**PURPOSE**

The purpose of this program is to establish requirements for the proper selection, use, fit-testing and care of respiratory protection equipment by Tuscarawas County Health Department employees and to ensure compliance with the Occupational Safety and Health Administration’s (OSHA’s) Respiratory Protection Standard codified in 29 CFR 1910.134. The standard requires an employer to establish a respiratory protection program if they have employees who are required to wear respirators.

This program provides necessary information to:

1.Evaluate tasks and workplaces to determine if respiratory protection is needed.

2.Evaluate employees’ medical status before issuing respirators and, if necessary, accommodate those employees who cannot wear respiratory protection for medical reasons.

3.Provide training on the proper selection, use, care and limitations of respirators.

4.Provide properly fitted respirators to any employees who may need them.

5.Perform other tasks necessary to incorporate worker protection recommendations published by OSHA and the Centers for Disease Control (CDC) (*e.g., CDC’s Guidelines for Preventing the Transmission of mycobacterium Tuberculosis in Health Care Facilities and OSHA’s Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers).*

**POLICY**

This program applies to TCHD employees whose job duties require the use of respiratory protection. This includes employees who could potentially be exposed to airborne infectious diseases during normal work operations and/or airborne chemical hazards during non-routine or emergency situations. Voluntary use of respirator protection is permitted under certain circumstances as described in Section E of this document.

**GLOSSARY OF TERMS**

Air Purifying Respirator – A respirator which is designed to remove air contaminants (i.e. dust, fumes, mists, gases, vapors, or aerosols) from the ambient air as the air enters the respirator.

Filtering Facepiece (Dust mask) – A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Immediately Dangerous to Life or Health (IDLH) – An atmospheric concentration of any toxic, corrosive or asphyxiating substance that poses an immediate threat to life or would cause irreversible or adverse health effects or would interfere with an individual’s ability to escape from a dangerous atmosphere.

Negative Pressure Respirator – A respirator in which the air pressure inside the facepiece is negative during inhalation in respect to the ambient air pressure outside the respirator.

Oxygen Deficient Atmosphere – An atmosphere with oxygen content of less than 19.5% by volume (an IDLH atmosphere).

Permissible Exposure Limit (PEL) – or other Occupational Exposure Limit (OEL). An exposure limit determined for industrial exposures.

PLHCP – Primary Licensed Health Care Professional with responsibility for the medical surveillance, physical evaluation and examination, and medical approval for respirator use.

Protection Factor – The value regarded as applicable for an achievable ratio of average ambient concentration of an air contaminant in a workplace to the average concentration of the contaminant measured inside the respirator facepiece for a specific class of respirators. Also, recognized as assigned protection factor or APF.

Qualitative Fit Test (QLFT) – A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.

Quantitative Fit Test (QNFT) – An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respirator – Any device worn by an individual and intended to provide the wearer with respiratory protection against inhalation of airborne contaminants or oxygen-deficient air.

Respiratory Protection Administrator – (RPA) – Person responsible for managing and updating the Respiratory Protection Program.

Service Life – The period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supervisor – An employee who supervises a project activity which requires the use of a respirator.

**PROCEDURES**

A. **Responsibilities**

1. **Respirator Program Administrator (RPA)**

a. Evaluates tasks and workplaces where respiratory protection is required.

b. Determines what TCHD job tasks require the use of respiratory protection equipment.

c. Maintains the TCHD written Respiratory Protection Program.

d. Provides training and fit-testing as necessary.

e. Periodically reviews and updates the written respiratory protection policies and procedures.

2. **Supervisors**

a. Are aware of the hazards in the area in which they and their staff work.

b. Has knowledge of the types of respirators that are to be used.

c. Ensure the TCHD respirator program and worksite procedures are followed.

d. Ensure employees receive medical evaluations, fit-testing, and training.

e. Ensure that staff properly don, doff and wear respirators when required.

f. Prioritize and coordinate employee availability with annual training and fit testing.

g. Notify RPA or Medical Director with any problems with respirator use, or changes in work processes that would impact airborne contaminant levels for employees under their direction.

