

# UC Respiratory Protection Program

## Purpose

The University of Cincinnati has determined that certain employees may be exposed to respiratory (airborne) hazards during routine operations. These hazards include: chemical vapors, biohazards, asbestos, and other particulates. The purpose of this UC Respiratory Protection Program is to ensure that all University of Cincinnati employees and students are protected from exposure to these respiratory hazards.

The University recognizes that respiratory protection is *not* the first choice of methods to control exposure to airborne hazards. Changing work practices to limit exposure and modifying the ventilation system to remove the hazards are both appropriate ways to control exposures and avoid the need for respiratory protection. However, if administrative and engineering controls are not feasible for some operations, or do not always completely control the identified hazards, then respirators and other protective equipment must be used.

Respirators are the last line of defense. Worker knowledge and proper use are critical for respirators to effectively protect employees/students. Constant attention is required to make sure respirators are being used, maintained, and stored properly. Workers may become ill from exposure to air contaminants, while incapacitation or death could result from a lack of oxygen when respirators are not used correctly. Not all respirators work in every situation, so it is critical to understand the nature of the air contaminant, the contaminant concentration level, the oxygen level in the air, and any Occupational Safety and Health Administration (OSHA), American Conference of Governmental Industrial Hygienists (ACGIH), or National Institute for Occupational Safety and Health (NIOSH) exposure limits.

Some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. The University of Cincinnati will review each of these requests on a case-by-case basis. As outlined in the *Program Elements* section of this program, voluntary respirator use is also subject to specific requirements.

## Scope and Application

This program applies to all University of Cincinnati employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations (e.g., a spill of a hazardous substance). This includes employees in the Office of Environmental Health and Safety (EH&S), UC Health Employee Health and Wellness Clinic, Facilities Management, faculty and staff involved in certain research activities, and students (e.g., medical students). All individuals working in these areas and engaged in certain processes or tasks must be enrolled in, and comply with, the University of Cincinnati's Respiratory Protection Program.

## Regulations

The Occupational Safety and Health Administration (OSHA) has issued a standard (29 CFR 1910.134) which applies to all use of respirators in the workplace. In July 1992, the State of Ohio Public Employer Risk Reduction Program (PERP) mandated the adoption of Federal OSHA regulations by public employees. As a public employer, the University of Cincinnati is required to adopt the OSHA Respiratory Protection Standard. Effective April 1998, OSHA promulgated the final standard for respiratory protection, which supersedes the Respiratory Protection Standard originally adopted in 1971. The OSHA final standard can be found at URL: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

## Responsibilities

### Program Administrator

The Office of Environmental Health and Safety is responsible for administering the Respiratory Protection Program. Duties of the Program Administrator include:

- Providing regulatory guidance and assistance in compliance with OSHA regulations
- Conducting workplace assessments to identify work areas, processes, or tasks that require workers to wear respirators, and evaluating hazards
- Assisting in the selection of NIOSH certified respiratory protection options
- Providing initial and annual training and performing quantitative fit tests for employees required to use respirators
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications
- Ensuring proper storage and maintenance of respiratory protection equipment
- Maintaining the Respirator Request Forms, fit testing records, and training program records
- Determining when respirator usage is no longer required
- Evaluating and updating the written program to reflect workplace changes that affect respirator use

## UC Health, Employee Health and Wellness Clinic

UC Health (UCH) will conduct medical evaluations to determine an employee/student's ability to use a respirator. In some cases, UCH will require a scheduled visit to UCH for a medical evaluation. If cleared, UCH will provide the supervisor with a written recommendation regarding the employee's ability to use a respirator. Restrictions may be imposed for some individuals for the type of respirator they can use or the tasks they can perform while wearing a respirator.

If not medically cleared, employees and students may **not** work in an environment that requires the use of a respirator. The Respirator Medical Questionnaire is maintained by UCH as part of the individual's medical history record.

