STANDARD OPERATING PROCEDURE SELECTION OF RESPIRATORY PROTECTIVE EQUIPMENT (RPE) AND FACE FIT TESTING REQUIREMENTS WITHIN A CLINICAL ENVIRONMENT

Document Reference	SOP21-004
Version Number	1.3
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Instigated by: **Date Instigated:**	Hilary Gledhill - Executive Director of Nursing, Allied Health and Social Care Professionals / Caldicott Guardian
Date Last Reviewed:	9 August 2023
Date of Next Review:	August 2026
Consultation:	Healthcare Associated Infection Group (HAIG)
Ratified and Quality Checked by: **Date Ratified:**	Physical Health and Medical Devices Group 9 August 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Infection Prevention and Control Strategy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0		*New SOP.*
1.1	*01/03/21*	*Amendments following consultation with Matrons and HAIG members.*
1.2	*17/03/21*	*Minor amendments following review by Silver Ops 16/03/21*
1.3	*09/08/23*	*Full review completed. Fit testing recommendations aligned to the national infection prevention and control manual recomemendations. Approved at PHMD group (9 August 2023).*

Contents

1. INTRODUCTION

Respiratory Protective Equipment (RPE) is a particular type of personal protective equipment (PPE) which is designed to protect the wearer from breathing in harmful substances when other controls are either not possible or insufficient on their own.

Examples of when (RPE) would be required include:
- Exposure to suspected or confirmed airborne micro-organisms.
- Exposure to dust, mist, vapour, gas or fume
- Exposure to certain drugs given by nebuliser
- Exposure to a product containing volatile solvents
- Workers exposed to asbestos and other environmental particles

Under Health and Safety legislation, when RPE is used as a control measure the selected RPE must be adequate and suitable as outlined in the HSE Respiratory Equipment at Work Guidance (2013).

This Standard Operating Procedure (SOP) is designed to clarify the use of RPE and fit testing arrangements that will be adopted within Humber Teaching NHS Foundation Trust during a period of 'business as usual'. In the event of an emerging threat such an epidemic / pandemic a review will take place.

2. SCOPE

This procedural document applies to all healthcare workers employed by Humber Teaching NHS Foundation Trust (including contractors, agency/locum staff, students and visiting/honorary consultants/clinicians) who either manage staff or are required to wear RPE as part of their clinical duties.

3. PROCEDURAL STATEMENT

This SOP aims to:
- Provide guidance to staff and managers on organisational arrangements in relation to RPE.
- Clarify the requirements for fit testing of FFP3 masks that are to be used as part of personal protective equipment to protect staff from infection.
- Outline alternative means of providing respiratory protection when a 'fit' cannot be achieved with the standard FFP3.

4. DUTIES AND RESPONSIBILITIES

The accountability and responsibilities of each staff group are highlighted below.

The **Chief Executive** has overall responsibility for the health, safety and welfare of all Humber Teaching NHS Foundation Trust staff, patients, visitors, etc. This will include compliance with all legal, statutory and good practice guidance requirements.

The **Trust Board and Directors** are responsible for maintaining an effective system of internal control, including ensuring systems and resources are in place for managing all types of risks associated with the requirement for RPE.

The Clinical **Division** will ensure that:

- All departments and staff within their areas of responsibility are appropriately informed, instructed, trained and supervised in compliance with and adhere to the contents to this procedure.
- Resource requirements have been identified and allocated to comply with this SOP. This includes ensuing availability of appropriate RPE, and the requirements for the training and securing of a face fit testers to support their face fit testing programme when applicable.
- An effective line of communication is maintained within their locality/area for all matters relating to this SOP.

Matrons will:

- Monitor implementation and compliance with this SOP within their sphere of clinical responsibility and ensure action is taken if there are any breaches in practice reported.
- Ensure any safety incident is reported and reviewed in accordance with https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance
- Escalate any issues pertaining to RPE and compliance via their divisional group Governance/Health and Safety Group and Healthcare Associated Infection Group (HAIG) meetings.
- Provide support to the charge nurse and team leaders.

