Respiratory Protection Program		
For Policy Office Use Only		
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Approved By: Executive Team (Corporate) **Approval Date: Dec 17, 2025** **Effective Date: Dec 17, 2025**	**Original Date: Jun 30, 2015** **Revised Date(s): Dec 4, 2023, Sep 25, 2024, Oct 15, 2025** **Next Review Date: Dec 17, 2026**	**Version: 6**
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Policy Sponsor: VP - Quality, Strategy and Family Partnership		
Policy Author: Occupational Safety Manager (Anne-Marie Smith), **Occupational Safety Nurse** (Jaclyn Lozanski)		**Dept:** Occupational Safety
Scope/Impact: All CHEO staff, medical staff, learners, and contract workers (herein noted as individuals). This includes any individual recognized as a 'worker' under the OHSA.		
Keywords: N95, PPE, airborne infectious particulates, fit test, respirators		

1. Purpose

This policy governs the use of respiratory protection for all CHEO staff, medical staff, learners, and contract workers (referred to as individuals) who may encounter infectious agents or respiratory hazards.

CHEO is committed to safeguarding the health and safety of individuals through a structured respiratory protection program. Administered by Occupational Safety in partnership with relevant stakeholders, the program outlines requirements for respirator fit testing (including N95, half and full face), education, respirator selection, use, handling, and care of all respirator types.

2. Policy

2.1. CHEO will implement a Respiratory Protection Program in accordance with the Occupational Health and Safety Act and CAN/CSA Z94.4-18 Standard.

2.2. N95 fit testing requirements will align with current practices recommended by CHEO's Infection Prevention and Control (IPAC) guidelines and policies.

2.3. Mandatory fit testing is based on risk criteria outlined in Appendix A and outlined in the N95 Mandatory Fit Testing List.

2.4. Individuals identified for fit testing must complete it at least every 2 years.

2.5. New hires fit tested at other facilities must provide documentation to Occupational Safety via occsafety@cheo.on.ca. Refitting may be required if their respirator model/size is not available in CHEO's inventory.

2.6. Individuals required to wear an N95 respirator must be shaven to allow the respirator to seal to the face (Appendix B).

2.7. Requests for exemptions (creed/religion, medical condition) must be submitted using Appendix C and reported to Occupational Health and Wellness.

2.8. In areas requiring N95 use, managers must ensure individuals have received appropriate fit testing and training.

2.9. Individuals must perform a Point of Care Risk Assessment (PCRA) before patient interaction.

2.10. Individuals responding to chemical spills (see Code Brown Policy) require additional training and fit testing for the full face respirator every 2 years. Occupational Safety performs fit testing for half/full face respirators.

2.11. Individuals not meeting mandatory fit testing criteria but wishing to be tested for safety/medical or other reasons may opt-in by contacting occsafety@cheo.on.ca.

3. Responsibilities

3.1. **Directors/Managers/Supervisors:**

Planning & Preparation

3.1.1. Enforce all aspects of the Respiratory Protection Program.
3.1.2. Ensure that all individuals adhere to IPAC and Personal Protective Equipment (PPE) guidelines.
3.1.3. Promote awareness and utilization of respiratory protection education resources available on CHEOnet, including effective communication regarding infectious hazards.
3.1.4. Ensure availability of all required respirator models and sizes.
3.1.5. Identify individuals in their area(s) (as needed) to be trained as unit or program level fit testers to provide fit testing to individuals in their department.
3.1.6. Provide adequate staffing and coverage to support fit testing.

Implementation & Monitoring

3.1.7. Review compliance reports on Workday, follow up with non-compliance, and refer expired individuals for fit testing.
3.1.8. Ensure individuals receive N95 fit testing and training before respirator use.
3.1.9. Ensure individuals who have not completed or were unsuccessful in being fit tested are not assigned patients/tasks requiring a respirator and follow up with them to address any barriers.
3.1.10. Notify Occupational Safety of individuals' concerns or workplace changes affecting respirator requirements.

3.2. **Occupational Safety:**

Program Management & Oversight

3.2.1. Develop, administer, and maintain the Respiratory Protection Program.
3.2.2. Maintain program resources and equipment and ensure compliance with legislation and CSA standards.
3.2.3. Conducts annual policy and training review with JHSC.
3.2.4. Maintains and reviews Workday documentation process.
3.2.5. Collaborate on identifying appropriate respirators for airborne infectious hazards with IPAC, Materials Management, and Procurement. Review the need for a special order respirator if applicable.
3.2.6. Provide training and ongoing support to unit or program level fit testers as needed, including conducting annual “Train the Trainer” sessions and refresher training to maintain competency.
3.2.7. Manage fit testing and records for half / full face respirators (Appendix J to L).