## Supervisors

Any person who directly supervises an employee or student who works at the University of Cincinnati is considered a supervisor. Supervisors are responsible for ensuring that the Respiratory Protection Program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Identifying tasks and operations that may require respirators
- Developing and implementing written work-site specific procedures
- Designating personnel for inclusion in the Program
- In consultation with Environmental Health and Safety (EH&S), ensuring that they have identified the appropriate types of respiratory protection need by their employees/students. This process is outlined in **Appendix A – Respirator Request & Approval Process.**
- Completing the Respirator Request Form information for all employees and students and submitting this information to UCH, **Appendix C - UC Health Employee Health and Wellness Clinic – Supervisor Checklist.**
- Ensuring that employees under their supervision (including new hires) have received appropriate annual medical evaluation, training, and fit testing
- Ensuring the availability of appropriate respirators, replacement parts, and accessories
- Monitoring the workplace for tasks and work activities that may require the use of respiratory protection
- Enforcing the proper use of respirators when necessary

- Adhering to medical restrictions for the employee or student when purchasing respirators and assigning work
- Ensuring that respirators are properly cleaned, maintained, and stored according to the Respiratory Protection Program
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the Program

## Employees

Each employee has the responsibility for looking after their own safety, and to wear their respirator in an approved manner when and where required. Employees must care for and maintain their respirators as instructed, and store them in a clean and sanitary location. Additionally, the employee must inform their supervisor or the EH&S Industrial Hygienist if their respirator no longer fits well, of any respiratory hazard that they feel has not been adequately addressed in the workplace, and of any other concerns that they have regarding the Program. The employee is responsible for:

- Completing the mandatory OSHA Respirator Medical Evaluation Questionnaire (**Appendix D – Respirator Medical Evaluation**) and submitting the documents to UCH
- Obtaining approval from UCH to wear a respirator
- Attending initial and annual respirator training and fit testing
- Notifying the supervisor of any pertinent problems
- Reporting any injuries or any difficulty wearing a respirator to the immediate supervisor and UCH (585-6600)

## Program Elements

The Program Administrator will select respirators to be used on-site, based on the hazards to which workers are exposed and in accordance with all OSHA standards. The Program Administrator will assign an Industrial Hygienist from the Office of Environmental Health and Safety (EH&S) to evaluate the Respiratory Request Form (**Appendix B – Respirator Request Form**), assess the hazard for each workplace, schedule exposure monitoring if applicable, and discuss respiratory training and fit testing. The hazard evaluation will include:

- Identification and development of a list of hazardous substances used in the workplace or work process
- Review of the work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors

The hazard evaluation may include exposure monitoring to quantify potential hazardous exposures. Monitoring by EH&S staff will be conducted if the EH&S Industrial Hygienist determines that it is required.

Whenever any type of respirator is worn for any reason, frequency, or duration, a formal, written, site-specific program meeting the requirements of 29 CFR 1910.134 is required. This requirement applies even when respirator use is voluntary.

## Medical Evaluation

Employees who are required to wear respirators, or have special permission by Environmental Health and Safety (EH&S) to voluntarily wear an N95 respirator, must be approved by UC Health (UCH) before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until UCH has determined that they are medically able to do so. Any employee refusing a medical evaluation will not be allowed to work in an area requiring respirator use.

Medical evaluations are provided by a physician or other licensed healthcare professional at one of the following location:

- UC Health Employee Health and Wellness Clinic, 3200 Burnet Avenue, South Entrance, 513-585-6600

Medical evaluation procedures are as follows:

- The medical evaluation will be conducted after the questionnaire provided in **Appendix D** of Respiratory Protection Program ***has been completed***. UC Health or Environmental Health and Safety will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, the University of Cincinnati will assist employees in reading the questionnaire who are unable to do so themselves. When this is not possible, the employee will be sent directly to the UC Health for a medical evaluation.
- Follow-up medical exams will be granted to employees as required by the standard, or as deemed necessary by the UC Health.
- All employees will be granted the opportunity to speak with UC Health about their medical evaluation, if they so request.

Employees cleared to wear a respirator will be given a completed Respirator Use Form. Employees will give this form to their supervisor. The employee's supervisor will contact EH&S to request a respirator fit test. Employees must have medical clearance before they can be trained and fit tested for a respirator.

## Training and Fit Testing

Fit testing is required for University of Cincinnati employees who are required to wear respirators. Employees voluntarily wearing respirators must also be fit tested.

Employees who are required to wear an N95 or a half-mask air-purifying respirator will be fit tested:

- Prior to being allowed to wear any respirator with a tight-fitting facepiece
- Annually
- When there are changes in the employee's physical condition that could affect the respirator's fit (e.g., obvious change in body weight, facial scarring, etc.)

