection is suspected or confirmed. Disposable respirators known as P2/N95 must meet the relevant Australian Standards to ensure that they are effective and provide the correct level of protection.

Within ISLHD, the use of disposable respiratory protection equipment is the preferred option. Use of reusable respiratory protection equipment is reserved for staff that are not able to achieve a positive fit test on any of the disposable respirators.

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Disposable respirators found to be defective are to be discarded and replaced. If this occurs, advice is to be provided to the relevant line manager who may need to advise ISLHD Procurement through the current communication protocols.

### 6. Fit Testing

ISLHD will undertake Quantitative fit testing (QNFT) as part of its Respiratory Protection Program.

QNFT shall be carried out by workers who have been trained for this purpose and who are able to perform the required tests as per accepted testing protocols, recognise invalid tests, calculate the fit factor and ensure that testing equipment is in proper working order.

ISLHD will ensure that the QNFT equipment is kept clean and is maintained and calibrated according to the manufacturer's instructions so as to operate at the parameters for which it was designed.

All workers are required to provide consent to participate in fit testing. This will be recorded on the ISLHD Fit Testing consent form.

New workers that are required to be fit tested, will be fit tested against the available disposable respirators at the time, in line with availability from procurement.

It is important that the respirator(s) to be used for testing are those respirators that the worker has access to in their work area.

Once the appropriate respirator has been identified for the worker, they will be fit tested by a trained fit tester.

Workers who wear corrective glasses or other personal protective equipment during their work day must wear these during their fit testing to ensure they do not interfere with the face piece seal, and that the respirator does not interfere with their visual field.

Fit tests will be provided when it is identified that a worker may be exposed to respiratory pathogens or hazardous substances and annually thereafter. Additional fit tests will be provided whenever the worker experiences, or the line manager observes, physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight/face shape or facial hair.

#### 6.1. Workers who fail a fit test on a disposable respirator

Should a worker not reach the required fit factor (pass level) for a disposable respirator that is in ISLHD's available stock, the RPP Coordinator will notify the relevant manager.

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The manager will be advised of the following options to ensure that the worker remains safe:

- Use a risk management approach to ensure that the worker is not exposed to any situation in which a respirator would be required
- Relocate worker to another work area where respirator use is not required in carrying out normal work tasks for that area
- Obtain a suitable reusable respirator and arrange for this to be fit tested.

### 6.2. ISLHD Fit Testers

ISLHD will maintain a pool of trained fit testers to complete fit testing on workers. Fit testers will be initially provided with competency based training and receive ongoing support from the RPP Coordinator.

The fit testers will be competency assessed annually by the RPP Coordinator. All fit testers are to conduct testing at a minimum of 1 full day per month to maintain currency.

The number of fit testers, and the frequency of testing required, will be determined by the overall number of ISLHD workers identified as requiring annual fit testing.

This will be reviewed periodically by the RPP Coordinator in consultation with all relevant stakeholders.

## 7. Fit Checking

Workers are to perform a user fit check to ensure that an adequate seal is achieved each time a respirator is used. Refer to [IMACS Fitting and removing a P2/N95 mask](#)

Either the positive and negative pressure checks (huff and puff), or the respirator manufacturer's recommended user fit check method shall be used. User fit checks are not substitutes for fit testing, but must be done even if fit testing has been done on the same brand of respirator. Also refer to [CEC Principles of Fit Checking Chart 2020](#).

If a fit check is unsuccessful, staff must seek advice and must not provide care for the patient requiring airborne precautions

### 7.1. Fit Check Training

Annual fit check training will be provided to all ISLHD workers that may be required to use respiratory equipment. The training will be coordinated by department managers using resources developed by IMACS and available on My Health Learning (P2 N95 Mask Fit Check Training (Training Code: 305550755), or through face to face sessions facilitated by trained facility-based Trainers. The training will include the following:

- The general requirements of the Australian Standards for Respiratory Protection.
- The specific circumstances under which respirators are to be used.
- Respiratory risks to which workers are potentially exposed during routine and

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- emergency situations.
- Why the respirator is necessary and how to fit check respirator.
- Maintenance, to ensure the protective effect of the respirator
- How improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering face piece respirators).
- Workers who are issued RRPE shall be instructed in the local process for safely reprocessing each component, proper use and storage, and any periodic maintenance that may be required.
- How to recognise medical signs and symptoms that may limit or prevent the effective use of respirators.
- How and when to decontaminate (or safely dispose of) a respirator that has possibly or certainly been contaminated with chemicals or hazardous biological materials.

Workers who are issued with PAPRs must be trained in charging and maintaining the batteries and filters, reprocessing and storage of component parts, checking the air flow rate, and the requirements of any periodic maintenance. Training is to be provided by a competent person.

Training should be provided prior to first respirator use, and annually thereafter.