Charge Nurses and Team Leaders will ensure that:

- This SOP is readily accessible and that all the staff they manage are appropriately informed, instructed, trained and supervised in compliance with the contents of it and any changes that are subsequently made.
- A local risk assessment is conducted to identify staff who may be required to use RPE to fulfil their clinical duties.
- There is adequate provision in place of at least one designated qualitative face fit tester within their clinical area if deemed to be applicable.
- There is provision of at least one designated Powered Air Purifying Respirator (PAPR) Hood Assessor\Superuser within their clinical area, if required
- Any designated face fit testers and PAPR Assessor\Superusers;
    - have initial and regular refresher training on the use, donning, doffing, cleaning, storage, maintenance and checks of any Respiratory Protective Equipment (RPE)
    - are provided with access to the appropriate equipment.
    - are given time to achieve the testing/assessment requirements.
- Adequate supplies of respiratory equipment, i.e. FFP3 masks / are available at ward/departmental level.
- A local record of all staff who have been face fit tested or accessed to use a PAPR is maintained
- A management record of face fit testing/PAPR assessment is maintained and kept for a period of 5 years.
- If no suitable RPE can be found for an individual and it is deemed to be an essential requirement for the fulfilment of their clinical duties a discussion has been held to consider options available, which may include, exclusion from the relevant patient contact / risk area, or in very rare instances re-deployment opportunities. A record of the discussion will be retained which includes the actions taken to address.
- Staff who are trained and able to utilise the equipment will be managed through HR processes if they fail to adhere to this procedure.
- Any adverse incidents pertaining to RPE use are reported and investigated in accordance with the Trust incident reporting procedure.

The **Health and Safety Team** must:

- Ensure an appropriate Trust wide Risk and COSHH assessment within each clinical area has been completed.
- Update Health and Safety (non-clinical) related guidance and educational materials as required
- Respond to any health and safety concerns that are reported.

Occupational Health will:

- Support staff who are unable to be provided with appropriate RPE due to an underlying medical condition.
- Provide support to the charge nurse and team leaders.
- Notify staff line manager of any condition that could affect an individual's ability to wear RPE.

The **Infection Prevention and Control (IPC) Team** will:

- Keep this guidance up to date and aligned with national recommendations and national infection prevention and control manual for England.
- Provide guidance on specific conditions, diseases and procedures where RPE is required.
- Support the delivery of a face fit testing programme by undertaking a quantitative face fit testing for staff who have failed on the qualitative test.
- Ensure instructions of how to clean and maintain the EasiAir 2020 PAPR Hoods are in place.
- Review any incidents in relation to the use of RPE making suggestions for improvement as appropriate.

The **Face Fit Tester or PAPR Hood Assessor\Superuser** will ensure that:

- They complete an accredited training programme.
- They have access to the appropriate equipment.
- All staff identified as requiring it are face fit tested/assessment on induction, or as soon as practicable thereafter.
- They establish a rolling programme of face fit testing or PAPR assessment sessions within their clinical area to meet the service requirements.
- They provide training on the use, fitting, removal, disposal, cleaning, maintenance, and storage of RPE as appropriate
- They attend face fit tester & PAPR superuser meetings, or any refresher training/reassessment as required.
- Where any of the above cannot be achieved it must be escalated to the appropriate manager for action.

All Health Care Workers (HCW) will:

- Ensure that they have read and understand the contents of this SOP, as well as any other instructions and / or completing required training e.g. the Easiair 2020 instructions for use, or e-learning via ESR (as appropriate)
- Ensure that they have been face fit tested and/or assessed as competent to use appropriate RPE before caring for patients with a suspected or confirmed infection spread predominantly by the airborne route, performing aerosol generating procedures (AGPs) on a patient with a suspected or confirmed infection spread by the droplet or airborne route as part of their clinical duties.
- Ensure that they wear the appropriate RPE when entering a risk area
- Ensure that only wear RPE that they have been face fit tested/assessed to use
- Ensure the correct and safe fitting, removal and disposal of RPE.