If the employee has an assigned respirator, they must bring it to their fit testing appointment. If an employee does not have a respirator, do **not** buy them one before they have been fit tested. They may need to wear a different model or size of respirator. All employees must be clean shaven to wear a tight-fitting respirator, as facial hair can interfere with the seal of the facepiece. Mustaches inside the laugh lines may not interfere and are evaluated on a case-by-case basis. Fit testing of powered air-purifying respirators (PAPRs) shall be conducted in the negative pressure mode if worn with a tight-fitting facepiece. After receiving their fit test, employees will be provided a completed fit test report ([Appendix E – Fit Test Report](#)).

The Program Administrator or their EH&S designee will provide training to respirator users and their supervisors on the contents of the University of Cincinnati Respiratory Protection Program, their responsibilities under the Program, and on the OSHA Respiratory Protection Standard. Workers/students will be trained prior to using a respirator in the workplace.

The training course will cover the following topics:

- The University of Cincinnati Respiratory Protection Program
- The OSHA Respiratory Protection Standard
- Respiratory hazards and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures (if applicable)
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained annually and as needed (e.g., if they change departments or if they need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through a hands-on exercise (e.g., correctly donning and doffing the respirator). Respirator training will be documented by the EH&S Industrial Hygienist. The documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

## General Use Procedures

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH), and shall be used in accordance with the terms of that certification. Additionally, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while in use.

All employees using tight-fitting respirators shall conduct user seal checks each time they wear their respirator. Employees shall use the positive and negative pressure check specified in Appendix B-1 of the Respiratory Protection Standard.

All employees shall be permitted to leave the work area to maintain their respirator for the following reasons: to clean their respirators if the respirator is impeding their ability to work, to change filters or cartridges, replace parts, or to inspect respirator if it stops functioning as intended. Employees must notify their supervisor before leaving the area. If the supervisor is unavailable, the employee must notify the responsible supervisor's supervisor.

**In the event of an employee suspecting their respirator is no longer providing adequate protection, or if an unsafe exposure condition exists, the employee should immediately go to an area with fresh air and notify the responsible supervisor.**

## N95 Respirator Use

In some situations, exposures can be effectively controlled with an N95 respirator. In other situations, (e.g., work with highly toxic chemicals, work with high concentrations of infectious agents, work involving unknown chemicals or environments with low oxygen levels) an N95 respirator does **not** provide adequate protection. In order to minimize the potential for inhalation of air contaminants, an N95 respirator must fit the user's face tightly. A surgical mask or dust mask **cannot** provide this type of protection, and must **not** be used in lieu of an N95 respirator.

N95 filtering respirators are designed to be disposable; however, the respirator may be reused several times, as long as they are maintained in a clean and sanitary manner, and is not damaged, visibly soiled, or wet. An N95 must be inspected prior to each use to ensure the integrity of the components. Inspection includes the following parts: the face seal surface, the nosepiece, the elastic straps, and the location where the straps attach to the facepiece.

All employees wearing an N95 respirator shall conduct a user seal check before each use. Using two hands, mold the nosepiece to the shape of the nose by pushing inward while moving fingertips down both sides of the nosepiece. To check the respirator fit, place both hands completely over the respirator and exhale. If air leaks around the nose, adjust the nosepiece. If air leaks at the respirator's edges, adjust the straps back along the sides of the head and recheck.

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## Voluntary Respirator Use

Disposable N95 respirators are the only respirators permitted for voluntary use by the University of Cincinnati. The University of Cincinnati does not permit employee to use their own respirators.

The University may provide disposable N95 respirators at no charge to employees for voluntary use for the following work process:

- Employees may wear disposable N95 respirators when working in animal areas.

The Program Administrator will provide all employees who voluntarily choose to wear respirators with a copy of Appendix D of the Respiratory Protection Standard. Appendix D of the Respiratory Protection Standard details the requirements for voluntary use of respirators by employees, and is included in **Appendix F** of this document.

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other University employees on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

## Emergency Use

Whenever it is not possible to determine airborne concentration of contaminants, the environment will be treated as though it is immediately dangerous to life and health (IDLH). The only respirator approved for entry into all contaminated atmospheres, including IDLH and oxygen-deficient atmospheres, is a Self-Contained Breathing Apparatus (SCBA) used in the pressure-demand mode. Under no circumstances may an air-purifying respirator be used in an IDLH atmosphere. Currently, only first responders are authorized to use respirators in an emergency situation that may require SCBA.