3. **Employees**

a. Complete the required medical questionnaire.

b. Identify the respiratory protection requirements for their work duties.

c. Properly don and doff and correctly wear the appropriate respiratory protective equipment according to training and instructions provided.

d. Follow site-specific procedures.

e. Inspect respiratory protective equipment prior to each use.

f. Perform a negative and positive pressure fit check before each use.

g. Report damaged or malfunctioning equipment immediately.

h. Properly clean store and maintain respirators in their possession. Reusable respirators are the property of TCHD.

i. Help monitor colleagues in the event that respiratory protection is needed and report any misuse to the respective supervisor or designee.

**B. Identification of Hazards**

1.Personal Protective Equipment (PPE) Hazard Assessments have been completed which delineate the engineering, administrative and PPE controls that must be used by TCHD employees when performing their jobs. These controls are designed to protect employees from physical, chemical and biological hazards. When feasible, employee exposures will be controlled through the use of engineering and/or administrative controls. When these controls are not feasible or not effective, appropriate PPE, including respirators, will be used to control employees’ exposure. A description of tasks that require the use of respirators, per the PPE Hazard Assessment, can be referenced in Appendix A (Task That Require the Use of a Respirator). Refer to the PPE Hazard Assessment for information concerning engineering and administrative controls.

2.Through normal working situations, TCHD employees may have contact with clients who could be infected with potentially airborne infectious diseases such as Mycobacterium tuberculosis and seasonal influenza. In emergency situations, TCHD employees may be exposed to other airborne infectious diseases such as Severe Acute Respiratory Syndrome (SARS), measles, smallpox, and pandemic influenza.

3. Important Note: The respirators selected for use by TCHD employees are used for respiratory protection from airborne biological agents (viruses, bacteria, mold, etc.): These do not provide protection from chemical exposure. In the event a TCHD employee is exposed to chemicals that require the use of respiratory protection, the TCHD employee will evacuate the area and contact local fire department.

**C. Respirator Selection Procedures**

Respirators used by TCHD employees are selected by the RPA or a qualified individual designated to specify the correct respirator. If a respiratory hazard is known or suspected to exist, the following factors are considered in the selection of a respirator:

a. Nature of the hazard;

b. Characteristics of the hazardous operation or process;

c. Location of the hazardous area;

d. The time period that respiratory protection will be worn by employees during the work shift;

e. The work activities of the employees and the potential stress of these work conditions on employees wearing the respirators;

f. The physical characteristics, functional capabilities, and limitations of the respirator; and

g. The respirator protection factors and respirator fit.

Note: Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.

**D. Explanation of Respirator Used by TCHD Employees**

1. There is one basic type of respirators that TCHD employees may wear: N95 masks, or M1870 mask which are designed to be disposed of after a single use. This respirator is designed to protect the wearer from exposure to particulates including dust, mist, fumes and biological agents.

2. The filter media for the disposable respirator is an integral part of the facepiece with the entire facepiece composed of the filtering medium.

**E. Mandatory vs. Voluntary Use of Respirators**

1.As indicated in Appendix A, some TCHD employees are required to wear respirators while performing certain tasks. Employees who are required to wear respirators -- regardless of which type -- must:

a. Complete a medical questionnaire initially prior to use and annually, unless determined otherwise by the Physician or Other Licensed Heath Care Professional (PLHCP), as explained in Section F;

b. Undergo a physical exam if the PLHCP determines that an exam is necessary based on the answers provided on the medical disease questionnaire;

c. Be fit-tested on an annual basis as explained in Section H; and

d. Participate in annual respirator training as described in Section G.

2.Other TCHD employees may voluntarily choose to wear a respirator while performing tasks that do not require respiratory protection. The only type of respirator that these employees may wear is a particulate respirator. Respirators must comply with the pesticide label. Employees who choose to wear a particulate respirator voluntarily will receive a copy of Appendix D of 29 CFR 1910.134, Information for Employees Using Respirators When Not Required Under the Standard (Appendix E). Employees will be asked to sign a statement to indicate that they received a copy of the OSHA appendix, Appendix E of this policy. Employees who wear a respirator voluntarily are not required to complete a medical questionnaire, participate in annual training, or be fit-tested as long as the use is limited to a filtering facepiece.

