Respiratory Protection Program Template

For health care settings (including but not limited to long-term care facilities, outpatient clinics, etc.) in Iowa that need to provide training and fit testing for employees required to wear tight-fitting respirators for infectious disease protection.

# Instructions

This template is intended to be customized. Please review and delete, edit, or add content to fit your facility’s practices and needs. Specific areas to be filled in are highlighted and labeled: [INSERT].

This template covers:

* Compliance with the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard ([29 CFR 1910.134](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134))
* Helpful considerations for designing and implementing a Respiratory Protection Program
* Use of filtering facepiece respirators, such as N95s, approved by the National Institute for Occupational Safety and Health (NIOSH)

This template does NOT cover:

* Respirator use for chemical exposures or potentially hazardous air contaminants other than infectious disease agents such as COVID-19
* Other types of respirators, such as half- or full-facepiece elastomeric respirators
* Cloth face coverings and surgical masks, which are not classified as respirators, but may be used as source control for risk reduction of infectious diseases
* All federal, state, or local regulations that may be required for your specific facility

# Helpful Resources

A companion guide for Program Administrators and other training materials and templates are available at [Iowa Department of Health and Human Services: Respirators and Fit Testing in Iowa](https://hhs.iowa.gov/hai-prevention/respiratory).

# Acknowledgments

This template was compiled and adapted from many resources. Special thanks to the following:

* CDC’s National Institute for Occupational Safety and Health (NIOSH)
* Iowa State University, Environmental Health and Safety
* United States Department of Labor, Occupational Safety and Health Administration (OSHA)
* University of Wisconsin-Madison, Wisconsin State Laboratory of Hygiene
* Washington State Department of Health

**Remove this page when you are done customizing the template.**

**DISCLAIMER**: The Iowa Department of Health and Human Services is not a regulatory agency. This template is intended as an educational resource and guidance document only. If the end user adapts this template for their written Respiratory Protection Program protocol it is their responsibility to ensure all content as well as referenced sources are current and relevant for their specific setting. Any specific questions on meeting safety and regulatory mandates should be directed to the appropriate regulatory authority for that specific workplace setting and not the Iowa Department of Health and Human Services. To contact Iowa OSHA visit the following webpage: <https://www.iowaosha.gov/iowa-osha>.

# Respiratory Protection Program

[INSERT NAME OF COMPANY]

[INSERT ADDRESS]

[INSERT NAME OR TITLE OF PROGRAM ADMINISTRATOR]

[INSERT CONTACT INFORMATION FOR ADMINISTRATOR]

[INSERT DATE OF LAST UPDATE]

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# Purpose

Our organization recognizes that certain employees in our facility may become exposed to airborne infectious diseases. Respirators, in addition to engineering and administrative controls, can help prevent the spread of respiratory diseases at work. The purpose of this Respiratory Protection Program (“Program”) is to guide our organization’s respirator training, selection, use, storage, medical evaluation, and fit testing procedures. Appropriate use of respiratory protection provides reliable infectious disease prevention.

# Responsibilities

## Program Administrator

Program Administrator duties:

* Familiarize themselves with all federal, state, and local requirements for the Program
* Oversee the development and implementation of the Program
* Identify situations that require mandatory and voluntary use of respirators
* Select respirator protection options that protect against specific situations, as identified
* Verify all respirators are NIOSH-approved and authorized by the U.S. Food and Drug Administration (FDA) for use in health care settings
* Conduct employee training
* Ensure proper use, storage, cleaning, inspection, and maintenance of respirators and fit testing equipment
* Administer fit testing procedures
* Administer and maintain records required by the Program
* Evaluate the Program regularly, so procedures stay updated as job conditions change

## Supervisors

Supervisor duties:

* Be knowledgeable about the Program and its requirements of employees
* Be knowledgeable about tasks that require the use of respirators
* Ensure their employees who are required to use a respirator receive annual medical evaluations and fit testing
* Ensure their employees receive appropriate respirator training as needed
* Coordinate with the Program Administrator on how to address occupational hazards and employee concerns regarding the Program

## Employees

Employee duties:

* Use and care for their respirators as instructed by this Program and in accordance with their training
* Conduct user seal checks each time the respirator is worn
* Inform their supervisor or the Program Administrator if they have any concerns regarding the Program, respiratory hazards at work, or their respirator needs
* Understand where to find more information on respiratory protection

# Hazard Assessment

The Program Administrator is responsible for conducting a hazard assessment to identify which employees are at risk of exposure to airborne infectious diseases (i.e., when treating patients with certain respiratory diseases and particularly during aerosol-generating procedures (AGPs)). The hazard assessment includes a review of job tasks and activities that could put employees in situations of potential exposure to airborne infectious diseases. The Program Administrator will review and update this hazard assessment annually or more frequently, as needed, whenever workplace activities or community conditions change.

Examples of higher-risk activities where respirators may be mandatory include:

* Clinical staff performing aerosol-generating procedures (e.g., open suctioning of airways)
* Staff member in close contact (within 6 feet) with patients or residents with confirmed or suspected respiratory illness
* Staff member engaging in close and prolonged contact (e.g., bathing, dressing, toileting) with patients or residents suspected or known to be infected with an infectious respiratory disease
* Maintenance staff performing services in rooms occupied by someone with confirmed or suspected respiratory illness
* Cleaning staff sanitizing areas recently occupied by a person with confirmed or suspected respiratory illness
* [INSERT ADDITIONAL ACTIVITIES OR REMOVE NOT APPLICABLE ACTIVITIES FROM ABOVE]

Examples of lower-risk activities where respirators may not be mandatory include:

* Administrative staff assisting apparently healthy visitors of patients or residents
* Staff member transporting apparently healthy patients or residents to and from locations with widespread disease transmission
* Cleaning staff sanitizing common areas that have contact with the general public, staff, and patients or residents
* [INSERT ADDITIONAL ACTIVITIES OR REMOVE NOT APPLICABLE ACTIVITIES FROM ABOVE]

Additional guidance on how occupational risks associated with job tasks are classified can be found at [OSHA: Worker Exposure Risk to COVID-19](https://www.osha.gov/sites/default/files/publications/OSHA3993.pdf).

# Types of Respirators

Our organization appreciates the varying levels of protection and the advantages and disadvantages that different kinds of respirators offer. The table below documents the types of respirators we provide at no cost to employees for mandatory use. Wearing a respirator when it is not mandatory is voluntary use. Voluntary use of a respirator will be allowed on a case-by-case basis, depending on the employee’s expected work conditions and medical evaluation, if needed (see Employee Training). We do not provide respirators to employees voluntarily wearing respirators.

The use of respirators is *mandatory* when performing the following activities:

| **Description of higher-risk activities** | **Type of respirator to use** |
| --- | --- |
| [INSERT DESCRIPTION OF ACTIVITY OR TASK] | [INSERT MAKE/MODEL YOU WILL PROVIDE] |
| [INSERT DESCRIPTION OF ACTIVITY OR TASK] | [INSERT MAKE/MODEL YOU WILL PROVIDE] |
| [INSERT DESCRIPTION OF ACTIVITY OR TASK] | [INSERT MAKE/MODEL YOU WILL PROVIDE] |
| [INSERT DESCRIPTION OF ACTIVITY OR TASK] | [INSERT MAKE/MODEL YOU WILL PROVIDE] |

# Medical Evaluations

Every employee who must wear a respirator will be provided a medical evaluation at no cost to them. Employees must pass a medical evaluation before being allowed to wear a respirator at work. Any employee who refuses the medical evaluation will not be allowed to work in a position requiring respirator use. A medical evaluation is not required if an employee only wears a filtering facepiece respirator voluntarily and does not perform any activities where respirator use is mandatory. All completed medical questionnaires and examinations will be securely maintained as confidential medical records outside of the employee’s personnel records.