## Respirator Maintenance

Respirators are to be maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms for atmosphere-supplying respirators will be conducted by a service agent licensed by the manufacturer of the equipment.

Inspection of the respirator must be conducted before every use. The following checklist will be used when inspecting respirators:

### Facepiece:

- Cracks, tears, or holes
- Facemask distortion
- Cracked or loose lenses/facemask

**Headstraps:**

- Breaks or tears
- Broken buckles

**Valves:**

- Residue or dirt
- Cracks or tears in valve material

**Filters/Cartridges:**

- Approval designation
- Gaskets
- Cracks or dents in housing
- Proper cartridge for hazard

**Air Supply Systems:**

- Hose connections
- Settings on regulators and valves

Respirators that have defective parts or malfunctions (e.g., breakthrough facepiece leakage or an improperly working valve) shall be taken out of service and given to the Program Administrator. The respirator wearer must inform their supervisor that the respirator no longer functions as intended and obtain a replacement. The supervisor must ensure that the defective respirator is taken out of service, tagged, and given to the Program Administrator in the EH&S office. The employee will be given a replacement of the same make, model and size.

## Cleaning

Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Respirators are to be cleaned and disinfected using the following procedures, or equivalent procedures recommended by the respirator manufacturer:

- Disassemble the respirator, removing any filters, canisters, or cartridges
- Wash the facepiece and associated parts in a mild detergent with warm water, or with a cleaner recommended by the manufacturer
- Rinse completely in clean, warm, running water
- When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

- a. Hypochlorite solution made by adding approximately one milliliter of laundry bleach to one liter of water
  - b. Aqueous solution of iodine made by adding approximately 0.8 milliliters of tincture of iodine to one liter of water
  - c. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is approved by the manufacturer
- Rinse completely in clean, warm, running water and air dry in a clean area
  - Reassemble the respirator and replace any defective parts
  - Test the respirator to ensure that all components work properly
  - Place in a clean, dry plastic bag or other airtight container

## Storage

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program, and will store their respirator in a plastic bag in their own emergency response bag or other suitable location.

## Program Evaluation

The Program Administrator or their EH&S designee will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultation with employees who use respirators and their supervisors, site inspections, air monitoring, and a review of records. Findings will be reported to the employee's supervisor and specify corrective actions and target dates for the implementation of the corrections.

## Recordkeeping

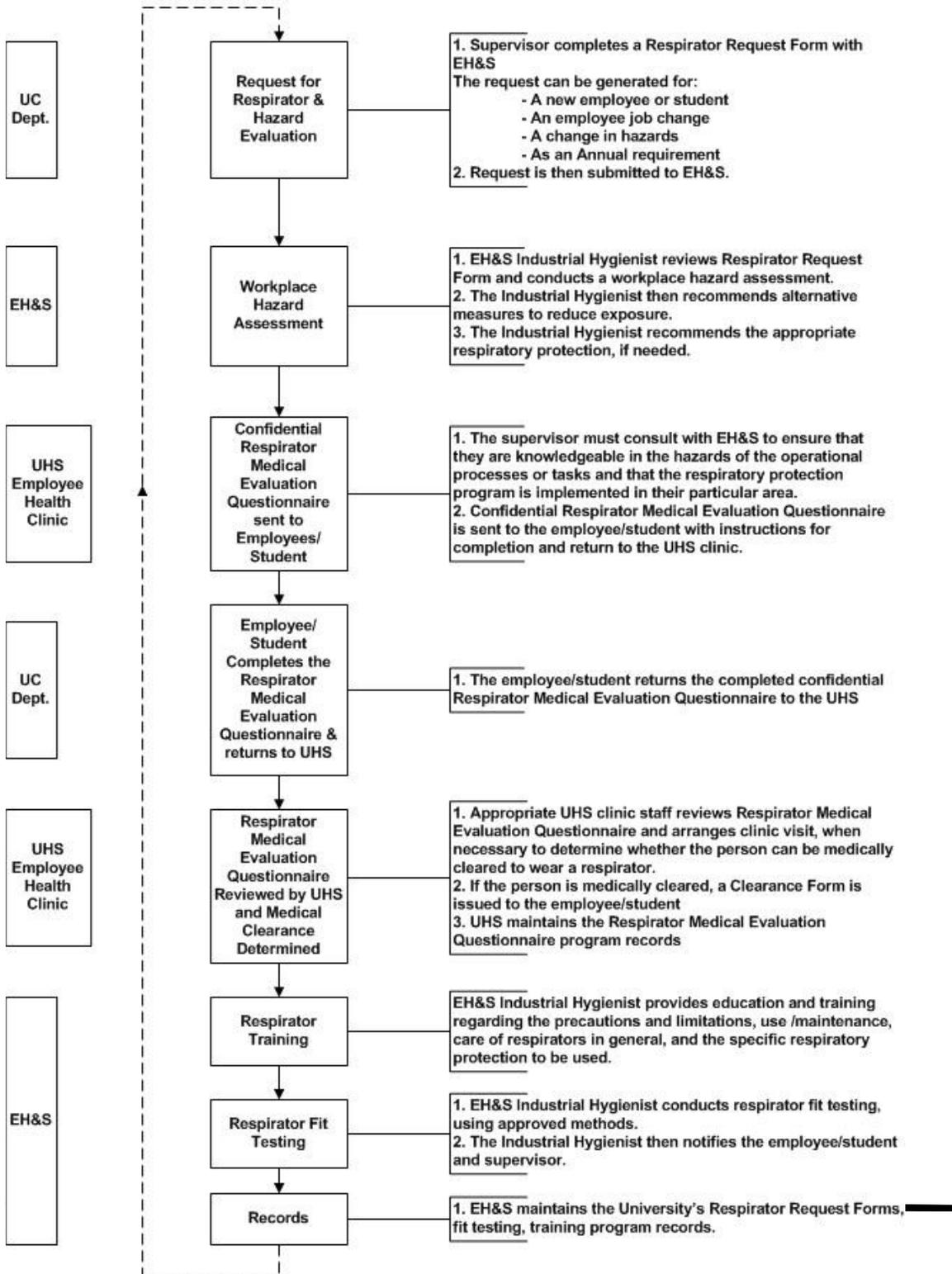
Written copies of this program and the OSHA Respiratory Protection Program are kept in the EH&S office and available for review by employees and students. The EH&S office will also maintain copies of training and fit testing records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