Fit Testing, Education & Collaboration

3.2.8. Qualitative or Quantitative (PortaCount) fit testing shall be conducted for all mandatory and opt-in individuals, in accordance with Appendices D and G.
3.2.9. Completion of the N95 Respirator Fit Testing Health Questionnaire (Appendix D) and participation in N95 Respirator education (Appendix G) are required before fit testing. Individuals with identified or potential medical concerns, or those requesting an exemption from respirator use, shall be referred to Occupational Health and Wellness (OHW) for evaluation.
3.2.10. Ensure sufficient unit or program level fit testers are trained and available throughout departments.
3.2.11. Notify and follow up with unit or program managers when individuals cannot be fitted with a CHEO-specific respirator or when no suitable CHEO-specific respirator is available.
3.2.12. In collaboration with unit or program management, individuals shall be assessed and coordinated for half or full face respirator testing and for Code Brown eligibility, in accordance with the processes and documentation outlined in Appendices J, K, L, and M.

Documentation & Tracking:

3.2.13. Document fit testing results in Workday, including opt-in requests and exemptions, issue certification cards (Appendix I) and track organizational compliance.

3.3. **Occupational Health and Wellness (OHW):**

3.3.1. OHW shall assess individuals referred to by Occupational Safety or those reporting health concerns or religious/creed beliefs affecting fit testing or respirator use (Appendices D and K).

3.3.2. Exemption requests shall be reviewed in accordance with the established procedure, and outcomes shall be communicated to the worker and Occupational Safety.

3.4. **Infection Prevention and Control Practitioner (IPAC):**

3.4.1. Advise Occupational Safety of changes in PPE recommendations to allow for education to be updated.

3.4.2. Provide education on infection control precautions, including respiratory protection.

3.4.3. Notify individuals of control measures during outbreaks or pandemics as directed by public health authorities.

3.5. **CHEO staff, medical staff, learners, contract workers (individuals):**

3.5.1. Individuals shall participate in training and fit testing with either unit or program level fit testers or occupational safety as required, maintain fit test certification every two years or sooner if changes occur (e.g., significant weight change + or – 10%, facial or dental surgery).

3.5.2. Individuals shall wear only CHEO approved respirators, maintain a shaven face as required to ensure a proper seal, perform a PCRA before patient interaction, and conduct a user seal-check each time a respirator is donned.

3.5.3. Individuals shall participate in the exemption process (Appendix C) if health concerns or religious/creed beliefs affect their ability to undergo fit testing or use a respirator, submitting forms to occsafety@cheo.on.ca.

3.5.4. Individuals shall report respirator supply issues via the Safety Reporting System (SRS) and to their direct supervisor.

3.5.5. Individuals shall be aware of and may utilize the opt-in option for fit testing when applicable.

3.6. **N95 Unit or Program Level Fit Testers:**

3.6.1. Fit testers shall conduct qualitative fit testing only after completing the required training and demonstrating competency with Occupational Safety. They shall refer individuals to Occupational Safety for quantitative testing if qualitative testing fails.

3.6.2. Individuals shall refer to the N95 Mandatory Fit Testing List and the Decision Tree (Appendix A) to identify individuals requiring fit testing and review the Health Questionnaire to determine safety before testing. Any uncertainties shall be referred to OHW.

3.6.3. Fit testers shall provide training on respirator use, care, and disposal in accordance with Appendices F and G, and direct individuals to Occupational Safety as needed.

3.6.4. Fit testers shall maintain the cleanliness, functionality, and supply of all fit testing equipment, and promptly report malfunctions, missing supplies, or safety concerns to Occupational Safety.

3.6.5. Fit testers shall document all fit testing results on Workday.

3.7. **Procurement/Materials Management/Supply Workers:**

3.7.1. Ensure adequate supply of N95 respirators across CHEO.

3.7.2. Notify Occupational Safety of backorders or supply issues promptly.

3.7.3. Restock respirators in required areas as needed.

3.8. **Joint Health and Safety Committee (JHSC):**

3.8.1. Participate in annual policy review.

3.8.2. Conduct inspections to ensure PPE is available and accessible.

3.9. **Preceptors/Instructors of Learners:**

3.9.1. Ensure learners (ex., clinical externs) are fit tested by their educational institutions before placement, and documents are submitted to Occupational Safety.

3.9.2. Confirm respirator model and size matches CHEO's supply.
3.9.3. Educate learners on CHEO's N95 policies and procedures.

3.10. **Emergency Management:**
3.10.1. Train individuals for the Code Brown Response Team, as per the Code Brown Policy.
3.10.2. Review and update training requirements, as needed.