**F. Employee Medical Evaluation**

1.As indicated in Section E, all TCHD employees who are required to wear a respirator must be medically evaluated prior to using a respirator to determine if they are physically able to wear a respirator per 29 CFR 1910.134. Medical reevaluation will be completed annually unless the PLHCP determines the more frequent evaluation is necessary. These determinations must be made prior to any use, including fit-testing, and must be completed by a physician or other licensed healthcare professional (PLHCP). The evaluation consists of two parts: Completing a Medical Questionnaire and completing a physical exam if the PLHCP believes an exam is necessary based on the answers provided on the questionnaire.

2.Note: All information contained in the medical questionnaire and other medical information disclosed to the PLHCP is confidential between the employee and the physician.

3.The Medical Questionnaire, Appendix C, must be completed by TCHD employees who are required to wear respiratory protection prior to use and annually thereafter. All of these confidential questionnaires and records are maintained in accordance with HIPPA standards in the Confidential Medical Record File for the employee located in the administrative office at TCHD.

4.Note: Employees who are immunocompromised, have severe asthma, etc. who do not believe they can wear a respirator must still complete a medical disease questionnaire and submit it to the PLHCP. The PLHCP will issue a written opinion (as described below) stating that the individual cannot wear a respirator, and this will be placed in the employee’s file.

5.The following information must be provided to the physician before a medical determination can be made:

a. Type and weight of respirator that is to be used;

b. Duration and frequency of respirator use;

c. Expected physical work effort;

d. Additional protective clothing and equipment to be worn;

e. Temperature and humidity extremes that may be encountered; and

f. Written copy of this program.

6.After the PLHCP has completed the medical evaluation of an employee, they will submit a written recommendation to the RPA that will include:

a. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;

b. The need, if any, for follow-up medical evaluations; and

c. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

7.Additional medical evaluations may be provided if any of the following occurs:

a. An employee reports medical signs or symptoms that are related to the ability to use a respirator;

b. Information from the respiratory protection program, including observations made during fit-testing and program evaluation, indicates a need for employee re-evaluation; or

c. A change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on an employee.

**G. Respirator Training**

1.Employees who are required to wear respirators must be trained prior to using a respirator and annually (if use continues). Additional training will also take place if the hazards change or the type of respiratory protection to be used changes.

2.Employee Training

Employees conducting activities where respiratory protection is required (Appendix A) must be trained in basic respiratory protection practices, the use and maintenance of the respirator selected for their protection. The training program will include information on:

a. The nature, extent and effects of respiratory hazards;

b. Respirator operations, capabilities and limitations;

c. How improper fit, usage or maintenance can compromise the effectiveness of the respirator;

d. Procedures for inspection; donning and removal; checking the fit and seals; and wearing of the respirator.

e. Procedures for respirator cleaning, maintenance and storage;

f. How to use respirators effectively in emergency situations, including situations in which the respirator malfunctions;

g. How to recognize medical signs and symptoms that may limit or prevent the effective use of a respirator;

h. General requirements of the OSHA respiratory protection standard and TCHD’s Respiratory Protection Program; and

i. The wearer’s responsibilities under the respiratory protection program.

**H. Respirator Fit-testing**

1.All TCHD employees who are required to wear a respirator must be fit-tested prior to use and then annually thereafter using accepted fit-test methods as described in appendix A of OSHA CFR 1910.134, Fit Testing Procedures. Fit-testing must also be performed if the type of respiratory protection to be used changes or there is a change with regard to an individual that may affect the fit of the respirator (for example excessive weight loss or gain).

2.Employees with facial hair that interferes with the facepiece seal or the operation of the inhalation or exhalation valves are not permitted to be fitted with a respirator until such conditions are corrected.

3.Fit test records will be maintained by the RPA. The records will include:

a. The name and identification of the employee;

b. The type of fit-test performed;

c. The make, model, style, and size of respirator tested;

d. The date of fit-test; and

e. Fit-test results.