UC Health will maintain copies of the medical clearance records for all employees covered under the Respiratory Protection Program. The completed medical questionnaire and documented findings are confidential and will remain with UC Health. EH&S will retain recommendations regarding each employee's ability to wear a respirator.

APPENDIX A

University of Cincinnati  
Environmental Health & Safety

## Respirator Request & Approval Process



## APPENDIX B Respirator Request Form

### Respirator Request Form

Request for Employee/Student Respirator Assignment

#### Supervisor Information

Submitted to the University's Office of Environmental Health & Safety

Name:	Phone:
Department/Unit/Shop	Campus mail:

Requester/Title (print)

(Signature)

Date

#### Employee/Student Information

Respirator User Information

1.	Name	Job Title
2.	Name	Job Title
3.	Name	Job Title
4.	Name	Job Title
5.	Name	Job Title
6.	Name	Job Title

#### Work Information

To be completed by the Supervisor

Describe the Hazards/Agents/Products:

Are current MSDS available?  Yes  No

*(Current MSDS are necessary for hazard assessment and respirator selection)*

Describe the Activities/Process

Frequency of Activity/Process:

Rarely  Occasionally  Frequently  Task Specific

Contaminant Form: *(Check all that apply)*

Particulate  Vapor  Gas

Current Engineering Controls in place: *(Check all that apply)*

- None     Substitution by less toxic material     Isolation/enclosure of the process  
 General dilution ventilation     Tools/Equipment designed to minimize emissions  
 Local Exhaust, chemical fume hood or other specialized ventilation system

Current Administrative Controls in place: *(Check all that apply)*

- Employee training     SOP (specify)     Other

PPE/Other Equipment: *(Check all that apply)*

- None     Gloves     Hard Hat     Face Shield  
 Safety Goggles     Lab Coat     Coveralls     Other

Special Uses: *(Check all that apply)*

- None     Biological Use     Chemical spill clean-up     Pesticide application  
 Rescue     Riot Control     Confined space entry     Escape only (specify)  
 Other

Physical Demands of Work: *(Check all that apply)*

- Constant     Intermittent     Light (i.e. standing)     Moderate (i.e. walking)  
 Heavy (i.e. digging)     High temperature     Low temperature     Other

**For EH&S Use Only: Industrial Hygienist Assessment**

Recommended respirator(s);