Additional training must be provided when there is a change in the type of respiratory protection used, or when inadequacies in the worker's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

### **8. Storage, Reuse, Maintenance and Care of Respirators**

All respirators will be stored in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

For both disposable and reusable models, workers must leave the area where they are required to use a respirator if they are required to:

- adjust their respirator if it is not fitting correctly or impeding their ability to work;
- wash their face if the respirator is causing discomfort or rash;
- change the respirator, filters, cartridges, or canister elements;
- inspect the respirator if it stops functioning as intended, such as detection of vapour or gas breakthrough, changes in breathing resistance or leakage of the face piece (e.g. fogging of eyeglasses).



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### 8.1. Disposable Respirators

When disposable respirators are used, they should be discarded after each use or sooner if breathing becomes difficult, or if the respirator becomes wet or is otherwise damaged, soiled, or contaminated.

When caring for patients in Airborne Precautions, disposable respirators must be discarded after each use (i.e. patient encounter).

In certain circumstances (for example when workers are working in an environment where there are many patients in Airborne Precautions) face protection PPE including disposable respirators can be worn for an extended period of time rather than changing equipment between patients.

These respirators must be removed when the worker touches it to adjust it, when they remove it to eat or drink or attend to other personal comfort requirements such as bathroom breaks, and when they leave the care area for any significant period of time.

### 8.2. Reusable Respiratory Protection Equipment

RRPE's are to be maintained as per IMACS factsheets:

- 20-6-12\_RRPE\_IMACS Factsheet\_Full face Helmet\_3M M Series
- 20-6-12\_RRPE\_IMACS Factsheet\_Full face Hood
- 20-6-12\_RRPE\_IMACS Factsheet\_Full face Respirator Mask

All respirators must be inspected by the user prior to each use. Inspections should include a check of:

- Condition of the various parts including, but not limited to, the face piece, head straps, valves, and cartridges, canisters, or filters.
- All rubber or plastic parts, for pliability and signs of deterioration.
- RRPE connecting tubes or hoses, air flow, and batteries.

Any defective respirators must be removed from service. Defective reusable respirators will be returned to the manufacturer if required for repair, adjustment, or disposal.

The line manager is responsible for ensuring that a process is in place for maintaining any RRPE in their work area. This includes that the RRPE are charged and that they are maintained in accordance with manufactures instructions. Line managers must ensure that only staff that are required to use RRPE are trained in their use.

## 9. Program Evaluation

The RPP will have regular periodic evaluation to ensure that all aspects of the program meet the requirements of the CEC Respiratory Protection in Healthcare guidelines and any other relevant standard or material that provides best practice guidance. It will also ensure that the RPP is being implemented effectively to protect employees from respiratory hazards.

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Program evaluation will include, but is not limited to:

- A review of the written program by the RPP Steering Committee.
- Results of fit testing conducted
- Completion of a program evaluation checklist based on observations of workplace practices.
- A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session.

### 10. Record Keeping

- Worker consent forms and fit testing reports will be Trimmed (*IS/2809 - HEALTH PROMOTION - CAMPAIGNS, PROGRAMS & PROJECTS - Respiratory Protection Program*)
- Individual worker fit test results will be recorded in Stafflink. Each respirator that was fit tested for each worker will be recorded as individual entries.
- Reports will also be developed by People, Safety and Culture for analysis of the RPP.

### 11. DOCUMENTATION

- Respirator Fit Testing Consent
- Risk Assessment

### 12. AUDIT

The Respiratory Protection Program will be audited as part of the Ministry of Health WHS Audit during the 2 yearly cycle.

### 13. REFERENCES

- [ISLHD CLIN PD 85 Communicable Diseases / Conditions – Precautions for Preventing Transmission](#)
- [Clinical Excellent Commission – Respiratory Protection in Healthcare August 2020](#)
- [Clinical Excellent Commission - Respiratory Protection Program Implementation Resources](#)
- NSW WHS ACT 2011
- NSW WHS Regulations 2017
- AS/NZS 1715:2009 Selection, use and maintenance of respiratory protective equipment
- AS/NZS 1716:2012 Respiratory protective devices

**14. REVISION & APPROVAL HISTORY**

<b>Date</b>	<b>Revision No.</b>	<b>Author and Approval / Date</b>
February 2021	0	<b>Author:</b> Safety Coordinator  <b>Approval/Date:</b> Corporate Policy Recommendation committee / January 2021 <b>Approval/Date:</b> Executive Director Strategic Improvement Programs / February 2021

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**Appendix 1- ISLHD Fit Testing Risk Assessment**

Use this form to assist you to prioritise staff that require fit testing of respirators.

HUB / Hospital		Date:	
Prepared By:			
Names and Positions of staff involved in risk assessment:		Name	Position
	Medical		
	Nursing		
	Allied Health		
	Support Services		
Admin			
General Manager Signature:			
<p><b>1. Detailed description of Potential exposure to COVID-19 in your HUB / Hospital / Service to staff:</b> Take into consideration:</p> <ul style="list-style-type: none"> <li>• Exposure time</li> <li>• Frequency of exposure</li> <li>• Likelihood of exposure</li> <li>• Availability of respirators - disposable and reusable</li> </ul>			
<p><b>2. List the current control measures in place in relation to the use of respirators and/or masks: eg: disposable respirators, reusable respirators, Fit Check etc</b></p>			

Use the below risk category (as per CEC guide to identify and prioritise staff that require fit testing of respirators. Staff that are required to be fit tested must be trained in “fit checking” prior to the fit test. They will be required to complete a fit check prior to fit testing being done.

