



## FACULTY OF NURSING N95 Fit Test Directions

N95 fit testing is required for employees every two years. If you need your N95 fit testing completed or updated, you must complete the following steps.

### **Step One: Complete the Form (Part 1 & Part 2)**

Please complete the attached form. Once complete, send to [staffwellness@ucalgary.ca](mailto:staffwellness@ucalgary.ca) or fax to (403) 282-8603.

### **Step Two: Register for the Online Course**

Completion of the University of Calgary's online Respiratory Protection Online Course is a requirement in order for N95 fit testing to proceed. This online course requires approximately 20-30 minutes for completion.

To register for the course:

- Go to <https://www.ucalgary.ca/hr/wellness/occupational-health/respiratory-protection-program>
- Select the Respiratory Protection Online Course link u \ # rse" (step 2)

### **Problems with the Online Course?**

When launching the online course or exam for completion, please enable pop-ups in your web browser. If you run in to any technical issue preventing you from accessing the course, please contact the UService at (403) 210-9300.

Instructions on how to use the Enterprise Learning system are also available at <https://www.ucalgary.ca/safety/courses>.

### **Step Three: Book a Fit Test Appointment**

To book a fit test appointment with Staff Wellness, please contact [staffwellness@ucalgary.ca](mailto:staffwellness@ucalgary.ca).

### **Step Four: Submit your Proof of N95 Fit Test Completion**

Send proof of completion to: Joan Smith, Faculty Coordinator, Faculty of Nursing at [smithj@ucalgary.ca](mailto:smithj@ucalgary.ca)

**PART 1: RESPIRATOR SELECTION INFORMATION FORM**

*Section 1.0 to 4.0 to be completed by the worker and/or the supervisor*

1.0 Worker Information						
Date:		Name:		Email:		
UCID#:		Work Contact Number:		Job Title:		
Supervisor Name:		Supervisor Contact Number:		Supervisor Email:		
Joan Smith		403.220.6365		smithj@ucalgary.ca		
2.0 Hazard Identification						
<p><i>Potential air contaminants identified for employees teaching in the Faculty of Nursing are bioaerosols that may be encountered during work activities. Referencing the Control Banding Approach for Bioaerosols in Health Care Facilities detailed in CSA Standard Z94.4-11, the following parameters are anticipated for Nursing employees:</i></p>						
Risk Group		Generation Rate		Control Level		
R1 – agents not associated with disease or serious adverse health effects in healthy adult humans.		G1 – patient not coughing or sneezing.		C2 – corridor, patient room, 3 - 6 air changes per hour.		
R2 – agents associated with human disease or adverse health effects that are rarely serious and for which preventive or therapeutic interventions are usually available.		G2 – patient coughing or sneezing with mouth covered.		C3 – negative pressure laboratory, autopsy, 6 - 12 air changes per hour.		
R3 – agents associated with serious or lethal human disease or adverse health effects for which preventive or therapeutic interventions might be available.		G3 – patient coughing or sneezing with mouth uncovered.		C4 – surgery >12 air changes per hour.		
<p><i>The use of a properly fitted N95 respirator is appropriate for providing protection against bioaerosols as per the parameters noted above. If employees are anticipating that they may encounter additional parameters as noted below, then the use of a N95 respirator may not be adequate and protocols as per Alberta Health Services or other partner agencies should be followed.</i></p>						
Risk Group		Generation Rate		Control Level		
R4 – agents likely to cause serious or lethal human disease or adverse health effects for which preventive or therapeutic interventions are not usually available.		G4 – aerosol-generating procedures.		C1 – poorly ventilated, <3 air changes per hour.		
3.0 Hazard Assessment						
Immediately Dangerous to Life and Health (IDLH)?			<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Oxygen Content	<input type="checkbox"/> Below 19.5%		<input checked="" type="checkbox"/> Ambient		<input type="checkbox"/> Above 21.5%	
Air Contaminant Type(s)	<input type="checkbox"/> Gas / Vapour		<input checked="" type="checkbox"/> Particulate		<input type="checkbox"/> Both	
If particulate, is there oil present?	<input checked="" type="checkbox"/> "N" – No oil present		<input type="checkbox"/> "R" – Oil possible		<input type="checkbox"/> "P" – Oil present	
4.0 Conditions Requiring Respirator Use						
Frequency of use:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input checked="" type="checkbox"/> Varies	<input type="checkbox"/> Rarely
Exertion level:	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	<input type="checkbox"/> Strenuous	<input type="checkbox"/> All	
Duration of use per shift:	<input type="checkbox"/> < ¼ hr	<input type="checkbox"/> > ¼ hr	<input type="checkbox"/> > 2 hr	<input checked="" type="checkbox"/> Variable		
Temperature during use:	<input type="checkbox"/> < 0° C	<input type="checkbox"/> 0 to 25°C	<input type="checkbox"/> > 25°	<input checked="" type="checkbox"/> All temps		