- Disposable (N, R, P -95,100)     Half face air purifying     Supplied air  
 PAPR     Full face air purifying     SCBA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*IH signature:*

\_\_\_\_\_  
*Date*

**Note: Return this form to the EH&S Office (campus mail 0218, fax 513-556-4981)**

**APPENDIX C UC Health Employee Health and Wellness – Supervisor Checklist**

Employee Name: \_\_\_\_\_ M Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dept/Div. \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Respiratory working conditions and types of respirators			
Duration and Frequency of Respirator Use (circle):	Daily	Occasionally (>1x /week)	
None	Rarely ( ____ hrs/yr)	Emergency only ( ____ x /yr)	
Responsible for the Safety of Others:	Yes	No	
Expected level of physical activity:	Light	Moderate	Strenuous
Working in hot or humid environments?	Yes	No	
Agents/Hazards/Products to which Employee may be exposed _____			
Additional personal protective equipment worn while wearing a respirator: _____			
Disposable Filter-Mask (N95, N99, N100)	SCBA	PAPR	
Air purifying Half-face (cartridge filter ½ mask)	Air purifying full-face (cartridge/filter)		

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you work with or have potential exposures to any of the following			
Asbestos/Lead	Yes	No	
Chemicals	Yes	No	
Radiation	Yes	No	
Biological/Infectious Agents	Yes	No	
Environments that are IDLH	Yes	No	
Laboratory Animals	Yes	No	
Noise	Yes	No	
Additional Services			
Physical Exams (circle one)	New Employee	CDL/DOT	None
Urine Drug Testing (circle one)	Federal	non-Federal	None

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**APPENDIX D Respirator Medical Evaluation** - This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire alone. In some cases, we may ask for more information or additional medical testing/evaluation. Fit testing is also required and is done separately. All medical information is considered confidential.

All Information Must Be Completed For Respirator Approval

Name:		Age:	M #
Department:		Work Phone:	Today's Date
1) When using a respirator, work is:	a) <input type="checkbox"/> Light b) <input type="checkbox"/> Moderate c) <input type="checkbox"/> Heavy	2) Shifts per week respirator is worn:	a) <input type="checkbox"/> Less than 1 b) <input type="checkbox"/> 1-4 c) <input type="checkbox"/> Almost every shift
		Length of time respirator is worn during shift:	a) <input type="checkbox"/> Less than 1 hour b) <input type="checkbox"/> 1-5 hours c) <input type="checkbox"/> 5-12 hours
<b>Medical History</b>	Has a doctor ever told you that you had the following ?		
			Yes    No
	1. Angina	<input type="checkbox"/>	<input type="checkbox"/>
	2. Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
	3. Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
	4. Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>
	5. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
	6. Diabetes treated with insulin	<input type="checkbox"/>	<input type="checkbox"/>
	7. Lung Disease		<input type="checkbox"/>
	8. Emphysema		<input type="checkbox"/>
9. Asthma		<input type="checkbox"/>	
10. Are you allergic to natural latex?		<input type="checkbox"/>	
11. Smoking History		a) <input type="checkbox"/> Smoker b) <input type="checkbox"/> Ex-Smoker    c) <input type="checkbox"/> Never Smoked	
Explain "yes" answers by number			
12. Are you currently taking any medications?		Please list	Yes    No
<b>Review of Systems</b>	13. Are you short of breath at rest?		
	14. Do you get short of breath when walking ?		
	15. Do you get short of breath at work?		
	16. Do you get chest pain with certain activities?		
	17. Do you get chest pain at work?		
	18. Do you have medical problems that might interfere with respirator use?		
	19. Have you ever had problems wearing a respirator?		
	20. Current level of activity/exercise    Work/ <input type="checkbox"/> Sedentary <input type="checkbox"/> Non-Sedentary Do you exercise ? <input type="checkbox"/> Yes <input type="checkbox"/> No    How Often ?		
	Explain "yes" answers by number		
	<b>Employee Signature</b>		<b>Date:</b>
<b>Medical Department Use Only</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Approved With Restrictions <input type="checkbox"/> Denied <input type="checkbox"/> More Information Needed (Specify)		
	Restrictions Remarks		
	Physicians Signature		Date:

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**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.

**To the Employee:**

Can you read  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 you seal this form and mail it directly to the address below. **DO NOT FAX.** Call UC Health at (513) 585-6600 to reach the health care professional who will review this form if you have any questions.

