



Rehabilitation Sciences Sector  
UNIVERSITY OF TORONTO

**MEMORANDUM**

TO: Year I Students, Department of Occupational Science and Occupational Therapy  
University of Toronto

FROM: Administrative Assistant, Clinical and Alumni Affairs  
Rehabilitation Sciences Sector, University of Toronto

DATE: August 15<sup>th</sup>, 2011

RE: **Mask Fit-Testing – September 28 and October 12, 2011**

**Day 1 Mask Fit-Testing • Wednesday, September 28, 2011**

Registration for Mask Fit-Testing at 1:00 pm • Room 235  
EDUCATION SESSION at 1:15 pm (sharp) – 2:00 pm • Room 235  
2:00 pm – 5:00 pm • Room 232/234

**Day 2 Mask Fit-Testing • Wednesday, October 12<sup>th</sup>, 2011**

Registration for Mask Fit-Testing at 1:00 pm • Room 132  
EDUCATION SESSION at 1:15 pm (sharp) – 2:00 pm • Room 132  
2:00 pm – 5:00 pm • Room 232/234

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As part of a student's fieldwork education criteria, mask fit-testing is mandatory for all students. I am pleased to confirm the Mask Fit-Testing for the Department of Occupational Science and Occupational Therapy (Year I Students) is scheduled for **September 28 and October 12, 2011**. *The actual mask fit-testing will occur over two separate sessions as noted above.* Hot Zone Training Consultants will be providing the Mask Fit-Testing and the Education Session for the Rehabilitation Sciences Sector. No additional fee is required.

Please **read** the *attached* information regarding:

1. **Mask Fit-Testing** ⇒ this document will provide you with general information on what is mask fit-testing and why it is required.
2. Mask Fit-Testing **Screening Form** ⇒ **please complete this form**. Each student is required to complete and bring this form to their scheduled mask fit-testing appointment.
3. Mask Fit-Testing and the Education Session **Schedule** ⇒ this document will provide you with the date and time of your mask fit-testing and education session.

Thank you and I look forward to meeting you on September 28 or October 12, 2011.



## Mask Fit-Testing

### Please read prior to your mask fit-testing appointment.

During the SARS outbreak, healthcare providers were directed to adopt infection control procedures including the wearing of personal protective equipment. One of the key pieces of personal protective equipment is a mask fit to your unique facial features. The Ministry of Health has developed directives for health care professionals to wear an approved mask. In order to protect the health and safety of health care students, the use of masks may be required if there is evidence of potential exposure to airborne infectious agents, chemicals, etc.

**As part of a student's clinical/fieldwork education criteria, mask fit-testing is mandatory for all students.** Through fit testing, students can determine which type of mask best fits their facial features. Studies document that proper fit testing enhances the effectiveness of masks.

The education seminar and mask fit-testing will occur at 500 University Avenue.

The process is as follows:

1. **Registration** ⇒ **Wednesday, September 28<sup>th</sup> and Wednesday, October 12<sup>th</sup>, 2011.** All students are required to sign in and register. Please plan to arrive at **1:00pm in Room 235 on September 28<sup>th</sup> or 1:00pm in Room 132 on October 12<sup>th</sup>.** Please bring appropriate identification; one of the following documents is acceptable: student card; driver's license; fees invoice document; letter of offer.
2. **The Education Session** ⇒ **Wednesday, September 28 and Wednesday, October 12<sup>th</sup>, 2011.** All students are required to attend the Education Session provided by Hot Zone Training Consultants. The session is scheduled to start at **1:15 pm (sharp) – 2:00 pm in Room 235 on the 28th and 1:15 pm (sharp) – 2:00 pm in Room 132 on the October 12th.**
3. **The Mask Fit-Testing** ⇒ **Wednesday, September 28<sup>th</sup> and Wednesday, October 12<sup>th</sup>, 2011.** All students are required to be mask fit-tested. The actual mask fit-testing will occur over two separate days (due to a large number of students).

The mask fit-testing will be implemented by Hot Zone Training Consultants. The mask fit-testing is scheduled from **2:00 pm to 5:00 pm in Room 232/234 on September 28<sup>th</sup> and 2:00 pm to 5:00 pm in Room 232/234 on October 12<sup>th</sup>.** Please bring your completed and signed Screening Form (attached). A schedule is also provided confirming your appointment time slot.