- Ensure that they carry out a fit check each and every time they wear tight fitting RPE
- Ensure the correct use, cleaning, storage, maintenance and checks are completed for their RPE
- Ensuring they report any faults or inadequacies with their RPE to their line manager
- Comply with the HSE guidance on the use of the FFP3 mask, i.e.:
  - Perform a fit-check each and every time they put on an FFP3 mask.
  - Check the use by date on the box when using disposable RPE.
  - Alert their manager if they have any significant changes of circumstance which may affect around the mask face seal area, or the fit of the mask, e.g. facial changes such as substantial dental work, weight loss or gain, new scars, moles, piercing, rhinoplasty, fillers (cheeks and lips),or effects of ageing etc
- Report any adverse incidents via the Trust Datix system and inform their line manager.

5. PROCEDURAL GUIDANCE

5.1. Who needs RPE?

Respiratory protective equipment (RPE) must be considered when a patient is admitted with a known/suspected infectious agent/disease spread wholly or partly by the airborne route and when carrying out aerosol generating procedures (AGPs) on patients with a known/suspected infectious agent spread wholly or partly by the airborne or droplet route. Details of the organisms spread wholly or partly by the airborne (aerosol) or droplet routes can be found in Appendix 11a within the national infection prevention and control manual

An aerosol generating procedure is a clinical activity that creates a higher risk of respiratory infection transmission and can result in the release of airborne particles <5 micrometre in size from the respiratory tract of an individual. These can remain suspended in the air, may travel over a distance and may cause infection if they are inhaled when treating someone who is suffering from an infectious disease, transmitted wholly or partly by the airborne or droplet route. A list of procedures classified as aerosol generating can be found in the National infection prevention and control manual for England.

Staff in primary care/outpatient settings or care homes would not normally be required to wear RPE unless an AGP is being performed on an infectious patient.

The clinical/ward/team leaders are responsible for retaining local records of face fit testing or PAPR competency assessments for all staff within their team. These should be up to date and available for inspection if required.

5.2. Risk assessment

To ensure all staff are identified and adequately protected it is essential that all clinical leads complete a risk assessment to determine the level and type of RPE which may be required by staff working within their clinical area.

Any areas/individuals who **regularly** care for patients suspected or confirmed with an infectious disorder spread by the airborne route **and** undertake aerosol generating procedures must ensure that all staff who may be expected to care for those patients have been provided with both the equipment and the level of training required.

The devices recommended within the Trust are either the Filtering Face Piece (FFP3) Respirators (single use) or a Powered Air Purifying Respirators (PAPR) (reusable).

5.3. Filtering Face Piece (FFP3) Respirators

FFP3 Respirators provide a higher level of respiratory protection than fluid-resistant surgical face masks but their safety is dependent on the wearer undergoing a face fit test, to ensure that there is an adequate personal fit and seal to protect the wearer from hazardous substances.

The performance of these types of masks relies heavily on the quality of fit of the face piece to the wearers' face. An inadequate fit will significantly reduce the protection provided to the wearer. The HSE regulations stipulate that tight-fitting RPE must be fit tested as part of the selection process. This will help to ensure that inadequately fitting face pieces are not selected for use. Ill-fitting masks can create inward leakages of airborne contaminants, and put staff at risk of infection.

A face fit test is required with each model of FFP3 respirator provided, with regularly retesting (every two years) or whenever there is a change to the circumstances of the wearer that could alter the fit of the mask, e.g. facial changes such as weight loss or gain, piercing, rhinoplasty, fillers (cheeks and lips).

Additionally, the wearer must perform a fit check each and every time a respirator is put on.