Part 1: Respirator Selection Information Form is to be completed and sent to Staff Wellness via email: [staffwellness@ucalgary.ca](mailto:staffwellness@ucalgary.ca) or fax: (403) 282-8603 for review.

**PART 2: HEALTH SCREENING QUESTIONNAIRE**

*Section 1.0 to 2.0 to be completed by the worker*

This information is required to assess any medical conditions that you may have which would preclude the wearing of a respirator. Further medical examination by a physician shall be required if this initial assessment determines the need for medical clearance to wear a respirator.

**1.0 Respirator User's Health Condition**

**Check Yes or No box only. Do NOT specify medical information on this form.**

<b>(a)</b>	Some conditions can seriously affect the ability to safely use a respirator. Do you have or experience any of the following or another condition which <b>may</b> affect respirator use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Lung disease</li> <li>• Hypertension</li> <li>• Allergies</li> <li>• Diabetes</li> <li>• Panic attacks</li> <li>• Vision impairment</li> <li>• Dentures</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing difficulties</li> <li>• Chest pain on exertion</li> <li>• Emphysema</li> <li>• Fainting spells</li> <li>• Seizures</li> <li>• Colour blindness</li> <li>• Pacemaker</li> <li>• Other condition</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic bronchitis</li> <li>• Heart problems</li> <li>• Thyroid problems</li> <li>• Dizziness/nausea</li> <li>• Hearing impairment</li> <li>• Asthma</li> <li>• Back/neck problems</li> <li>• Prescription medications to control a condition</li> </ul>
	<ul style="list-style-type: none"> <li>• Neuromuscular disease</li> <li>• Temperature susceptibility</li> <li>• Claustrophobia/fear of heights</li> <li>• Reduced sense of taste</li> <li>• Reduced sense of smell</li> <li>• Cardiovascular disease</li> <li>• Unusual facial or skin conditions</li> </ul>		
<b>(b)</b>	Have you had previous difficulty while using a respirator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(c)</b>	Do you have any concerns about your future ability to use a respirator safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A 'YES' answer to (a), (b), or (c) indicates further assessment by a health care professional is required prior to respirator use. Please contact Staff Wellness at 403.220.2918 to arrange an appointment for further health assessment.

I have answered the questions truthfully, to the best of my ability and knowledge. I agree to report to my department/faculty, Staff Wellness and my physician any change in my physical health that might affect my ability to wear a respirator. I consent to allow Staff Wellness to send information regarding my fitness to wear a respirator to my Supervisor. Please note: this consent expires in one (1) year from date signed.

**2.0 Signature – Respiratory Wearer**

<b>Date:</b>	<b>Name (printed):</b>	<b>Signature:</b>

**Part 2: Health Screening Questionnaire Form is to be completed and sent to Staff Wellness via email: [staffwellness@ucalgary.ca](mailto:staffwellness@ucalgary.ca) or fax: (403) 282-8603 for review.**