

APPENDIX A: Instructions on Requesting Provincial Fit Testing Support

Long-term care homes can request their supply through the Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form that is typically used for requests for critical PPE: HMMS portal for Homes in the West Region and the Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form for Homes in the Central, North, Toronto, or East Regions.

The Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Process **for homes in the Central, North, Toronto and East Region** is outlined below:

1. Complete the Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form on behalf of your long-term care home (<https://ehealthontario.on.ca/en/health-care-professionals/digital-health-services>). Requests should be issued for single sites only (i.e., requests will be accepted individually for each long-term care home, rather than groups of homes). Complete the intake form to the best of your ability – irrelevant fields will be disregarded as requests are reviewed and processed.
2. Complete the Consent, General, and Contact Detail pages. Under “General”, select your organization type (Long-Term Care Home or Retirement Home) and check the “Personal Protective Equipment” box.

Organization Type *

Long-Term Care Home

What will you be requesting today?

Personal Protective Equipment

- a. Note that certain mandatory fields may not be applicable to this program. For example, this checkbox below must be selected in Remedy to proceed, as it is an attestation to your consent:

By selecting this box, your organization confirms it still has a supply shortage of under 7 days of stock despite following Steps 1-3* and requires PPE from the pandemic stockpile to continue providing services. Additionally, I have verified or will verify and confirm that any Personal Protective Equipment (PPE) I receive from Ontario Health will remain in Ontario, and will be used for direct patient care. Further, the PPE received will not be resold or redistributed without the express written consent of Ontario Health.

NOTE: The statement is not relevant to the request for fit testing support but should be selected in order to proceed.

3. Complete your “Organization Details”, “Requestor Details” and “Shipping Details”
4. Select “N95/Respirator Fit Testing Support” under item type
5. The “N/A” under the Description field will be pre-selected for this Item Type
6. Indicate the # of staff that require fit testing under “Quantity”

Item Type: N95/Respirator Fit Testing Support

Description: n/a

Quantity: (Number of Staff) 40
(It is important to note the total number of staff that require fit testing, not the total number of staff you have employed)

Preferred Timeline: (Please note priority response is in effect) 5 Days

7. Indicate “Yes” if your long-term care home requires a supply of N95s to fit test staff to or “No” if you have supply on hand to accommodate staff fit testing

Do you require a supply of N95 respirators (including elastomerics and other respirators)? (Please note: There is a cost for fit testing services that must be covered by your home/hospital. The cost will be determined once your needs are reviewed.)

Yes No

8. Indicate whether you will require user training of staff to use the respirators

Do you require user training? (e.g. training on donning, doffing, inspection and performing a user seal check at site prior to performing respirator fit testing)

Yes No

9. Complete the remainder of the form to the best of your ability, ensuring that all mandatory form fields have been completed
10. Your organization will receive an email from Ontario Health with more information on the Fit-Testing Support Process
11. Requests will be prioritized according to need and you will be contacted by Levitt Safety for an initial consultation

After your request has been submitted

12. In the case that N95 supply is required, **please request supply to conduct fit testing AFTER you have been contacted for an initial consultation by Levitt Safety**. Your needs will be assessed, and you will be instructed to submit an additional request for N95s for fit testing through the Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form
13. Once this consultation has occurred, complete Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form on behalf of your site
14. Select “N95 Mask for Fit Testing” under Item Type
15. Select the Item Type and quantity to request as discussed during your consultation. You will likely have to issue multiple requests to select the products you have been instructed to order by Levitt Safety

Item Type:	Description:	Quantity: (Number of Staff)	Timeline Required: (Please note, only items with less than 7 days on hand can be submitted through this intake process.)
<input type="text" value="N95 Mask for Fit Testing"/>	<input type="text" value="Halyard Fluidshield 46727"/>	<input type="text" value="40"/> <small>(It is important to note the total number of staff that require fit testing, not the total number of staff you have employed)</small>	<input type="text" value="5 Days"/>

16. Confirm ability to receive aged, donated, or expired product. Note that this product is provided for use during fit testing only, and is not intended for regular use. Please also be advised that a waiver is required to be submitted for this request.