When a successful face fit test of an FFP3 respirator mask is not possible, other types of RPE should be considered including reusable half-masks respirator, or a Powered Air Purifying Respirators (PAPR).

5.4. Face Fit Testing Requirements for the FFP3 Masks

Face Fit Testing is a validated method that determines the brand and size of respirator that achieves an adequate seal on an individual's face and is required before any staff member utilises any tight-fitting filtering face pieces.

There are two types of face fit test – qualitative and quantitative, both check the seal of masks around the wearer's face, but they do so in different ways. There is no current published data in the health settings to support one method over the other for the protection of staff against infection.

A **Qualitative** face fit test (QLFT). or taste test is the most common method for face fit testing. As its colloquial name suggests it relies on the wearer's subjective taste to identify any leakage through the face seal by detecting the bitter or sweet-tasting test solution used. The wearer undertakes a series of simulated work exercise to challenge the masks seal.

A **Quantitative** face fit test (QNFT) give an objective measure of face fit, by provides a numerical measure of how well a face piece seals against a wearer's face ; known as the fit factor. The quantitative method used by the Trust utilises a PortaCount machine which uses ambient particle counting (APC) to measure the ratio of particles inside and outside the face piece to provide the fit factor.

This method is utilised when a qualitative fit test cannot be achieved for whatever reason,, including a fit not found on any of the available FFP3 masks, or if the wearer cannot taste either test solution. Requests to use this QNFT method can be made via the manager or face fit tester by contacting the Infection Prevention and Control Team on 01482 389232 or by email to the RPE Inbox (hnf-tr.rpe@nhs.net) .

Face fit testing must be performed by a nominated individual who has completed an externally accredited training course in either method, and has demonstrated competency in the undertaking of a face fit test in line HSE INDG479. They will provide the potential wearer with information about the test and the pre-requisites prior to the procedure. Quantitative Face Fit Testing information for the FFP3 mask wearer

In the event of a failure, a retest(s) will be arranged to try and achieve a satisfactory result. This may require the change of the type and brand of the mask. If however a fit cannot be achieved the Face Fit Tester must inform the individuals' manager, and refer them to the PAPR self-directed training and the local Superuser.

All face fit testing records are required to be retained for 5 years.

Any new medical and clinical staff who are required to wear an FFP3 mask to fulfil their clinical duties will be required to produce documentary evidence of the details of the face fit testing that they have completed prior to transfer to the organisation (within the previous two years). Otherwise they will be required to be retested. A retest will also be required if the model of FFP3 is not available within the Trust.

5.5. Face Fit Testing and the Presence of Facial Hair

Beard, stubble and facial hair causes a significant problem when using tight fitting masks as this can prevent an effective seal being achieved between the face and the mask, placing the individual at an increased risk; see Facial hair and FFP3 masks.

The HSE guidance (INDG479) states that fit tests must not be conducted if there is any hair growth between the wearer's skin and the facepiece sealing surface, such as stubble beard growth, beard, moustache, sideburns or low hairline, which cross the respirator sealing surface and that the tester should ensure that any type of non-PPE apparel or adornment (e.g. piercing) does not interfere with the fit of the facepiece. The presence of facial hair in the region of the face seal will significantly reduce the protection provided placing the individual at risk. All face fit testers will advise the staff member who are unable to pass the face fit test not to access any area where there is a risk of infectious pathogen spread by the droplet or airborne route, without adequate ventilation or if AGPs are being undertaken, as per national guidelines.

There are many reasons why an individual may not want or is unable to follow the request to be clean shaven, and all concerns need to be explored by the manager in the first instance to ensure that the impact on both the individual and the service is taken into account to ensure that a safe and proportionate response is achieved.

Prior to meeting the staff member the manager should review the area's completed Health and Safety Risk Assessment to determine the level of risk posed by the wearing of a beard within the area remains current and valid.