Evaluating employee respiratory health includes:

* A questionnaire will be given to the employee to fill out in private during paid work time. [Appendix A](#_Appendix_A:_Medical) includes the specific language from [OSHA § 1910.134 Appendix C](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC) with user-friendly formatting.
	+ Employees who do not understand English or need assistance completing the questionnaire can request the organization to provide translation services or be helped by someone they trust and who is not part of management.
	+ Employees will send or deliver their completed questionnaire (free of charge) to [INSERT SPECIFIC DIRECTIONS FOR DELIVERY TO A HEALTH CARE PROFESSIONAL].
	+ Employees may speak with the health care professional about their medical evaluation if desired.
* An in-person health examination will be given to employees at no charge, during paid work time by [INSERT NAME AND CONTACT INFORMATION FOR LICENSED HEALTH CARE PROFESSIONAL] if any of the following apply:
	+ The employee is unable to read English or needs assistance with a translator to complete the questionnaire
	+ Responses given in the questionnaire indicate any concerns or reasons to assess the employee’s pulmonary function (e.g., positive responses to questions 1-8 of Section 2)
	+ Employee reports any signs or symptoms related to their respirator use, such as difficulty breathing, shortness of breath, or dizziness
	+ Employee experiences a change in job activities that could increase their physical stress (e.g., high temperatures or greater physical exertion)

If the in-person health examination is needed, the health care professional will be provided a copy of this Program and a completed Employee Respiratory Hazard Assessment Form ([Appendix B](#_Appendix_B:_Employee)), which includes the following information:

* Employee’s title
* List of infectious diseases and other respiratory hazards the employee may come into contact with during their work duties
* Additional personal protective equipment (PPE) required while at work
* Expected working conditions
* Proposed respirator type and length of time required to wear the respirator

# Employee Training

Our Program Administrator will educate all employees who must wear a respirator at work about respirators prior to first use. Training will be conducted annually, or more often, as needed. For instance, training will be performed when changes occur in the employee’s duties, type of respirator used, or if inadequacies are observed in the employee’s respirator use or knowledge. Supervisors who oversee employees wearing respirators are also included in the Program’s training efforts.

Employee training includes:

* Why the respirator is needed
* What the respirator does and does not do
* When and how to use a respirator
* When and why fit testing is needed
* How to store and maintain the respirator
* How improper use can reduce the respirator’s abilities
* How to use a respirator in unexpected situations
* How to recognize signs and symptoms that may affect respirator use

After employees who are required to wear a respirator at work are trained, they will sign [Appendix C](#_Appendix_C:_Employee), documenting that they have completed and understand the topics listed above.

Employees who voluntarily wear respirators, other than disposable filtering facepiece respirators, will receive information provided in [Appendix D](#_Appendix_D:_Employee), a medical evaluation, and abbreviated respirator training on how to clean, store, and maintain their respirators.

Employees who voluntarily wear disposable filtering facepiece respirators for lower risk exposures at work will receive information in [Appendix D](#_Appendix_D:_Employee); they will not be included in other aspects of this Program. Supervisors will ensure that their employees receive this information, when necessary, and document their understanding of it.

More information regarding the voluntary use of respirators in the workplace can be found at [OSHA: Voluntary Use Respirators](https://www.osha.gov/video/respiratory-protection/voluntary-use).

# Respirator Use

Employees who wear respirators are trained by the Program Administrator to ensure proper respirator use prior to initial use, on a regular basis, and under unexpected situations.

On a regular basis, employees will understand and demonstrate:

* How to properly inspect their respirator’s straps and all other parts before putting it on
* How to clean hands, put on (don) and take off (doff) their respirator every time it is used
* How to conduct a seal check with either a positive or negative pressure check every time it is used
* How to avoid facial hair, jewelry, or other articles that could interfere with the respirator seal
* How to appropriately wear prescription glasses or PPE with their particular respirator

In unexpected situations, employees will understand:

* How to immediately recognize any malfunction (e.g., breakthrough, facepiece leakage, broken valve) and go to a designated safe area away from patients or residents
* How to properly decontaminate and maintain the respirator
	+ NOTE: Under most circumstances, and per manufacturer’s instructions, most N95 respirators are intended for single use only and then discarded
* How to inform their supervisor or Program Administrator about any malfunction

# Respirator Maintenance

The Program Administrator will train employees to maintain proper respirator function, including cleaning and storage. Employees should understand that maintaining the respirator properly at all times helps to ensure that it functions adequately and protects them. Respirators that can be reused must be cleaned according to the manufacturer’s instructions and the OSHA Respirator Protection Standard ([29 CFR 1910.134](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)).