## In addition:

- **Students will be tested for two masks**
- Individual fit-tested cards (wallet size) will be issued to each student
- Students are required to carry this card at all times during a clinical/fieldwork placement. This card will identify two types of masks that fit specifically to the student
- A charge will apply to replace lost or misplaced fit-tested cards
- The Rehabilitation Sciences Sector is required to retain all student records pertaining to mask fit-testing for the duration of the student's program

## IMPORTANT – PLEASE BRING TO YOUR MASK FIT-TESTING APPOINTMENT:

1. A completed and signed Screening Form (attached)
2. Appropriate identification (one of the following documents is acceptable: student card; driver's license; fees invoice document; letter of offer)

**MASK FIT-TESTING APPOINTMENT SCHEDULE** ~ a schedule is provided outlining your appointment time slot.

**SWITCHING YOUR MASK FIT-TESTING TIME SLOT:** We understand that students may wish to switch their mask fit-testing time slot with another student. This is fine; however, there must be mutual consent with both students to switch to the **exact** time slot - a student **cannot** show up for mask fit-testing at a completely different assigned time slot. Each time slot has been allocated for a certain number of students to be tested within that amount of time. The mask fit-testing schedule will be followed exactly (following the order in which the students are listed on the mask fit-testing schedule).

## IMPORTANT – ALL STUDENTS:

- If a student is unable to attend their scheduled date and time for the education session and the mask fit-testing, **please notify** [rehab.sector@utoronto.ca](mailto:rehab.sector@utoronto.ca) as soon as possible (contact information below)
- Failure to attend the scheduled date and time of the education session and mask fit-testing, in your respective department, will result in the student taking *full responsibility* for making alternative mask fit-testing arrangements and paying the required mask fit-testing fee at a private clinic (approximately **\$30**). Please notify [rehab.sector@utoronto.ca](mailto:rehab.sector@utoronto.ca), to receive information for a private mask fit-testing clinic
- Following the mask fit-testing at a private clinic, the student will be responsible to provide a copy of their mask fit-testing card, indicating their approved mask fit-testing number(s), to the Rehabilitation Sciences Sector, Administrative Assistant.

## It is important to note:

- Smokers are advised to abstain from smoking one half hour prior to testing

## IMPORTANT – MALE STUDENTS:

- Individuals with facial hair, such as beards, beard stubble or goatees, will have difficulty in achieving a proper fit as the facial hair will compromise the seal. **It is absolutely mandatory that men be clean shaven in the area where the face piece seal meets your face.** This is because a reliable face seal can only be achieved if you are clean-shaven in the area where the face piece seal touches your face. You will therefore be asked to be **clean-shaven** (in the area where the face piece seal meets your face) for the fit test



- Should a male student not be successfully mask fit-tested, due solely to not having a clean shaven face, will result in the student taking *full responsibility* for making alternative mask fit-testing arrangements and paying the required mask fit-testing fee at a private clinic (approximately **\$30**). Please notify [rehab.sector@utoronto.ca](mailto:rehab.sector@utoronto.ca), to receive information for a private mask fit-testing clinic

**All students must present identification  
to attend the educational session and to be mask fit-tested.**

(One of the following documents is acceptable:  
Student card; driver's license, fees invoice document; letter of offer)

Please contact the Rehabilitation Sciences Sector should you have any questions.

Administrative Assistant, Clinical and Alumni Affairs  
160 – 500 University Avenue  
Telephone: 416-978-4648  
Email: [rehab.sector@utoronto.ca](mailto:rehab.sector@utoronto.ca)

# Mask Fit-Testing Confirmation and SCREENING FORM

Please **complete** and bring to your mask fit-testing appointment.