If no change has been identified to the level of risk the manager must meet with the staff member who is unable or unwilling to be adequately face fit tested. The manager should then explain their concerns to those staff required to use RPE and the risks associated with having facial hair. Additional support must be considered where required and sought when appropriate, e.g. Occupational Health, Human Resources.

If following discussion a voluntary approach is not possible or the staff member is unwilling to be clean shaven the manager needs to consider the implications for both the staff member and the area that the individual works in order to reach a proportionate response.

The Trust supports the stance that all the options available to address the reason for failure must be considered. This includes the use of alternative RPE, staff exemption from caring for patients suspected or infected with a pathogen spread by the droplet airborne route , or making adjustments to the individual's duties. In very rare instances redeployment may need to be considered however due to the extremely low number of AGPS which are currently being performed across the Trust this would only be undertaken in exceptional circumstances and after all other options have been considered.

A copy of all the discussions held and the actions taken must be retained.

5.6. Religious and Cultural Considerations during the Completion of the Face Fit Testing Procedure

As part of their faith, or culture head coverings wings or weaves are worn by some staff members. If there is a requirement for them to be face fit tested, wherever possible a test will be conducted initially with the head covering on. If an unsuccessful fit is achieved, the staff member will be given the option to be retested in a private area with a same gender tester, as appropriate and asked to

remove their head covering and conduct the test wearing a disposable head covering e.g. a theatre, or mob cap.

5.7. The Use of EasiAir 2020 PAPR

The use of the Easiair 2020 PAPR may be considered as an alternative to the use of FFP3 masks when
an individual cannot achieve an adequate seal with the use of FFP3 masks
the individual is unable or unwilling to remove their facial hair

This device may also be considered suitable for areas whose requirement to care for infectious patients is deemed to be negligible but cannot be altogether ruled out negating the need to complete wholesale fit testing.

Although fit testing is not required to use a PAPR it should only be operated by staff members who have received training in its use or completed the Trust e-learning module and have been assessed as competent in its use and decontamination and maintenance requirements.

This PAPR uses a motor to pull contaminated air through a filter that removes the contaminant and supplies the purified air to the inside of a loose-fitting hood.
All Staff who are required to wear the PAPR Hood must complete and pass the '338 Easiair 2020 Powered Air Purifying Respirator' e-learning module, completion of which will be recorded on the individuals ESR. They must then complete a self-competency assessment followed by a competent assessment by a PAPR Assessor/Superuser, both documented via the Trust Easiair 2020 Powered Air Purifying Respirator Competency. Details can be found here

For all further information and guidance please follow this link Powered Air Purifying Respirator (PAPR) Hoods

Cleaning and Decontamination

It is essential that the blower unit, belt, filter cover, hose and headpiece is decontaminated after each use to reduce the risk of cross-contamination. Please refer to link Cleaning and decontamination of the Easiair 2000

Take off the equipment before cleaning,

- Decontaminate hands, and ensure suitable standard precautions PPE is used
- The full system can be cleaned (inside and out) with Clinell Universal Wiped, unless contaminated with blood/bodily fluids, or heavily soiled, in which case Actichlor Plus or equivalent at 10,000 ppm of chlorine releasing agent should be used
- Do not soak or submerge during cleaning
- **Always rinse all components with clean water after contact time has passed, allow to air dry.**
- The filters cannot be cleaned, it is therefore very important to record and date the filter, after its first use since fitting/replacing.
- The filter should be changed after 6 months, or when soiled/clogged, whichever comes first. and disposed of into infected waste.

Maintenance:

Thorough maintenance, examination and tests should be carried out at least once a month by a competent person. However, if the RPE is used only occasionally the interval should not exceed three months. This is in addition to after every time the PAPR is used.

It should be fully cleaned and decontaminated after every used, safety checked, and stored fully assembled in readiness for future use.

The user should perform a pre-use/functionality check every time they use the hood, things to look out for include making sure that:

- the hose connected properly
- the Battery as sufficient charged

Never keep working if the fan stops or the flow rate falls – leave the affected area immediately.