Other considerations for respirator use include:

* Clean and sanitize hands before putting on and taking off the respirator
* Use a face shield over the respirator to reduce surface contamination
* Avoid using a respirator that has come into contact with infected bodily fluids

When not in use, respirators should be stored in a clean, dry area according to the manufacturer’s instructions in the original packaging. For example, the storage location should protect the respirator from dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals, fumes, or vapors. Respirators will be kept accessible to the work area in a clearly labeled compartment.

The Program Administrator will be responsible for resolving situations with defective respirators. They will decide whether it is possible to fix a simple defect on the spot, replace or repair a necessary part, or dispose of an irreparable respirator. If a replacement respirator is needed, it must be the same make, model, and size or the employee must undergo fit testing for a new respirator.

In times of limited supply, the Program Administrator will be responsible for reviewing current regulations and public health guidance as well as consulting with professionals in Occupational Health and Infection Prevention and Control to determine the best procedures for staff to follow.

# Fit Testing

Employees who wear tight-fitting respirators need to be fit tested to ensure they are protected and using their particular respirator appropriately. To do this, employees should undergo either a qualitative or quantitative fit test procedure with the particular make, model, and size of the respirator they will wear. We recognize that fit testing may not be performed in some situations such as using surgical masks and loose-fitting respirators and persons with certain medical conditions or certain kinds of facial hair. For individuals in which a respirator is needed but fit testing can’t be performed, other forms of PPE will be provided for respiratory protection.

Quantitative fit testing is required for certain types of respirators, such as the self-contained breathing apparatus (SCBAs). SCBAs are rarely necessary for health care workers or staff working in long-term care facilities and other health care settings. Situations that would require a SCBA include rescue or emergency situations with hazardous airborne chemicals. If necessary, employees will be referred to a medical provider who performs quantitative fit testing ([Iowa Department of Health and Human Services: Respirators and Fit Testing in Iowa](https://hhs.iowa.gov/hai-prevention/respiratory)).

Qualitative fit testing will be performed by [INSERT PROGRAM ADMINISTRATOR OR ALTERNATIVE PERSON OR JOB TITLE]. Our Program Administrator will ensure that fit testing is conducted following the OSHA-approved protocol from the Respirator Protection Standard ([29 CFR 1910.134 Appendix A](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA)). The Qualitative Fit Test Record ([Appendix E](#_Appendix_E:_Qualitative)) is used to document our fit testing results for each employee. Employees must pass a fit test before first using their respirator and annually, or more often as needed.

Retesting will be performed for situations such as:

* Obvious change in body weight (e.g., weight loss or gain over 20 pounds)
* Extensive dental work, scarring, or cosmetic surgery that causes significant physical changes
* Changes in respirator make, model, or size
* Changes in working conditions

The fit testing kit that we use for qualitative fit testing at our organization is:

[INSERT MANUFACTURER, PRODUCT NAME, AND PURCHASING INSTRUCTIONS].

Qualitative fit testing will be performed (after the employee has passed their medical evaluation) as follows:

[INSERT ANY MODIFICATIONS TO THE PROTOCOL BELOW BASED ON YOUR ORGANIZATION’S NEEDS OR INSTRUCTIONS FROM THE FIT TEST KIT’S MANUFACTURER]