**I. Procedures for Respirator Use, Maintenance, Care and Storage**

1.User Seal Check

a. A user seal check must be performed immediately after donning and adjusting a respirator. This procedure will be demonstrated during training.

b. Employees must perform a user seal check to ensure that an adequate seal is achieved each time a respirator is put on. TCHD employees will follow respirator manufacturers’ recommended user seal check method as described in the literature that accompanies each type of respirator. Typically, the seal check procedure includes the following:

c. Negative Pressure Check: Cover the outside of the disposable respirator with the palms of hands and inhale to check that the respirator is drawn more tightly to the face.

2.Facial Hair

a. Respirators must not be worn when conditions, such as facial hair, prevent a good respirator facepiece seal. TCHD employees who are required to wear respirators on a regular basis may grow facial hair but are required to grow it in such a manner that it will not interfere with the facepiece seal. Employees who would only wear respirators in emergency situations may grow facial hair but will be required to shave it in the places necessary to get a good seal for fit testing and if/when they need to don a respirator.

b. Note: Employees wearing disposable filtering facepieces on a voluntary basis do not need to remove facial hair from the sealed area.

3.Inspections

a. Respirators must be properly maintained and in working order. All respirators must be inspected before each use and during cleaning to identify any defects and to ensure that functioning parts are intact. Respirators which are not functioning properly must be immediately removed from use.

b. Employees will keep a copy of the inspection checklist, Appendix E, with their respirators to assist with respirator inspection.

4.Cartridge/Filter Changing/Replacement

a. Filters/cartridges used on re-useable silicone half-face respirators must be replaced when one of the following occurs:

i. As directed on the filter/cartridge instruction,

ii. Dirty or contaminated,

iii. Damaged, or

iv. Difficult to breathe through.

5.Cleaning and Disinfection

a. Disposable respirators must be disposed of when they are removed, if they become wet and/or soiled, if breathing becomes labored, or if the structural integrity of the respirator is compromised.

7.Storage

a. Individual

i. Respirators must be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. Respirators are not to be left in vehicles. Routinely used respirators, may be placed in plastic bags.

**J. Documentation and Recordkeeping**

1.A written copy of this program and the OSHA standard will be kept in the Safety Office and will be available to all TCHD employees upon request.

2.The RPA will also maintain copies of training and fit-test records. These records will be updated as new employees are trained, as existing employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

3.The RPA will retain the PLHCP written recommendations regarding each employee’s ability to wear a respirator. The completed medical questionnaire and any follow up medical evaluations are confidential and are maintained in the employee’s confidential medical file located in the administrative office at TCHD.

4.Written materials required to be maintained will be made available upon request to the affected employees, their designated representatives, and to OSHA.

**K. Program Evaluation**

1.The Respiratory Protection Program will be updated as necessary to reflect any changes made to the program.

2.The Respirator Program Administrator (RPA), and will be responsible for the administration of the respiratory protection program.

**L. POLICY ADHERENCE AND REMEDIES**

1.If an employee fails or refuses to follow the procedures put forth by this policy the following actions may be taken:

a. The employee may be removed from the hazardous situation.

b. The employee may be disciplined for violations of this policy and/or any violations of TCHD Personnel Policy

2.**Questions regarding this or any personnel policy should be directed to the health commissioner**

REFERENCES

1. 29 CFR 1910.134 – Respiratory Protection

2. OSHA 3327-02N 2007 Guidance on Preparing Workplaces for an Influenza Pandemic

3. Small Entity Compliance Guide for the Revised Respiratory Protection Standard. – Prepared for: U.S. Department

of Labor Directorate of Health Standards Programs, and the Occupational Safety and Health Administration –

Prepared by: Eastern Research Group INC. September 30, 1998. City of Columbus, Columbus Public Health

Respiratory Protection Program Appendix A: Tasks That Require the Use of Respiratory Protection

APPENDICES

Appendix A: Task That Require the Use of Respirator Protection

Appendix B: General Information Regarding the Respiratory Protection Medical Questionnaire for Department of Public Health employees

Appendix C: Respirator Medical Evaluation Questionnaire for Department of Public Health/ Declaration Form

Appendix D: Respirator Clearance Evaluation Report

Appendix E: Appendix D of OSHA’s Respiratory Protection Standard 29 CFR 1910.134

Appendix F: Respirator Inspection Checklist

Appendix G: Fit Test Documentation

**Appendix A**

Tasks That Require the Use of Respirator Protection

Facilities directive: Clients/patients demonstrating signs and symptoms of respiratory infectious disease are offered and requested to wear a facemask/surgical mask while in the TCHD facility. They will not be provided a respirator.