<b>Name</b>	..... (LAST NAME, First Name) < P-R-I-N-T CLEARLY >
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<b>Mask Fit-Testing for the Department of Occupational Science &amp; Occupational Therapy</b>			
Please ✓	Date	Time	Location
<input type="radio"/> Day 1	Wednesday September 28	Registration for Mask Fit-Testing: 1:00 pm Education Session: 1:15 (sharp) – 2:00 pm Mask Fit-Testing: 2:00 to 5:00 pm	Room 235 Room 232/234
<input type="radio"/> Day 2	Wednesday October 12	Registration for Mask Fit-Testing: 1:00 pm Education Session: 1:15 (sharp) – 2:00 pm Mask Fit-Testing: 2:00 to 5:00 pm	Room 132 Room 232/234

**NOTE:** The education session & mask fit-testing are mandatory—*please do not arrive late.*

<b>Part I: Location of Testing</b> Rehabilitation Sciences Sector University of Toronto 500 University Avenue Rooms 232/234 Toronto, ON M5G 1V7	<b>Part II: Contact Person</b> Administrative Assistant, Clinical and Alumni Affairs Email: <a href="mailto:rehab.sector@utoronto.ca">rehab.sector@utoronto.ca</a> Telephone: 416-978-4648 Fax: 416-946-8643
<b>Part III: Conditions of Use</b> Health Care, Fieldwork/Clinical Education	<b>Part IV: Type of Mask Used</b> N95

<b>Part IV: Mask User's Health Condition • Check the YES or NO box only!</b> <b>DO NOT specify for each condition. Note:</b> Medical information is NOT to be offered on this form.			
<b>(A)</b> Some conditions can seriously affect your ability to safely use a mask. Do you have or do you experience any of the following, or another condition, that may affect mask use?			
			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Shortness of breath	Breathing difficulties	Chronic bronchitis	Emphysema
Lung disease	Chest pain on exertion	Health problems	Allergies
Hypertension	Cardiovascular disease	Thyroid problems	Diabetes
Neuromuscular disease	Fainting spells	Dizziness/nausea	Seizures
Temperature susceptibility	Claustrophobia/fear of heights	Hearing impairment	Dentures
Panic attacks	Colour blindness	Asthma	Pacemaker
Vision impairment	Reduced sense of smell	Reduced sense of taste	Back/neck problems
Prescription medication to control a condition		Facial features/skin conditions	
Other condition(s) affecting mask use:			
<b>(B)</b> Have you had previous difficulty while using a mask?			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>(C)</b> Do you have any concerns about your future ability to use a mask safely?			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
A <b>"YES"</b> answer to (A) or (B) or (C) indicates that further assessment by a health care professional/family doctor is required prior to mask fit-testing. Please see the following page for details.			
Signature of Student:		Current Date:	

PLEASE COMPLETE AND BRING THIS FORM TO YOUR MASK FIT-TESTING APPOINTMENT  
 This Screening Form is a mandatory document for mask fit-testing.

# Mask Fit-Testing SCREENING FORM

## Page 2

### PART V: Medical Assessment *(if required)*

If you have answered 'Yes' to Sections A or B or C – please complete this page.

If you have answered 'No' to Sections A or B or C – you do not need to complete this page.

Page 2 of the Screening Form is only required in the event that a condition (as listed on page one) seriously effects your ability to safely use a mask. We recommend that you please see your health care professional/family doctor to complete this portion of the Screening Form to grant permission/denial to be mask fit-tested.

Should you have a medical condition which will prohibit you from being mask fit-testing and/or wearing a mask at future placements, we respectfully ask that you notify Arthus Bihis.

**Note: Medical information is NOT to be offered on this form.**

<p>A <b>“YES”</b> answer to (A) or (B) or (C)  indicates that further assessment by a health care professional/family doctor  is required prior to mask fit-testing.  Please ✓ check appropriate box below.</p>	
<p>To be completed by a health care professional/family doctor only.</p>	
Date of Assessment →	
<input type="checkbox"/>	NO restrictions, person may be mask fit-tested
<input type="checkbox"/>	Some specific restrictions apply (please list):
<input type="checkbox"/>	Mask use is NOT permitted
Name of Physician:	
Signature of Physician:	
Current Date:	



The Rehabilitation Sciences Sector is required to retain all student records  
pertaining to mask fit-testing for the duration of the student's program.

**PLEASE COMPLETE AND BRING THIS FORM TO YOUR MASK FIT-TESTING APPOINTMENT**  
**This Screening Form is a mandatory document for mask fit-testing.**

# **NOTICE**

**MASK FIT TESTING ASSIGNED APPOINTMENT TIMES WILL BE  
DISTRIBUTED DURING THE FIRST WEEK OF SCHOOL**