1. Prepare for the fit test.
	1. Advise employees with facial hair ahead of time to be clean-shaven for the fit test as beard, facial hair, or stubble could interfere with the respirator seal.
	2. Instruct employees not to eat, drink liquids (other than water), smoke, or chew gum for 15 minutes before the test.
	3. Gather fit test kit supplies, a timer, devices for recordkeeping, the employee’s current respirator, and a variety of respirator models and sizes for the employee to choose from.
	4. Consider wearing gloves, a procedural gown, and a respirator to avoid prolonged contact and potential irritation with the test solutions.
	5. Assemble, label, and test the nebulizers.
	6. Explain the overall fit test procedure to the employee.
2. Assess the sensitivity of the employee to the test solution.
	1. Ask employees if they are allergic to the test solution(s).
	2. Instruct the employee to put test hood on (without respirator on), open their mouth, stick their tongue out, and breathe through their mouth.
	3. Insert nebulizer with sensitivity solution into the hood and direct the spray to the left or right of the employee’s face to avoid direct contact with their nose and mouth.
	4. Assign a sensitivity score once the employee confirms they taste the solution:
* 10 = Between 1-10 squeezes
* 20 = Between 11-20 squeezes
* 30 = Between 21-30 squeezes
* Fail = Use a different test solution after 30 squeezes
	1. Wait for the employee to drink some water or clear the flavor.
1. Perform the fit test.
	1. Instruct the employee to clean their hands, put on their respirator and perform a seal check.
	2. Put on the test hood.
	3. Use the fit test solution and spray the following number of squeezes according to the employee’s sensitivity score:
		* 10 = 10 squeezes
		* 20 = 20 squeezes
		* 30 = 30 squeezes
	4. Instruct the employee to perform the following exercises:
* Normal breathing – 1 min.
* Deep breathing – 1 min.
* Turning head side to side – 1 min.
* Moving head up and down – 1 min.
* Talking – Rainbow Passage\* or conversation – 1 min.
* Bending at the waist or jogging in place – 1 min.
* Normal breathing – 1 min.
	1. Add additional fit test solution every 30 seconds throughout the exercises according to the employee’s sensitivity score:
		+ 10 = 5 squeezes
		+ 20 = 10 squeezes
		+ 30 = 15 squeezes
	2. Score the employee when they finish the fit test:
* Pass = fit test solution was not tasted
* Fail = fit test solution was tasted during the exercises
	1. Consider the following options for failed fit tests:
* Retry fit test after respirator is taken off, readjusted, and put back on
* Try a different respirator type, model, or size
* Consult with professional fit testing facilitators
* Wear a powered air-purifying respirator (PAPR) that does not require fit testing
* Reassign employee to a different job position that does not require a respirator
1. Clean and disinfect fit test supplies.
	1. Disinfect reusable hoods or discard disposable hoods between fit tests.
	2. Disinfect nebulizer nozzles between fit tests.
	3. Wash the nebulizer in warm water and soap at the end of each day.

\*Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

# Recordkeeping

The Program Administrator will maintain Program documents and employee records associated with this Program. Records are updated when new employees are trained or fit tested and when current employees receive refresher training or fit testing. The table below lists the location of each of the Program documents.

| **Document** | **Location (Physical and/or Electronic Copy)** |
| --- | --- |
| Respiratory Protection Program | [INSERT LOCATION AND ACCESS INSTRUCTIONS] |
| OSHA Respiratory Protection Standard | [INSERT LOCATION AND ACCESS INSTRUCTIONS] |
| Employee training materials | [INSERT LOCATION AND ACCESS INSTRUCTIONS] |
| Program Administrator training materials | [INSERT LOCATION AND ACCESS INSTRUCTIONS] |
| Fit test records | [INSERT LOCATION AND ACCESS INSTRUCTIONS] |

The Program Administrator maintains completed medical questionnaires and in-person health examination records for all employees covered under this Program. These records will be treated as confidential medical records and securely stored outside of personnel records in a locked location with limited access.

# Program Evaluation

Our Program Administrator is responsible for conducting evaluations of the workplace and its employees to ensure that this Program is implemented appropriately.

Examples of evaluation measures may include:

* Consultations with employees who use respirators to get their feedback on how their respirators fit, if they feel adequately protected, if they notice any difficulty breathing while wearing them, etc.
* Site inspections with supervisors to ensure proper respirator use, storage, and maintenance
* Review of records to identify any trends in respirator misuse or inadequate protection

Program evaluations will be documented and include discussion points with employees and supervisors as well as problems and recommendations for correction. Evaluations will be performed on an annual basis or more frequently to address any issues that are brought to the attention of the Program Administrator.

The Program Administrator keeps this Program updated and available for review upon request.

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# Appendix A: Medical Questionnaire

**OSHA Respirator Medical Evaluation Questionnaire**

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:

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 care professional who will review it.