1.Clinical Staff

a. The CDC recommends a fit tested disposable N95 respirator or better be used when serving/caring for customers with known or suspected novel influenza and/or Pandemic Influenza.

i. The fit-tested N95 respirator 3M model 1860, or M1870 is to be used by TCHD staff.

ii. The 3M 6000 series half face piece mask with P100 filters should be used if and when supplies of theN95 respirator model 1860 or M 1870 are not available or CDC provides guidance that the level of protection from inhalable particulates should be increased.

b. TB Program- Individuals identified as suspected or known infectious TB patients must wear a surgical mask when not in a negative pressure isolation room or a local exhaust ventilation (LEV) enclosure. TB Program employees are required to wear NIOSH-certified N-95 respirators, which have been approved for protection against TB, when:

i. In the presence of a suspected or confirmed infectious TB patient who is unable or unwilling to wear a mask unless care is being administered in TCHD TB Program negative pressure environment.

ii. Anytime assessing/treating/educating anyone who may have a transmissible respiratory disease and staff is not in a negative pressure environment. Staff members always wear a N95 respirator when providing care in the home of a patient with a positive TB smear.

iii. When entering a room, including an isolation room, which has been occupied by an unmasked suspected or confirmed infectious TB patient, prior to the time required for 99% of the airborne contaminants to be removed from the room.

iv. Transporting or accompanying a suspected or known infectious TB patient in an enclosed vehicle, even if that patient is wearing a surgical mask

v. In the presence of high-risk procedures (e.g., sputum induction), unless the patient is enclosed in an effective local exhaust ventilation device. If sputum collection is done in the field, staff wears a N95, the client is instructed on how to use the nebulizer and is sent to a separate room to collect the specimen.

2.Environmental Health

a. Don appropriate PPE, including respirator protection, when applying pesticide according to manufacturer instructions on product label.

b. Don appropriate PPE, including respirator protection, when attending to a work order in suspected and/or known animal squalor/conditions may be/are present.

c. Employees are advised that they may want to use a respirator on initial approach when he/she suspects an indoor air quality issue exists for a work order i.e. mold conditions, dust/contaminate conditions, etc.

**Appendix B**

GENERAL INFORMATION REGARDING THE RESPIRATORY PROTECTION MEDICAL QUESTIONNAIRE FOR DEPARTMENT OF PUBLIC HEALTH EMPLOYEES

As an employee of the Tuscarawas County Health Department, clearance is being requested for filtering face piece (N-95) The purpose of the respirator is to provide protection against respiratory infectious diseases, especially during a pandemic.

Purpose of Questionnaire

To comply with OSHA standards 29 CFR 1910.134(e) and 29 CFR 1910.134(e)(1), it is required to provide a medical evaluation to determine an employee’s ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. Using a respirator may place a physiological burden on an employee that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this medical evaluation determines the employee’s ability to use a respirator.

Records Retention

Subject to 29 CFR 1910.134(m)(1) and 1910.1020(d)(1)(i)(A,C), the medical evaluation for each employee shall be preserved and maintained for at least the duration of employment plus 30 years. The responsibility for preserving and maintaining these medical evaluations will rest with administrative assistant and the medical evaluation will be kept in the employee’s confidential medical file located in the administrative office. The completed questionnaires shall be stored in a manner consistent with the professionally accepted standards for the storage of medical records.