Risk category	Staff Category	Clinical area	List in priority which staff are to be fit tested eg: all medical, senior medical, JMO, nursing, physio, admin etc. Taking into account the frequency of exposure, eg: FT Vs Casual.
1		Anaesthetics	•

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	Resuscitation / Intubation teams  (Respiratory AGP on patients suspected or confirmed to have COVID-19)	Emergency department	•
		Intensive care unit	•
		other clinical groups performing intubations	•
2	Critical care clinicians COVID-19 care teams	COVID-19 units	
		Clinicians on designated COVID floors	
		Hot zone teams	
3	Clinicians providing direct care to patients in Airborne precautions.  (Some staff may be duplicated)	Disease requiring airborne precautions e.g. Tuberculosis, Measles, Varicella, SARS or emerging pathogens and any other disease for which public health guidelines recommend airborne precautions	
4	Support staff in other patient care areas	Any other area / situation identified as high risk for staff airborne transmissible disease exposure	
		Maintenance staff who may be exposed to inhalation of dangerous particulates and gases in the course of their work	

<b>4. Action Plan (Actions that must be completed)</b> These actions are to be forwarded to <a href="mailto:ISLHD-WHS@Health.nsw.gov.au">ISLHD-WHS@Health.nsw.gov.au</a>	<b>Person Responsible</b> (this must be a person, and could be more than 1, not a position)	<b>Timeframe</b> <b>DD/MM/YY</b>	<b>Completed</b>

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<b>5. Scheduled review - Review in 6mths to ensure effectiveness</b>			
<b>Are there any new problems with the risk</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments:</b>	
<b>Reviewed by General Manager / Service Director:</b>		<b>Actual Review date:</b>	

**Appendix 2 - Fit Testing Procedures – General Requirements.**

1. The worker must provide signed consent to participate in fit testing, including confirmation that they are both physically and psychologically fit.
2. Fit testing must be undertaken in an appropriate environment (eg clean, non-cluttered room with access to power)
3. Before the fit test commences, the worker will be required to watch the CEC “[Airborne Precautions – Donning and Fit Checking of Respirator](#)” for the respirator that they will be fit tested on and they will be shown how to don the respirator and how to fit check, h This instruction does constitute training on respirator use is documented in the result in Stafflink.
4. The respirator should be donned and worn for at least five minutes prior to commencing the testing to assess comfort.  
If the worker is not familiar with using the particular respirator, they shall be directed to don the respirator several times and to adjust the straps each time, to become adept at setting proper tension on the straps.
5. Assessment of comfort shall include a review of the following points with the worker and allowing them adequate time to determine the comfort of the respirator.
  - Position of the mask on the nose
  - Room for eye protection
  - Room to talk
  - Position of mask on face and cheeks

The following criteria shall be used to help determine the adequacy of the respirator fit:

- 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.
6. The worker shall conduct a fit check by using either the negative and positive pressure seal (huff and puff) checks or those recommended by the respirator manufacturer which provide equivalent protection. This will be done after watching the CEC videos (refer item 3). The fit test assessor will then conduct a “real time” fit check on the PortaCount. If a seal cannot be achieved the another respirator shall be selected and retested.
  7. The test shall not be conducted if there is any hair growth between the skin and the respirator sealing surface, such as stubble beard growth, beard, moustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.
  8. If the worker exhibits difficulty in breathing during the tests, they shall be

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referred to their manager to determine whether the worker can wear a respirator while performing their duties.

9. If the worker finds the fit of the respirator unacceptable, the worker shall be given the opportunity to select a different respirator (if available) and to be retested.
10. Exercise regimen. Prior to the commencement of the fit test, the worker shall be given a description of the fit test and the worker's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes prior to the start of the fit test.
11. The fit test shall be performed while the worker is wearing any applicable safety equipment that may be worn during actual respirator use which would interfere with respirator fit.

**12. Test Exercises.**

Fit testing will consist of the following exercises:

- **Normal breathing. In a normal standing position**, without talking, the worker shall breathe normally.
- **Deep breathing. In a normal standing position**, the worker shall breathe slowly and deeply, taking caution so as not to hyperventilate.
- **Turning head side to side.** Standing in place, the worker 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 worker can inhale at each side.
- **Moving head up and down.** Standing in place, the worker shall slowly move his/her head up and down. The worker shall be instructed to inhale in the up position (i.e. when looking toward the ceiling).
- **Talking.** The worker shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The worker can read from a prepared text such as the "The Rainbow Passage" count backward from 100, or recite a memorized poem or song.

The Rainbow Passage

*When sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colours. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.*

- **Grimace.** The worker shall grimace by smiling or frowning.
- **Bending over.** The worker 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 where the testing units do not permit bending over at the waist.

- **Normal breathing.** Same as exercise (1).
- Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds.  
The worker will be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator should be tried.
- The respirator must not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.