**Part A. Section 1. (Mandatory)**

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

|  |  |
| --- | --- |
| 1. Today’s Date |  |
| 2. Your Name |  |
| 3. Your Age (to nearest year) |  |
| 4. Your Sex |  |
| 5. Your Height |  |
| 6. Your Weight |  |
| 7. Your Job Title |  |
| 8. Your Phone Number (for the health care professional who reviews this questionnaire) |  |
| 9. 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? [ ]  Yes [ ]  No

11. Check the type of respirator you will use (you can check more than one category):

[ ]  N, R, or P disposable respirator (filter-mask, non-cartridge type only)
[ ]  Other (half/full-facepiece, powered-air purifying, self-contained breathing apparatus)

12. Have you worn a respirator? [ ]  Yes [ ]  No

If "yes," what type(s):

**Part A. Section 2. (Mandatory)**

**Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please select "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: [ ]  Yes [ ]  No
b. Diabetes (sugar disease): [ ]  Yes [ ]  No
c. Allergic reactions that interfere with your 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 problem 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 level ground or walking up a slight hill or incline: [ ]  Yes [ ]  No
c. Shortness of breath when walking with other people 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 (thick sputum): [ ]  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 symptoms?

a. Frequent pain or tightness in your chest: [ ]  Yes [ ]  No
b. Pain or tightness in your chest during physical activity: [ ]  Yes [ ]  No
c. Pain or tightness in your chest that interferes with your job: [ ]  Yes [ ]  No
d. In the past two years, have you noticed your heart skipping or missing a beat: [ ]  Yes [ ]  No
e. Heartburn or indigestion that is not related to eating: [ ]  Yes [ ]  No
d. Other symptoms that you think may be related to heart/circulation problems: [ ]  Yes [ ]  No

7. Do you *currently* take medication 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: [ ]  Yes [ ]  No

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

(If you've never used a respirator, check the following space and go to question 9:) [ ]  N/A

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 who will review this questionnaire about your answers to this questionnaire: [ ]  Yes [ ]  No

**Questions 10 to 15**

**(Mandatory for employees who have been selected to use either a *full-facepiece respirator* or a *self-contained breathing apparatus (SCBA)*)**

**(Voluntary for employees who have been selected to use other types of respirators)**

10. Have you *ever lost* vision in either eye (temporarily or permanently)? [ ]  Yes [ ]  No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: [ ]  Yes [ ]  No
b. Wear glasses: [ ]  Yes [ ]  No
c. Color blind: [ ]  Yes [ ]  No
d. Any other eye or vision problem: [ ]  Yes [ ]  No

12. Have you *ever had* an injury to your ears, including a broken eardrum: [ ]  Yes [ ]  No

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: [ ]  Yes [ ]  No
b. Wear a hearing aid: [ ]  Yes [ ]  No
c. Any other hearing or ear problem: [ ]  Yes [ ]  No

14. Have you *ever had* a back injury? [ ]  Yes [ ]  No

15. Do you *currently* have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: [ ]  Yes [ ]  No
b. Back pain: [ ]  Yes [ ]  No
c. Difficulty fully moving your arms and legs: [ ]  Yes [ ]  No
d. Pain or stiffness when you lean forward or backward at the waist: [ ]  Yes [ ]  No
e. Difficulty fully moving your head up or down: [ ]  Yes [ ]  No
f. Difficulty fully moving your head side to side: [ ]  Yes [ ]  No
g. Difficulty bending at your knees: [ ]  Yes [ ]  No
h. Difficulty squatting to the ground: [ ]  Yes [ ]  No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: [ ]  Yes [ ]  No
j. Any other muscle or skeletal problem that interferes with using a respirator: [ ]  Yes [ ]  No

**Part B: Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: [ ]  Yes [ ]  No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: [ ]  Yes [ ]  No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have skin contact with hazardous chemicals? [ ]  Yes [ ]  No

If "yes," name the chemicals if you know them:

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?

a. Asbestos: [ ]  Yes [ ]  No
b. Silica (*e.g.*, in sandblasting): [ ]  Yes [ ]  No
c. Tungsten/cobalt (e.g., grinding or welding this material): [ ]  Yes [ ]  No
d. Beryllium: [ ]  Yes [ ]  No
e. Aluminum: [ ]  Yes [ ]  No
f. Coal (for example, mining): [ ]  Yes [ ]  No
g. Iron: [ ]  Yes [ ]  No
h. Tin: [ ]  Yes [ ]  No
i. Dusty environments: [ ]  Yes [ ]  No
j. Any other hazardous exposures: [ ]  Yes [ ]  No
If "yes," describe these exposures:

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you been in military services? [ ]  Yes [ ]  No

If "yes," were you exposed to biological or chemical agents (either in training or combat)?

