RPE: fit testing the dental team

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Are you back?

Along with fallow time, the requirement to fit test respiratory protective equipment (RPE) to be used by the dental team has fast become the most problematic and challenging issue for dental practices returning to work. As the main risk of COVID-19 transmission is by the respiratory route, the precautionary focus on protecting staff from aerosols generated during dental treatment has also created much debate.

What is right?

Countries across the world have adopted different approaches to the management of the pandemic. In England, Public Health England

has primacy over which guidance to follow. Their equivalents in Wales (Public Health Wales) Scotland (Health Protect Scotland) and Northern Ireland (HSC Public Health Agency) also have primacy meaning that all the regulators, including the General Dental Council (GDC), will defer to their guidance when deciding whether a registrant has acted responsibly and in accordance with the national guidance.

Individual clinicians might argue about the science, its application, the lack of empirical evidence or the general confusion about COVID-related matters, but when it comes down to whose guidance you should follow, it will be government bodies such as Public Health England (PHE).

PHE with input from the Health and Safety Executive (HSE) have set out the requirements for fit testing. Practices are under a legal obligation, under the Control of Substances Hazardous to Health (COSHH) regulations, to adequately control the risk of staff being exposed to hazardous substances, in this case COVID-19.

Selecting respiratory protective equipment

RPE has to be 'adequate' and 'suitable'. Adequate means that the RPE chosen by the practice is the right type of mask to protect the wearer. Suitable means that the RPE is right for that particular member of staff when they are delivering dental care to patients. Fit testing is the recognised way of proving that the selected equipment will protect the user.

Since patients may be COVID-positive but asymptomatic when they attend your practice, it is best to assume that all patients potentially carry the virus.

Fit testing courses are being organised in some areas by NHS commissioners and practices have been inviting staff members to train as fit testers so that they can provide this service for their own practice and others in the local area.

Fitting dental team members with the right mask

There are two main methods applied to fit testing, the most common of which is the

model of mask that becomes temporarily unavailable, you will need to be fit tested again for a different make and model of a mask that the practice does eventually obtain.

Finding the right fit

A number of dental team members have struggled to find suitable masks to pass their fit test. Depending on the shape of your face, many of the reusable masks are too large, even the smaller ones in the range.

My own practice has had success with 'Stealth' masks which have been successfully used by many members of the team. They are however cumbersome, tight and often uncomfortable to wear for long periods of time.

Once you have been fit tested with a particular make or model of mask, you do not have to repeat the test again as long as you continue to use that mask. A copy certificate of your fit testing should be given to you to keep whilst the original is sent to the practice for their compliance records.

Every time you put on your chosen mask you will need to do a 'feature' which confirms that the RPE is in place and provides the necessary seal.

Indemnity

Team members who have undertaken fit-testing training provided by the NHS will be covered under an 'honorary contract' which they must sign to activate an indemnity provided through the state-backed Clinical Negligence Scheme for Trusts (CNST) and the Liabilities of Third-Party Scheme (LTPS).

For team members in practice who have undertaken fit test training outside the NHS, or are about to do so, they will need to seek indemnity from either the practice or an indemnity provider. BDA Indemnity recognises that fit testing is an essential part of providing dental services and therefore cover their policyholder to provide fit testing for anyone in the practice and other practice. Practice owners who are both BDA members and BDA Indemnity policyholders are able to provide cover for an employee to carry out fit testing in the practice once they have undergone suitable training.

Whilst fit testing may not be universally required in other countries, currently it is a requirement in the UK and therefore it is important that team members and practice owners should manage their responsibility safely and effectively.

'There are two main methods applied to fit testing, the most common of which is the qualitative test which involves a taste test, based on the taste perception of the staff member being tested.'

qualitative test which involves a taste test, based on the taste perception of the staff member being tested. The subject first dons the mask before a clear hood is placed over the head.

The idea is that when you have a filtering facepiece (FFP) mask fitted in place, any leakage around the seal will be detected by your ability to taste a bitter substance that is sprayed into the clear hood around your head as you take in deep breaths, when speaking or moving your head up and down and side to

side, mimicking movements you might make when treating patients.

In most cases, dental practices will have provided sufficient masks to enable the fit tester to test every member of the dental team member. There remain some serious supply issues for FFP (filtering facepiece) masks and suppliers are rationing these products to dental practices. Costs can vary widely between suppliers, as do the availability of stocks such that there is often a shortage. If you have been fit tested for a