**Section 1 (OSHA Part A Mandatory)** The following information must be provided by every employee who has been selected to use any type of respirator **Please Print.**

▪ Are you a UC student?  yes  no

1. Your name: \_\_\_\_\_ Employee ID# \_\_\_\_\_
2. Today's date: \_\_\_\_\_ DOB \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Gender (circle one):    Male        Female
5. Your height: \_\_\_\_\_ft.    \_\_\_\_\_in.
6. Your weight: \_\_\_\_\_lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (include the Area Code): \_\_\_\_\_
11. Check the type of Respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_N, R, or P disposable respirator (filter mask, non-cartridge type only).
  - b. \_\_\_\_\_Other type (for example, half- of full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)
12. Have you worn a respirator before?
13. If "yes" what type(s) (not brand name) \_\_\_\_\_

**Section 2 (OSHA Part A Mandatory):** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator please check "yes" or "no".

1.  **yes**  **no** Do you **currently** smoke tobacco, or have you smoked tobacco in the last month?
  
2. Have you **ever had** any of the following conditions?
  - a.  **yes**  **no** Seizures (fits)
  - b.  **yes**  **no** Diabetes (sugar disease)
  - c.  **yes**  **no** Allergic reactions that interfere with your breathing
  - d.  **yes**  **no** Claustrophobia (fear of closed-in places)
  - e.  **yes**  **no** Trouble smelling odors
  
3. Have you **ever had** any of the following pulmonary or lung problems?
  - a.  **yes**  **no** Asbestosis
  - b.  **yes**  **no** Asthma
  - c.  **yes**  **no** Chronic bronchitis
  - d.  **yes**  **no** Emphysema
  - e.  **yes**  **no** Pneumonia
  - f.  **yes**  **no** Tuberculosis
  - g.  **yes**  **no** Silicosis
  - h.  **yes**  **no** Pneumothorax (collapsed lung)
  - i.  **yes**  **no** Lung cancer
  - j.  **yes**  **no** Broken ribs
  - k.  **yes**  **no** Any chest injuries or surgeries
  - l.  **yes**  **no** Any other lung problem that you've been told about
  
4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
  - a.  **yes**  **no** Shortness of breath
  - b.  **yes**  **no** Shortness of breath when walking fast on level ground or walking up a slight hill or incline

- c.  **yes**  **no** Shortness of breath when walking with other people at an ordinary pace on level ground
- d.  **yes**  **no** Have to stop for breath when walking at your own pace on level ground
- e.  **yes**  **no** Shortness of breath when washing or dressing yourself
- f.  **yes**  **no** Shortness of breath that interferes with your job
- g.  **yes**  **no** Coughing that produces phlegm (thick sputum)
- h.  **yes**  **no** Coughing that wakes you early in the morning
- i.  **yes**  **no** Coughing that occurs mostly when you are lying down
- j.  **yes**  **no** Coughing up blood in the last month
- k.  **yes**  **no** Wheezing
- l.  **yes**  **no** Wheezing that interferes with your job
- m.  **yes**  **no** Chest pain when you breathe deeply
- n.  **yes**  **no** Any other symptoms that you think may be related to lung problems

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

- a.  **yes**  **no** Heart attack
- b.  **yes**  **no** Stroke
- c.  **yes**  **no** Angina
- d.  **yes**  **no** Heart failure
- e.  **yes**  **no** Swelling in your legs or feet (not caused by walking)
- f.  **yes**  **no** Heart arrhythmia (heart beating irregularly)
- g.  **yes**  **no** High blood pressure
- h.  **yes**  **no** Any other heart problem that you've been told about

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

- a.  **yes**  **no** Frequent pain or tightness in your chest during physical activity
- b.  **yes**  **no** Pain or tightness in your chest during physical activity
- c.  **yes**  **no** Pain or tightness in your chest that interferes with your job
- d.  **yes**  **no** In the past two years, have you noticed your heart skipping or missing a beat
- e.  **yes**  **no** Heartburn or indigestion that is not related to eating
- f.  **yes**  **no** Any other symptoms that you think may be related to heart or circulation problems