Certain PPE is only available in the Provincial Stockpile as either aged, expired or donated. When requests are being assessed, providing PPE that is not aged, expired or donated will always be the first option considered. In those cases where that is not an option for the PPE requested, please confirm if your organization is willing to receive aged, expired or donated supplies below.

Aged Donated Expired No

The provider will receive a copy of the waiver ([Agreement for Expired or Donated PPE](#)) in the automated email generated upon submission of this request

17. Complete the remainder of the form, ensuring that all mandatory form fields have been completed prior to submitting the form

The Urgent Pandemic Supply Request Process **for homes in the West Region** is outlined below:

1. Complete the Urgent Pandemic Supply Request on behalf of your long-term care home (<https://ehealthontario.on.ca/en/health-care-professionals/digital-health-services>). Requests should be issued for single sites only (i.e., requests will be accepted individually for each long-term care home, rather than groups of homes). Complete the intake form to the best of your ability – irrelevant fields will be disregarded as requests are reviewed and processed.

2. Select “PPE Order Forms”

3. Select “Urgent Pandemic Supply Request Form”

4. At the bottom of the form under the heading “N95 Masks”, select the smartsheet link and complete the N95 Respirator Order Form

5. Under ‘N95 Order Type’, Select “N95/Respirator for Fit Testing Support”

N95 Order Type *

6. Indicate if you will require N95 respirators for fit testing and if you require user training

7. Complete the remainder of the form to the best of your ability, ensuring that all mandatory form fields have been completed

8. Confirm ability to receive aged, donated, or expired product. Note that this product is provided for use during fit testing only and is not intended for regular use.

Certain PPE is only available in the Provincial Stockpile as either aged, expired or donated. When requests are being assessed, providing PPE that is not aged, expired or donated will always be the first option considered. In those cases where that is not an option for the PPE requested, please confirm if your organization is willing to receive aged, expired or donated supplies below. *

A waiver form must be filled out and attached to this form in order to accept aged, expired, or donated N95 masks. To access the waiver form, please click on the link below:

https://hospital.sw.ccac-ont.ca/ppeexternal/docs/AgreementforExpiredofDonatedPPE_2020-05-11_FORM.pdf

Upload signed waiver here: *

Drag and drop files here or [browse files](#)

9. Your organization will receive an email from Ontario Health with more information on the Fit-Testing Support Process

10. Requests will be prioritized according to need and you will be contacted by Levitt Safety for an initial consultation

After your request has been submitted

11. In the case that N95 supply is required, **please request supply to conduct fit testing AFTER you have been contacted for an initial consultation by Levitt Safety**. Your needs will be assessed, and you will be instructed to submit an additional request for N95s for fit testing through the Urgent Pandemic Supply Request intake form
12. Once this consultation has occurred, complete Urgent Pandemic Supply Request Intake Form on behalf of your site. Repeat steps 1-4
13. Under 'N95 Order Type', select "N95 Mask for Fit Testing"

N95 Order Type *

14. Request respirators for fit testing according to the model types and volumes indicated in your consultation. Select the model type under 'Please Select N95 Model for Fit Testing'. Under 'Number of Staff for Fit Testing', indicate the number of staff to be fit tested to the model. Multiple tickets may be required to request all product types indicated in your consultation with Levitt Safety
15. Complete the remainder of the form, ensuring that all mandatory form fields have been completed prior to submitting the form
16. Confirm ability to receive aged, donated, or expired product. Note that this product is provided for use during fit testing only and is not intended for regular use.

Certain PPE is only available in the Provincial Stockpile as either aged, expired or donated. When requests are being assessed, providing PPE that is not aged, expired or donated will always be the first option considered. In those cases where that is not an option for the PPE requested, please confirm if your organization is willing to receive aged, expired or donated supplies below. *

A waiver form must be filled out and attached to this form in order to accept aged, expired, or donated N95 masks. To access the waiver form, please click on the link below:

https://hospital.sw.ccac-ont.ca/ppeexternal/docs/AgreementforExpiredofDonatedPPE_2020-05-11_FORM.pdf

Upload signed waiver here: *

Drag and drop files here or [browse files](#)