

## New Face Fit Test Record eForm

All Face fit tests must be recorded on the new eHealth form at the point of testing. This replaces the previous paper face fit test record face fit test departmental tracker; and, Webropol survey.

The new form can be accessed from any device (phone, tablet, laptop, PC) and any location. The link to the form is [here](#).

The form will email a copy of the fit test results to the testees and testers email addresses, see Appendix 1 for an example of the emailed information. The information will also be uploaded to eESS OLM and appear on the persons learning record.

The flowchart process for fit testing which includes the masks to be fit tested to, should be referred to prior to any face fit test session to ensure the correct masks are being fit tested to. This flowchart identifies the FFP3 masks currently in stock and available from supplies and changes regularly - [Link](#).

### Guidance for completing the eForm is below:

Form Question	Guidance
Which area do you work in?	If an area outwith ITU / HDU / Theatres / ED is chosen, the person being tested will require authorisation from a manager. The authorising managers name requires to be recorded and the ward / department / service that the testee is required to wear FFP3 mask, for example, respiratory ward, arrest response team etc.
Employee forename and surname	Please check the persons ID badge to ensure correct spelling and name is recorded,
Employee email address	Check a <b>work email</b> address is used and that it is correct. The test record will be emailed to the employee to remind them of the masks they have passed or failed on.
Unique ID	4 opportunities are asked for, starting with Payroll Number, if not known then NI number, if not known then eESS number, if not known then DoB. Ideally one of the first three is known as this will allow for definitive identification of the employee. If only DoB is known, ensure the correct year is entered.
Division / service	Where the employees permanent / main place of work is.
Testers email	Check only a work email address is used and that it is correct. The test record will be emailed to the tester to be held electronically (or printed off and held) as appropriate. Where the testee is from outwith the testers department, record 'N/A'.
Respirator Details Section	This section records the mask that is being fit tested and the outcome.  If a fail occurs, you can record a further 2 fit tests before having to repeat the entire form
Make and Model	Masks being fit tested for will be in the drop down lists.  Check the mask model being fit tested, for example, the 1863 and 1863+ look very similar but require different fit tests. Most masks have manufacturer and model on them.
Overall Test Outcome	If the fit test is a Pass, no other test should be undertaken – end of Form  If the fit test is a Fail, you will be asked if another is test going to be undertaken at this point, if no – end of form / if yes – the form will return to the 'Respirator Details' section.

You have been successfully fit tested to the mask detailed below. Your fit test is valid for a maximum of 3 years from the date of this test, sooner if the shape of your face changes significantly.

Please review for accuracy and any problems please email [WIG-Movhan736@ggc.scot.nhs.uk](mailto:WIG-Movhan736@ggc.scot.nhs.uk)

Area:

Authorising Manager:

Ward / Department:

Employee Forename:

Employee Surname:

Employee Email Address:

Payroll Number:

National Insurance Number:

eEss Number:

DOB:

**Date of Fit Test:**

Division:

Hospital:

Partnership:

Location:

Department:

Job Family:

Name of Tester:

Tester Email:

### **PPE Worn During Test**

Spectacles:

Goggles:

Hearing Aid:

Other:

### **Respirator Details**

**Make:**

**Model:**

Ownership:

Condition:

Help Required Donning Respirator:

Details:

Type of Test:

**Overall Test Outcome: Pass**