It is also important that any individual or area which needs to secure this piece of equipment must ensure that they;

- Store according to the manufacturer's instructions.
- Have user instructions stored with the machine.
-
- Please use the checklist provided in Appendix 8. You must keep records of checks and testing, and any repairs made, for at least five years.

5.8. Trust procurement arrangements and procedure

Minimum stocks of all masks should be kept on each units and in grab bags that are used in an emergency. The masks are disposable and for single use. FFP3 Masks are available through PPE stores hnf-tr.ppe@nhs.net .

5.9. Record Keeping

In line with HSE INDG479 all Face Fit Tests are to be recorded clearly stating whether the the test was a pass or fail, also clearly identifying

- the name of person face fit tested;
- the make, model, size of the facepiece;
- the make and model of any PPE and/or RPE accessory worn during the fit test;
- the test exercises performed during the fit test;
- the face fit test method employed; ie ambient particle counting device, or qualitative taste test agents;
- for quantitative tests, the measured fit factor for each individual test exercise and the overall fit factor;
- the pass level used in the test;
- the result of the face fit test in terms of a pass or fail;
- the date of the test;
- the details of the person who performed the test

All Qualitative and Quantitative Respirator Face Fit Test Record or Easiair 2020 Powered Air Purifying Respirator Competency are to be completed by the Face Fit Tester or Superuser during the test or assessment. These records should be provided to the wearer on completion of the electronic form and accessible to others such as enforcement authorities and retained for at least five years.

All face fit testing, including both passes and fails, must be recorded as outlined on the electronic Respiratory Protective Equipment (RPE) Assessment Record found on the Trust RPE intranet pages. The original record is to be retained locally, a copy provided to the wearer, and to the RPE Inbox in order to update the centrally held record, with all passes been also added to the individuals Electronic Staff Record (ESR).

All Wards or Departments should maintain and display (in a prominent area,or make available to all staff electronically) a Departmental Record for reference, providing a list of what RPE all Staff have

been fitted/assessed for, so that when the need arises individual can easily and quickly remind themselves of which RPE they should be using.

Each face fit tests or PAPR competency assessment (including e-learning) should be repeated at least every 2 years, unless deemed necessary earlier.

5.10. Reporting an Adverse Event

Any incidents which are related to the use of respiratory protective equipment, the face fit testing procedure or any of the related must be reported via the Trust's Datix system and immediately reported to your line manager.

5.11. The Role of the Face Fit Tester and PAPR Assessors/Superusers

It is the responsibility of each Care Division to ensure that there is an adequate provision of Qualitative Face Fit Tester within their division to ensure there is an established rolling programme of face fit testing sessions available for areas who require this.

The PAPR Assessor/Superuser must have completed the online training for the Easiair 2020 PAPR and have received further training and assessment form the IPC team.

The nominated Face Fit Tester(s) must have completed accredited face fit testing training and be provided with access to the appropriate equipment. They will perform a face fit test in accordance with the HSE INDG479 guidance.

Sufficient protected time must be made available for the Face Fit Tester(s) and/or PAPR Assessor/Superuser to ensure all staff who require it are face fit tested onto at least 2 different FFP3 masks or are competency assessed to use the PAPR Hood.

Each face fit test or PAPR assessment will take approximately 30 minutes and additional time will be required for the administrative tasks including scheduling appointments and recording the individual tests/assessments.

Face fit tests or PAPR assessments will need to be renewed at least every two years, or whenever there is a change to the circumstances of the wearer that could alter the fit of the mask. It also must be recognised that those who fail a test will require a retest which cannot always be done immediately.