7. Do you **currently** take medication for any of the following problems?
- yes**  **no** Breathing or lung problems
  - yes**  **no** Heart trouble
  - yes**  **no** Blood pressure
  - yes**  **no** Seizures (fits)
8. If you've used a respirator, have you ever had any of the following problems?  
(If you've never used a respirator, check here  and go to question 9)
- yes**  **no** Eye irritation
  - yes**  **no** Skin allergies or rashes
  - yes**  **no** Anxiety
  - yes**  **no** General weakness or fatigue
  - yes**  **no** Any other problem that interferes with your use of a respirator
9. **Would you like** to speak with the health care professional who will review this questionnaire about your answers to this questionnaire?  **yes**  **no**

**Questions 10 to 15** below must be answered **by every employee who has been selected to use either**

- **A full-facepiece respirator** *or*
- **Self-contained breathing apparatus (SCBA).**

For employees who have been selected to use other types of respirators, answering these questions is voluntary

10.  **yes**  **no** **Have you ever lost** vision in either eye (temporarily or permanently)
11. **Do you currently have** any of the following vision problems?
- yes**  **no** Wear contact lenses:
  - yes**  **no** Wear glasses:
  - yes**  **no** Color blind:
  - yes**  **no** Any other eye or vision problem

12.  **yes**  **no** *Have you ever had* an injury to your ears, including a broken ear drum?
13. Do you *currently* have any of the following musculoskeletal problems?
- a.  **yes**  **no** Difficulty hearing:
- b.  **yes**  **no** Wear a hearing aid:
- c.  **yes**  **no** Any other hearing or ear problem
14.  **yes**  **no** *Have you ever had* a back injury?
15. *Do you currently have* any of the following musculoskeletal problems?
- a.  **yes**  **no** Weakness in any of your arms, hands, legs, or feet:
- b.  **yes**  **no** Back pain:
- c.  **yes**  **no** Difficulty fully moving your arms and legs:
- d.  **yes**  **no** Pain or stiffness when you lean forward or backward at the waist:
- e.  **yes**  **no** Difficulty fully moving your head up or down:
- f.  **yes**  **no** Difficulty fully moving your head side to side:
- g.  **yes**  **no** Difficulty bending at your knees:
- h.  **yes**  **no** Difficulty squatting to the ground:
- i.  **yes**  **no** Climbing a flight of stairs or a ladder carrying more than 25 lbs.:
- j.  **yes**  **no** Any other muscle or skeletal problem that interferes with using a respirator:

## APPENDIX E Fit Test Report

**Last Name:**

**First Name:**

ID Number \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_

Test Date \_\_\_\_\_

Test Time \_\_\_\_\_

Due Date \_\_\_\_\_

Respirator \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Mask Style \_\_\_\_\_

Mask Size \_\_\_\_\_

Approval \_\_\_\_\_

<u>Exercise</u>	<u>Duration</u>	<u>Fit Factor</u>	<u>Pass</u>
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Bending Over

Talking

Head Side to Side

Head Up and Down

Overall Fit Factor

Fit Test Operator \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX F      Section 1910.134 (Mandatory); Information for Employees Using Respirators When Not Required Under the Standard**

The information in this Appendix is taken from the OSHA standard 29 CFR 1910.134 Appendix D, and must be provided to employees who use respirators when such use is not required to prevent exposures above occupational limits. This information is mandatory whether the respirator is provided by the supervisor/employer or by the employee at his/her expense.

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 the employer provides respirators for voluntary use, or if the employee provides their own respirator, the employee needs to take certain precautions to be sure that the respirator itself does not present a hazard.

### **Employees should do the following:**

- Contact the Office of Environmental Health and Safety (EH&S) (556-4968) prior to working in atmospheres that may require respiratory protection. EH&S will evaluate the types and quantities of contaminants to ensure that occupational limits will not be exceeded and that use is voluntary. If occupational exposure limits may be exceeded without use of a respirator, use is no longer considered voluntary and additional requirements apply.
- If an employee is intending to use any type of respirator, they must contact their supervisor to schedule a medical evaluation with UC Health (585-6600). Voluntary use is subject to medical qualification.
- Employees must only use 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. The label will provide information as to what the respirator is designed for and how much it will protect the wearer.
- Employees must read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.

- Employees must not wear their respirator into atmospheres containing contaminants for which their respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect the wearer against gases, vapors, or very small solid particles of fumes or smoke. If the containment of concern differs from what was originally evaluated, employees must contact the Office of Environmental Health and Safety to re-evaluate the protection requirements.
- Employees should keep track of their assigned respirator so they do not mistakenly use someone else's respirator.