 [ ]  Yes [ ]  No

8. Have you ever worked on a HAZMAT team? [ ]  Yes [ ]  No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): [ ]  Yes [ ]  No

If "yes," name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: [ ]  Yes [ ]  No
b. Canisters (for example, gas masks): [ ]  Yes [ ]  No
c. Cartridges: [ ]  Yes [ ]  No

11. How often are you expected to use the respirator(s) (select "yes" or "no" for all answers that apply)?

a. Escape only (no rescue): [ ]  Yes [ ]  No
b. Emergency rescue only: [ ]  Yes [ ]  No
c. Less than 5 hours *per week:*  [ ]  Yes [ ]  No
d. Less than 2 hours *per day:*  [ ]  Yes [ ]  No
e. 2 to 4 hours per day: [ ]  Yes [ ]  No
f. Over 4 hours per day: [ ]  Yes [ ]  No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): [ ]  Yes [ ]  No

If "yes," how long does this period last during the average shift: \_\_\_\_\_hrs.\_\_\_\_\_mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing*while operating a drill press (1-3 lbs.) or controlling machines.
b. *Moderate* (200 to 350 kcal per hour): [ ]  Yes [ ]  No

If "yes," how long does this period last during the average shift: \_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. *Heavy* (above 350 kcal per hour): [ ]  Yes [ ]  No

If "yes," how long does this period last during the average shift: \_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling; standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing or equipment (other than the respirator) when you're using your respirator: [ ]  Yes [ ]  No

If "yes," describe this protective clothing or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): [ ]  Yes [ ]  No

15. Will you be working under humid conditions: [ ]  Yes [ ]  No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

|  |  |  |
| --- | --- | --- |
| Name of toxic substance | Estimated maximum exposure level per shift | Duration of exposure per shift |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

# Appendix B: Employee Respiratory Hazard Assessment Form

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

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Normal Working Conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Potential Respiratory Hazards**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other PPE Worn While Working:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Respirator Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Length of Time to Wear the Respirator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix C: Employee Training Form for Required Respirator Use

I certify that I have been trained in the use of respirators, including:

* Why the respirator is needed
* What the respirator does and does not do
* When and how to use a respirator
* When and why fit testing is needed
* How to store and maintain the respirator
* How improper use can reduce the respirator’s abilities
* How to use a respirator in unexpected situations
* How to recognize signs and symptoms that may affect respirator use

I feel confident to use my respirator. If I have a problem with my respirator’s fit, comfort, or any other issue and could benefit from additional respirator training, I will contact my supervisor or the Program Administrator for assistance.

I have read and understand the above information.

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

# Appendix D: Employee Training Form for Voluntary Respirator Use

**Information for Employees Using Respirators When Not Required Under the Standard**

This form provides necessary information for employees who voluntarily use respirators at work when respirator use is not required by the OSHA Respiratory Protection Standard ([29 CFR 1910.134](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD)).

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 exposure 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 respirator’s 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 have read and understand the above information.

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

# Appendix E: Qualitative Fit Test Record

Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ht: \_\_\_\_\_\_\_\_\_\_\_ Wt: \_\_\_\_\_\_\_

Pre-fit test check:

Is this employee clean-shaven? Yes No

Has this employee been medically cleared for respirator use? Yes No

Has this employee demonstrated proper donning, seal checking, and doffing? Yes No

Notes about prescription glasses or other facial attributes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fit test notes:

Name of fit tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fit test solution used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Respirator make/model** | **Respirator size** | **Result (circle one)** | **Notes** |
| --- | --- | --- | --- |
|  |  | Pass Fail |  |
|  |  | Pass Fail |  |
|  |  | Pass Fail |  |
|  |  | Pass Fail |  |