

**PERSONAL PROTECTION EQUIPMENT****Risk assessment form No.:****RA PPE-HOSPITAL**

V4, December 2011

**Respiratory protection programme****Facility / Building Identification**

Facility no.       Building no.

Facility name

Department/Unit \*

Department No\* 

If a respiratory-protection programme exists, which health-care workers are included in the programme? (Tick)

Professional Nurses <input type="checkbox"/>	Trainees and students <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Construction staff <input type="checkbox"/>
Medical Officers <input type="checkbox"/>	Laboratory workers <input type="checkbox"/>	Contract staff <input type="checkbox"/>	Transportation staff <input type="checkbox"/>
Nursing assistants <input type="checkbox"/>	Respiratory therapists <input type="checkbox"/>	Cleaning staff <input type="checkbox"/>	Dietary staff <input type="checkbox"/>
Administrators <input type="checkbox"/>	Physical therapists <input type="checkbox"/>	Maintenance / engineering staff <input type="checkbox"/>	Receptionists <input type="checkbox"/>

Other (specify): \_\_\_\_\_

Are any of the staff categories, who may be at risk, not included in the programme? Yes ☐ No ☐Are respirators used in this setting for all health-care workers working with TB patients? Yes ☐ No ☐

If YES, specify manufacturer, model, and specific application.

Manufacturer	Model:	Application/use/method of saving:
	Make:	
	Class.: (NIOSH - N95 or CEN-FFP2)	

Is respiratory-protection training conducted for HCWs? Yes ☐ No ☐If YES, is it conducted every six months? Yes ☐ No ☐Have the health-care staff in the facility undergone a fit test for respirator use? Yes ☐ No ☐If YES, how frequently is it conducted? 

What method of fit testing is used? Describe:

Does the unit comply with the minimum requirements of a Respiratory Protection Programme? Yes ☐ No ☐Number of risks related to administrative issues Number of risks that are transient\*  (\*Can be resolved by administration intervention)

Risk assessment comments

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All risk items identified by ☐ ☐ must be transferred to the risk assessment outcomes form.

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An assessment method and management tool for TB exposure at South African healthcare settings