6. REFERENCES

HSE (2019) Guidance on respiratory protective equipment (RPE) fit testing INDG479

HSE (2013) Respiratory Protective Equipment at Work. A Practical Guide. HSG53

HSE (2015) The effect of wearer stubble on the protection given by Filtering Facepieces Class 3 (FFP3) and Half Masks

HSE Fit Testing Basics

NHS England » National infection prevention and control manual (NIPCM) for England

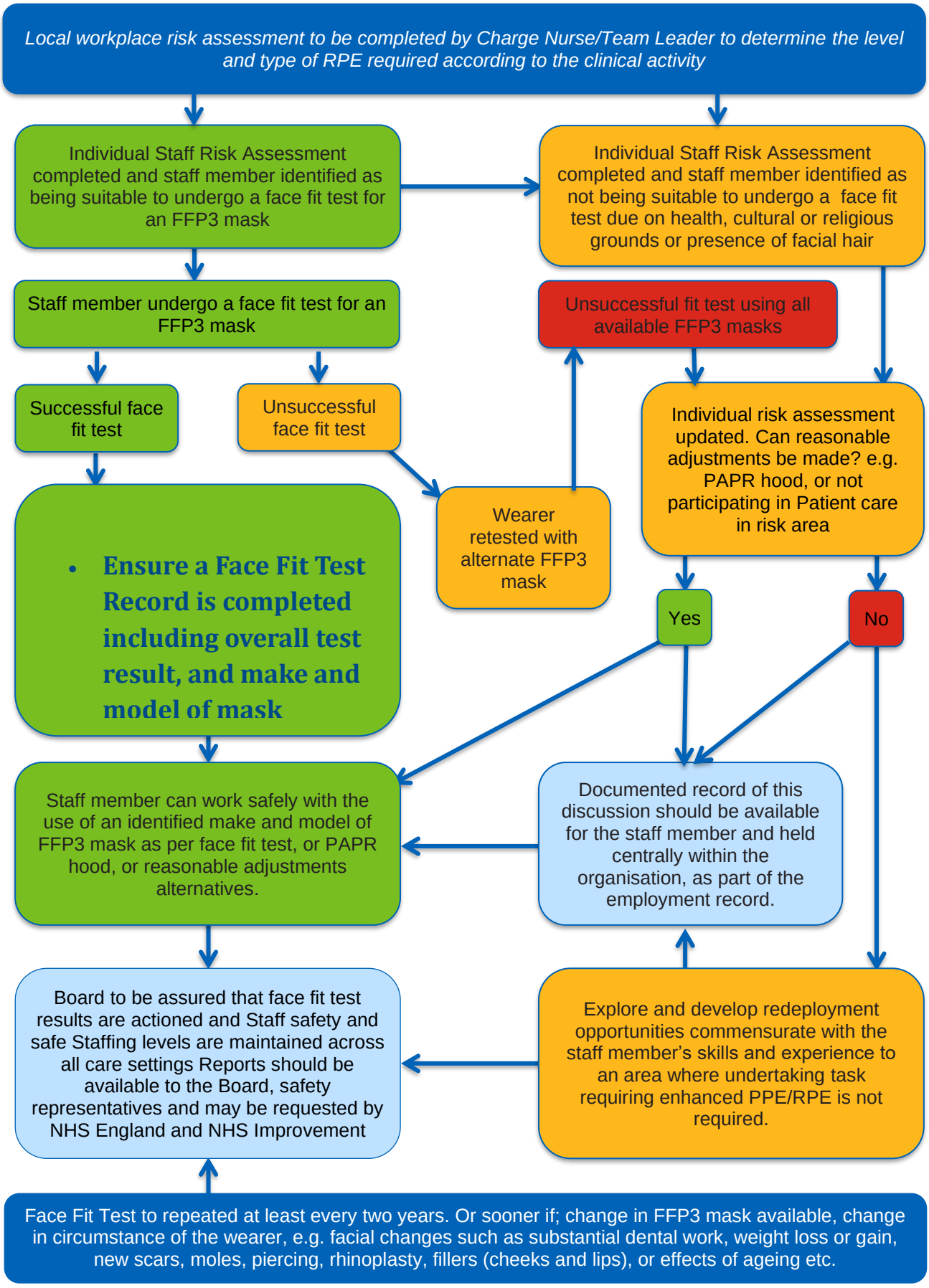
Health & Safety at Work etc. Act 1974

The Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002

Personal Protective Equipment Regulations 2002

Appendix 1: Face Fit Testing Algorithm



Appendix 2: Managers' Checklist

Completed by:
Clinical Team:
Date reviewed:

	Yes / No / N/A	Evidence/comments
Have you completed a local risk assessment to identify the level of airborne risk to staff?		
Have you identified any staff as requiring fit test training due to their job role?		
Have you identified any staff as requiring respirator hood training due to their job role?		
Have you arranged a fit test session for your staff members?		
Has a record of all staff who have been fit tested been completed?		
Has a discussion been held with any member of staff who fail or are unable to be adequately fit tested?		
Has a record of the discussion and recommended actions been documented and retained?		
Have all staff been informed of the contents of this SOP and any changes that are subsequently made?		

Appendix 3: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Selection Of Respiratory Protective Equipment (RPE) And Fit Testing Requirements Within A Clinical Environment**
2. EIA Reviewer (name, job title, base and contact details): **Deborah Davies, Lead Nurse Infection Control**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Standard Operating Procedure**

Main Aims of the Document, Process or Service
This Standard Operating Procedure (SOP) is designed to provide a clear, comprehensive and consistent approach to the selection of appropriate RPE and the requirement of FIT testing to fulfil the current UK requirements in relation to HSE INDG479 Guidance on respiratory protective equipment fit testing
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health(including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	There is a potential for an equality impact in terms of gender. This policy requires male staff to be clean shaven. However, some employees will have their own cultural practice or beliefs. The guidance states the fit test cannot be conducted if there is any hair growth between the skin and the mask sealing surface. Given the need to ensure health and safety and protection for all staff and patients, if a male employee is

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
			unable to shave their facial hair, then alternative arrangements will be made for them. A different type of face covering that adequately protects the employee will be sourced. If for any reason this is not possible exploration would be given to this employee working in a different environment where a mask is not necessary. Female: As part of their faith head coverings some female staff members may be wearing a head covering (hijab). If there is a requirement for a healthcare worker who wears a head covering to be fit tested, a face fit test will be conducted initially with the scarf on. If an unsuccessful fit is achieved, the healthcare worker will be given the option for the test to be carried out in a private area with a female tester and asked to remove their hijab and conduct the test wearing a disposable head covering.
		Low	
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is a potential for an equality impact in terms of religion. This policy requires staff to be clean shaven. However, some employees will have their own personal religious requirements and for some (e.g. Sikhs wear beards for religious reasons) wearing a beard is a mandatory part of their religion, not just a cultural practice, or a personal manifestation of their belief. The guidance states the fit test cannot be conducted if there is any hair growth between the skin and the mask sealing surface. Given the need to ensure health and safety and protection for all staff and patients, if an employee is unable to shave their facial hair, as wearing a beard is a mandatory part of an employee's religion, then alternative arrangements will be made for them. A different type of face covering that adequately protects the employee will be sourced. If for any reason this is not possible then exploration would be given to this employee working in a different environment where a mask is not necessary.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

The policy is designed to provide a clear, comprehensive and consistent approach to Fit Testing of RPE within the Humber Teaching NHS Foundation Trust and a consistent approach to the process ensures we meet best practice and the current UK requirements.

The policy has been noted to have the potential to interfere with Article 9 of the Human Rights Act and may impact (on) the protected areas of gender and religion mitigation factors are in place including:

- For employees who wear a beard as a mandatory part of their religion alternative arrangements will be made with them to ensure their health and safety.
- Effective communication with all employees affected to ensure their understanding of the risks associated with facial hair and face masks.
- Robust monitoring will be undertaken by policy author including consideration of feedback and complaints in this area.

EIA Reviewer: Deborah Davies	
Date completed: 25 July 2023	Signature: D. Davies