Privacy and Questionnaire Administration

Employees shall be given the opportunity to complete this questionnaire in a private setting during their normal working hours or at a time convenient to the employee. An employee’s questionnaire shall not be viewed or inspected by another Department of Public Health employee. The questionnaire will only be viewed by the physician or other licensed health care professional for the purpose of determining an employee’s ability to wear a respirator. This medical questionnaire shall be administered in a manner that the employee understands its contents. The Department of Public Health will provide the employee with an opportunity to discuss the questionnaire and examination results with the physician or other licensed health care professional.

In the event the physician or other licensed health care professional determines a follow-up medical examination is required, the employee shall be contacted by the physician or other licensed health care professional to schedule the follow-up exam. This exam shall take place at Union Hospital Work well at a time mutually determined by the Clinic and the employee.

**Appendix C**

Respirator Medical Evaluation Questionnaire for Department of Public Health

This questionnaire must be used to determine whether or not a worker will require physical examination prior to wearing a respirator. (Questionnaire taken from the Respiratory Protection Standard 29 CFR 1910.134 Appendix C).

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

Respirator Medical Evaluation Questionnaire for Tuscarawas County Department of Health

To the employee:

Can you read (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health professional who will review it.

Part A. Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print clearly).

1. Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Your Social Security Number (last 4 digits)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Your age (to nearest year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Sex (circle one): Male Female

6. Your height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ft. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in.

7. Your weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

8. Your job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the area code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. The best time to phone you at this number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has your employer told you how to contact the Health Care professional who reviews this questionnaire (circle one): Yes No

12. Types of respirator requested for clearance by Department of Public Health:

a. Disposable filtering face piece, non-cartridge respirator such as N95.

13. Have you worn a respirator (circle one): Yes No

14. If “yes”, what type(s):

Part A. Section 2. Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes No

2. Have you ever had any of the following conditions?

a. Seizures (fits) Yes No

b. Diabetes (sugar disease) Yes No

c. Allergic reactions that interfere with breathing Yes No

d. Claustrophobia (fear of closed-in places) Yes No

e. Trouble smelling odors Yes No

3. Have you ever had any of the following pulmonary or lung problems?

a. Asbestosis Yes No

b. Asthma Yes No

c. Chronic bronchitis Yes No

d. Emphysema Yes No

e. Pneumonia Yes No

f. Tuberculosis Yes No

g. Silicosis Yes No

h. Pneumothorax (collapsed lung) Yes No

i. Lung cancer Yes No

j. Broken ribs Yes No

k. Any chest injuries or surgeries Yes No

l. Any other lung problems that you’ve been told about? Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath Yes No

b. Shortness of breath when walking fast on Yes No

level ground or walking up a slight hill or incline

c. Shortness of breath when walking with other people or at an ordinary pace on level ground Yes No

d. Have to stop for breath when walking at your own pace on level ground Yes No

e. Shortness of breath when washing or dressing yourself Yes No

f. Shortness of breath that interferes with your job Yes No

g. Coughing that produces phlegm Yes No

h. Coughing that wakes you early in the morning Yes No

i. Coughing that occurs mostly when you are lying down Yes No

j. Coughing up blood in the last month Yes No

k. Wheezing Yes No

l. Wheezing that interferes with your job Yes No

m. Chest pain when you breathe deeply Yes No

n. Any other symptoms that you think may be related to lung problems Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

