



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2015 January 15

PUBLIC FIT-TESTING CLINICS

Recommendation

It is recommended that Report No. 005-15 re Public Fit-Testing Clinics be received for information.

Key Points

- The Ministry of Labour inspected the Health Unit in 2009 and required us to build the infrastructure to support a mandated program of a Respirator Protection Program as all staff and volunteers were required to be fit-tested on an N95 respirator.
- In 2013, the “Efficiency and Shared Services Review” conducted by Price Waterhouse Coopers (PWC), recommended that the Health Unit revenue generating opportunities
- The Occupational Health and Safety Act (OHSA), which is enforced by the Ministry of Labour, states that every employer shall take all measures reasonably necessary in the circumstances to protect workers from exposure to a hazardous biological or chemical agent
- In 2014, the MLHU fit-tested 623 people. Revenue exceeded expectations, but costs did as well. The program finished the year with a small profit.

Background

After a Ministry of Labour inspection in 2009, the Health Unit was required to build the infrastructure to support the mandated program of a Respirator Protection Program as all staff and volunteers were required to be fit-tested on an N95 respirator. Inventory and equipment were purchased, staff members were specifically trained as ‘Fit-testers’ (by 3M Canada or Levitt-Safety Inc.) and a Health and Safety Policy was created (#8-110 – Respirator Protection and Fit-testing). The policy was also written to be in compliance with the Canadian Standards Association (CSA) Z 94.4-11 “Selection, care and use of respirators,” which is considered to be a best practices standard.

Proactive fit-testing prevents organizations from having to reactively fit test staff during a crisis, when time and resources are at a premium. The Huron County Health Unit experienced this in August 2011, after the Goderich tornado struck. Huron had to reactively fit-test all of their Public Health Inspectors on the P100 respirator, which is designed to protect the user from mould and asbestos particulate and from adverse odor in certain situations.

In 2013, the “Efficiency and Shared Services Review” of the Health Unit conducted by Price Waterhouse Coopers (PWC), stated, “The Emergency Preparedness function could be generating revenue: The MLHU has the equipment to fit-test healthcare personnel for N95 and P100 respirators. Very few other organizations in the community provide this service to the public – which is an (every two year) requirement for all health care graduates and employees”. The recommendation then was to generate revenue from the fee-for-service model of offering fit-testing to the public.

The business model of a Health Unit providing Fit-Testing Clinics designed for organizations and their staff members who are required to use a respirator (mask) as part of a Personal Protective Equipment (PPE) program is novel in Ontario. The Occupational Health and Safety Act (OHSA), which is enforced by the Ministry of Labour, states that every employer shall take all reasonable measures reasonably necessary in the circumstances to protect workers from exposure to a hazardous biological or chemical agent because of the storage, handling, processing, use of such agent in the workplace.” Further, “a worker who is required by his or her employer or by this Regulation to wear or use any protective clothing, equipment or device, shall be instructed and trained on its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training.” The National Institute for Occupational Safety and Health (NIOSH) also requires an N95 respirator be worn as a precautionary measure in healthcare settings.

As global efforts track cases of influenza, novel coronavirus, MERS, Ebola and others health concerns, and as we remember the H1N1 outbreak in 2009, we are reminded of our due diligence in assisting healthcare providers. The Health Unit in 2009 set-up numerous impromptu clinics for physicians and their clinical staff to be fit-tested on the N95 respirator. In addition to generating a small profit, providing Fit-Testing Clinics to the public supports preparedness efforts prior to a public health emergency.

Clinic Models

The client looking for a Fit-Testing Clinic is usually an organization in healthcare or a related service, employing numerous staff, needing an onsite clinic, knowing that to be compliant with Ministry of Labour, the service must be repeated in two years’ time. The Health Unit also offers monthly Fit-Testing Clinics at 50 King St. in London to individuals for a nominal fee.

At these clinics, the Health Unit offers fit-testing qualitatively (using hoods and aerosols) or quantitatively (using a computerized PortaCount machine). A selection of twelve respirator varieties is maintained in inventory to accommodate all facial needs.

Typically, the clinics are scheduled with one staff member and 1 or 2 volunteers from the MLHU’s Community Emergency Response Volunteers (CERV), depending on the clients need. The MLHU van is used to transport the personnel and equipment to the onsite clinic and mileage is charged accordingly. MLHU staff who are trained as fit-testers are used to fit-test MLHU staff and volunteers only, not external clients.

Financials

In 2014, the Health Unit fit-tested 623 people. The attached spreadsheet ([Appendix A](#)) shows the 2014 Budget and Actuals. Although costs were higher than predicted, cash flow was sufficient to generate a sustainable enterprise. The program also received a substantial donation of respirators, resulting in a profit that was higher than expected, and a healthy inventory that puts the Fit-Testing Clinics in a good position for 2015. It should be noted that the costs reflected here are incremental costs of running this program. Full costs would include costs such as equipment maintenance and depreciation that have not been included here, as they are costs that are paid by the Health Unit each year whether or not the public clinics operate.

This report was submitted by Ms. Patricia Simone, Manager, Emergency Preparedness.



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