4. Cross-References

IPAC Policies and Protocols
4.1. Airborne Precautions Policy
4.2. Aerosol-Generating Medical Procedures Policy
4.3. Hand Hygiene Policy
4.4. Droplet / Contact Precautions Policy
4.5. Routine Practices Policy
4.6. Point of Care Risk Assessment (PCRA)
4.7. IPAC Transmission Tables:
Table 1: Transmission Characteristics and Empiric Precautions by Clinical Presentation
Table 2: Transmission Characteristics and Prevention by Specific Etiology
4.8. Emergency Management - Code Brown – Hazardous Materials Spill Response
4.9. Safety Data Sheets (SDS)
4.10. Occupational Safety - Reporting & Investigation of Hazards/Incidents
4.11. Ottawa Public Health - Reporting of Communicable Diseases

5. References

Citations

- Canadian Standards Association Z94.4-18 Selection, Use and Care of Respirators. 2023.
- National Institute of Occupational Safety and Health, Respirator Protection Program in Health Care Facilities, Administrator's Guide, CDC, April 2022.
- Government of Ontario. (2023). Respirator protection program. Retrieved from 4-9 Respirator protection program | Section 4: Personal protective equipment | ontario.ca
- Canadian Center for Occupational Health and Safety. (2023). Personal protective equipment. Retrieved from CCOHS: Respirators - Respirator Selection

Legislation & Regulations

- Government of Ontario. (1990). Occupational Health and Safety Act, RSO 1990, c. O. 1, s. 25(1) (a – d), 25 (2) (a, d & h), 27 (1) (a, b), 27 (2) (a-c), 28 (1) (a-d), 28 (2) (a-c),
- Government of Ontario. O. Reg. 67/93 -for Health Care and Residential Facilities s. 8-10.

6. Appendices

7.1 Appendix A: N95 Respirator Fit Testing Decision Tree
7.2 Appendix B: Facial Hair Requirements for N95 Respirator Fit Testing
7.3 Appendix C: N95 Respiratory Exemption Form *(Occupational Safety use ONLY)*
7.4 Appendix D: N95 Respirator Fit Testing Health Questionnaire
7.5 Appendix E: N95 – Respirator Protection Training Program Log
7.6 Appendix F: Information Handout for N95 Respirator Fit Testing
7.7 Appendix G: N95 Respirator Fit Testers Checklist
7.8 Appendix H: N95 Respirator and Half/Full Face Types
7.9 Appendix I: Occupational Safety N95 Certification Card *(Occupational Safety and fit testers use ONLY)*
7.10 Appendix J: Half and Full Face Respirator Fit Testing Checklist *(Occupational Safety use ONLY)*
7.11 Appendix K: Half and Full Face Respirator Fit Testing Health Questionnaire
7.12 Appendix L: Information Handout for Half and Full Face Respirator Fit Testing
7.13 Appendix M: Code Brown Vetting Process *(Occupational Safety use ONLY)*
7.14 Appendix N: N95 Mandatory Fit Testing List

7. Definitions

- **Fit testing:** The process which identifies the appropriate respirator for an individual through qualitative or quantitative fit testing methods.
- **Fit tester:** An individual trained at CHEO who is deemed competent to conduct fit testing.
- **N95 Respirator:** National Institute for Occupational Safety and Health (NIOSH) certified respirators that are 95% efficient at filtering particulates 0.3 microns in size and are used to filter dust, mist, fibres, or infectious particulates. The N95 is available in different brands, models, and sizes.
- **Qualitative fit test (QLFT):** a pass/fail test method that relies on the subject's taste response to detect a challenge agent (Bitrex), to assess the adequacy of respirator fit. CHEO uses this method.
- **Quantitative fit test (QNFT):** a pass/fail test method that relies on an instrument to assess the adequacy of respirator fit. (Note: QNFT is used on a limited basis by Occupational Safety at CHEO.)
- **User seal-check:** an action conducted by the N95 user to determine if the N95 is properly sealed to the face. This action must be done each time the respirator is donned (put on).

Version History:

Date	Type of revisions	List of revisions
Jun 30, 2015	New	Creation of new policy
July 2015 – Nov 2023	Updates	2 different updates to the policy.
Dec 4, 2023	Major Revisions	Responsibilities: created specific headings for specific groups outlining their roles and responsibilities
Sep 25, 2024	Major Revisions	• Name changes of policy. • Updated all Appendices and included all handouts, questionnaires, etc. (see Appendices for completed list) used for training and testing • Included information on half/full face testing, refer to code brown policy • Included changes in process and responsibilities for documentation and procedures for individuals responsible for these areas • Updated language and added further details and clarification on the process and responsibilities for individual groups • Included a clear outline of who requires fit testing (decision tree) • Added ability to opt-in to fit testing for non-mandatory groups
Oct 15, 2025	Minor Revisions	• Updated appendices - specifically x2 questionnaire and handouts, including visuals • Condensed and revised wording within the policy • Incorporated steps to implement into responsibilities • Added for half/full face info and code brown vetting process