a. Heart attack Yes No

b. Stroke Yes No

c. Angina Yes No

d. Heart failure Yes No

e. Swelling in your legs or feet (not caused by walking) Yes No

f. Heart arrhythmia (heart beating irregularly) Yes No

g. High blood pressure Yes No

h. Any other heart problem (that you’ve been told about) Yes No

6. Have you ever had any of the following cardiovascular or heart problems?

a. Frequent pain or tightness in chest Yes No

b. Pain or tightness in chest during physical activity Yes No

c. Pain or tightness in chest that interferes with job Yes No

d. Heart skipping or missing beats in the past 2 years Yes No

e. Heartburn or indigestion that is not related to eating Yes No

f. Other symptoms that may be related to heart or circulation problems Yes No

7. Do you currently take medications for any of the following problems?

a. Breathing or lung problems Yes No

b. Heart trouble Yes No

c. Blood pressure Yes No

d. Seizures (fits) Yes No

8. If you’ve used a respirator, have you ever had any of the following problems?

a. Eye irritation Yes No

b. Skin allergies or rashes Yes No

c. Anxiety Yes No

d. General weakness or fatigue Yes No

e. Any other problem that interferes with your use of a respirator Yes No

9. Would you like to talk to the health care professional that will review this questionnaire about your answers? Yes No

QUESTIONS FROM PLHCP

1. Explain any “yes” answers on the above questions in the margin space next to the question and/or on the lines below. Provide any medications, surgeries or procedures including dates that you have had related to the “yes” answer. Describe whether you have had any symptoms or problems in the last 12 months from this diagnosis. Describe if the diagnosis is well controlled at this time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you currently on any job restrictions or feel that you should be? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have any questions or concerns about your ability to perform the following activities?

a. Wearing a respirator face piece on your face. Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Strenuous activity while using a respirator. Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Tolerating extreme heat or cold while using a respirator. Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Wearing a respirator for extended hours of continuous use. Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you had any changes in your medical status related to the questions on this form since

the last time you completed this questionnaire? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Declaration Form

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ I currently do not have any medical condition(s) that would hinder me from wearing the required respirator mask. I do not wish to have further evaluation at this time. I am aware, that if circumstances change, I may request to have a medical evaluation at no cost to me.

\_\_\_\_\_\_\_\_\_\_I currently have the following medical condition that may prevent me from wearing the respirator mask: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am requesting further medical evaluation at no cost to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respirator Program Administrator Date

If employee is requesting further evaluation, have the employee complete

Respirator Medical Evaluation Questionnaire for Department of Public Health

Appendix E

Appendix D of OSHA’s Respiratory Protection Standard 29 CFR 1910.134

Information for Employees Using Respirators

When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I acknowledge that I have received a copy of this information which is found in Appendix D of OSHA’s Respiratory Protection Standard codified in 29 CFR 1910.134.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F**

Respirator Inspection Checklist

Inspection Checklist for Disposable Filtering Facepieces

Check for holes, cuts or tears in the filter media.

Check that straps are firmly attached, are not deteriorated and have good elasticity.

Check that metal nose clip is not deteriorated.

Check condition of the facepiece, looking for cracks, cuts, tears and dirt. Make sure the facepiece is not distorted.

Check head-straps to ensure they are properly attached and have good elasticity.

Check for broken buckles on head-straps, if applicable.

Examine all plastic parts for signs of cracking or fatiguing.

**Appendix G**

Fit Test Record

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Respirator Type: N 95 Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_

Testing Agent: Sweet\_\_\_\_\_\_ Bitter\_\_\_\_\_

*Use a particulate filter unless otherwise indicated. Note any other cartridge used when necessary*

**Results**

|  |  |  |
| --- | --- | --- |
| **Exercise** | **Fit** | **Taste Detected**  |
| Normal Breathing |  |  |
| Deep Breathing |  |  |
| Turning Head Side to Side |  |  |
| Moving Head Up and Down |  |  |
| Talking- reading a passage |  |  |
| Grimace |  |  |
| Bending Over |  |  |
| Normal Breathing |  |  |

*Prior to being fit tested this person was observed clean shaven and has no seal interference*

Tested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Tested: \_\_\_\_\_\_\_\_\_\_\_\_

I have been instructed in and understand the proper fitting, use and care of the above-named respirator. I understand that this equipment is not to be used in oxygen deficient or immediately dangerous to life and health atmospheres and is not to be used for other than the uses specified by the manufacturer. To my knowledge, I have no medical problems to prevent me from using this equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

Notes:

Revision Page

|  |  |  |
| --- | --- | --- |
| Date | Pages/Section Revised or reviewed | Responsible Party |
| 2/16/2017 | Created Document | 1. Kaser, RN DON, Caroline Terakedis EH Director, Paul Westlake, PHEP coordinator.
 |
| 3/22/2017 | Addition of N95 model 1870 to explanation of Respiratory users; Appendix A | 1. Kaser, RN DON
 |
| 5/11/2018 | Updated branding, updated fit test record form | DON |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |