|  |  |  |
| --- | --- | --- |
| SUBJECT: | SAFETY PROGRAM | EMP – |
|  |  | PAGE: 1 OF: 32 |
| DEPARTMENT: RESPIRATORY PROTECTION PROGRAM | | EFFECTIVE: |
|  | | REVISED: |

**Policy**

It is the policy of this company to provide its employees with a safe and healthful work environment. The purpose of this program is to reduce employee exposure to infectious agents in the workplace through the proper use of respirators during an influenza pandemic or other infectious respiratory disease emergency. Respiratory protection is provided at no cost to the employees.

This policy includes the implementation of this respiratory protection program as a means of providing the highest levels of protection to employees during an influenza pandemic, as defined by New York State Department of Health and OSHA **Standard 29 CFR 1910.134.** Specific details of this guidance appear in the Appendix.

**Program Administration**

The following individual has ultimate total and complete responsibility for the administration of the respiratory protection program:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This individual has the authority to act on all matters relating to the operation and administration of the respiratory protection program. All employees, operating departments, and service departments will fully cooperate. This person is referred to as the Respiratory Protection Program Administrator. This person will also be responsible for monitoring the ongoing and changing needs for respiratory protection.

**Roles and Responsibilities:**

***Respiratory Protection Program Administrator (RPPA)***

The Respiratory Protection Program Administrator is responsible for administering the respiratory protection program. Duties of the RPPA include:

* Identify work areas, processes, or tasks that require respiratory protection. For this model program, this means identifying patient care areas and other circumstances likely to present a pandemic influenza transmission risk.
* Monitor OSHA policy and standards for changes and make changes to agency’s policy
* Select respiratory protection products.
* Monitor respirator use to ensure that respirators are used in accordance with their certification.
* Distribute and ensure completion of the medical clearance questionnaire (which may be completed online).
* Provide required information to the physician or other licensed health care provider who will do medical evaluations of respirator users
* Ensure that respirator users have received a medical evaluation and are medically qualified to use a respirator
* Evaluate any feedback information or surveys.
* Arrange for and/or conduct training and fit testing.
* Ensure proper storage and maintenance of respiratory protection equipment.
* Annually review the implementation of the program in consultation with employees and their representatives.

***Supervisor***

The RPPA may also serve as the supervisor for the respiratory protection program. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their units. Supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

* Knowing the hazards in the area in which they work.
* Knowing types of respirators that need to be used.
* Ensuring the respirator program and worksite procedures are followed.
* Enforcing/encouraging staff to use required respirators.
* Ensuring employees receive training and medical evaluations.
* Coordinating annual retraining and/or fit testing.
* Notifying the RPA with problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
* Ensure proper storage and maintenance of all respirators.

***Employee***

It is the responsibility of the employee to have an awareness of the respiratory protection requirements for their work areas (as explained by management). Employees are also responsible for wearing the appropriate respiratory protective equipment according to proper instructions and for maintaining the equipment in a clean and operable condition. Employees should also:

* Participate in all training.
* Maintain equipment.
* Report malfunctions or concerns.

**Program Scope and Application**

This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during routine work operations in the event of an influenza pandemic or other infectious respiratory disease emergency. Some of the types of work activities required to wear respirators are outlined in the table below:

|  |  |  |
| --- | --- | --- |
| **WORK PROCESS** | **LOCATION** | **TYPE OF RESPIRATOR** |
| DIRECT PATIENT CARE | PATIENT CARE AREAS | N95 – DISPOSABLE  PAPR |
| HOUSEKEEPING, CLEANING | PATIENT CARE AREAS WHERE  PANDEMIC/RESPIRATORY  PATIENTS HAVE STAYED | N95 – DISPOSABLE  PAPR |

**Identifying Work Hazards**

The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with patients who could be infected with a potentially airborne infectious agent such as the influenza virus.

**Respirator Selection**

Only respirators approved by the National Institute for Occupational Safety and Health

(NIOSH) will be selected and used.

Check those in use at this facility:

* N95 respirators are available for patient contact/care.
* A powered air‐purifying respirator (PAPR) is available for patient contact/care (if your facility has purchased or obtained one).

A PAPR may be selected for use if:

* The N95 respirator choice(s) does not fit;
* Employee has facial hair or facial deformity that would interfere with mask‐to‐face seal (facial hair such as a mustache must fit within the seal of the mask);
* The N95 respirator choice(s) are unavailable; or,
* Desired for high‐risk aerosol‐generating procedures

|  |  |
| --- | --- |
| ***Respiratory Protection Equipment*** | |
| **Respirators**:  Respirators differ from surgical masks. They are  designed specifically to ensure the capture of particles  of the size that can be inhaled into the respiratory tract,  including the entire range of nasopharyngeal, tracheobronchial, and alveolar‐size particles.  **N95 Respirators**:  “N95” refers to respirators designed for non‐oil based  respiratory hazards which have an efficiency of 95% (stopping 95% of particles). The picture at right is a 3M Model 9210 N95 respirator (photos courtesy 3M Corp.) |  |
| **PAPR (Powered Air Purifying Respirator):**  A respirator that provides cleaned air to the inside of a light‐weight hood, purifying the air by means of a battery powered blower which pulls the air through a filter cartridge. PAPRs are worn by people who do not fit test to an N95 respirator, and by anyone with facial hair (which interferes with the seal needed for an N95. |  |

**Respirator Training and Fit Testing**

***Training***

Workers will be trained prior to the use of a respirator, at least annually thereafter, and whenever supplemental training is deemed necessary by the Respiratory Protection

Program Administrator, or when conditions in the workplace effecting respirator use change. Training will cover:

* Identifying hazards, potential exposure to these hazards, and health effects of hazards.
* Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
* Inspecting, donning, removal, seal check and trouble shooting.
* Explaining respirator program (policies, procedures, OSHA standard, resources).

***Fit Testing***

After the initial fit test, fit tests must be completed at least annually, or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection (see below). **OSHA Respiratory Protection Standard 29 CFR 1910.134** applies to all exposed workers. This template will be changed to reflect the most current OSHA regulations as new information becomes available.

The fit testing procedure appears in Appendix A to this program. Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. Fit testing is required for tight fitting respirators.

Fit tests will be conducted:

1. Prior to being allowed to wear any respirator.
2. If the facility changes respirator product.
3. If the employee changes weight by 10% or more, or if the employee has changes in facial structure or scarring.
4. If the employee reports that a respirator that previously passed a fit test is not providing an adequate fit
5. If the RPPA, PLHCP or other supervisor notices a change in employee that would require an additional fit‐test as **OSHA** standards require.
6. Annually

***Fit testing will not be done on employees with facial hair that passes between the respirator seal and the face or interferes with valve function. Such facial hair includes stubble, beards, and long sideburns. Optional: if a facility is using PAPRs: If it is determined that an individual cannot obtain an adequate fit with any tight-fitting respirator, a loose-fitting powered air purifying respirator may be provided instead.***

***Medical Evaluation***

Persons assigned to tasks that require respiratory protection during an influenza pandemic or other respiratory disease pandemic must be physically and psychologically able to perform the tasks while wearing a respirator.

Employees who are required to wear respirators during aa pandemic or infectious respiratory disease emergency must participate in a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until receiving medical clearance according to the process identified below.

A mandatory medical evaluation questionnaire **must be used and reviewed by the physician or other licensed healthcare professional (PLHCP)** specified below by the employer, or a medical evaluation with the same content must be provided by a PLHCP. If the PLHCP deems it necessary, the employee will receive an examination. The purpose of the medical evaluation is to determine if the employee is physically and psychologically able to perform the assigned work while wearing the respiratory protective equipment. Medical clearance should occur prior to fit testing.

The medical evaluation may be kept with the PLHCP or with the employee’s medical record. It should not be kept in an employee’s personnel file.

***Designated Physician or Other Licensed Healthcare Professional Currently Affiliated with the Facility/Employer (PLHCP)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Indicate appropriate provider): occupational health physician, personal physician)* will determine individual medical clearance by a medical questionnaire and/or medical exam. A medical evaluationquestionnaire is provided in Appendix C for use by the PLHCP. A standardized memorequesting evaluation is provided in Appendix D.

The medical evaluation procedures are as follows:

* The medical evaluation will be conducted using the questionnaire provided in Appendix C. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
* To the extent feasible, the facility will assist employees who are unable to read the questionnaire by providing the questionnaire in alternate languages. When this is not possible, the employee will be sent directly to the medical practitioner for medical evaluation.
* All affected employees will be given a copy of the medical questionnaire to fill out. Employees will be provided with a stamped envelope or secure email addressed to the PLHCP, as well as the number for the PLHCP if the employee wishes to discuss the questionnaire. The employee will complete the questionnaire and submit the questionnaire via mail to the PLHCP. Employees will be permitted to fill out the questionnaire on company time.
* Follow‐up medical exams will be granted to employees as required by this program, and/or as deemed necessary by the medical practitioner.
* All employees will be granted the opportunity to speak with the medical practitioner about their medical evaluation if they so request. Re‐evaluation will be conducted under these circumstances:
* Employee reports physical symptoms that are related to the ability to use a respirator, (e.g., wheezing, shortness of breath, chest pain, etc.)
* It is identified that an employee is having a medical problem during respirator use.
* The healthcare professional performing the evaluation determines an employee needs to be reevaluated.
* A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(occupational health physician,* *personal physician)*.

**Proper Respirator Use:**

***General Use***

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.

All employees shall leave a potentially contaminated work area to clean (PAPR) or change (N95 ‐ disposable) their respirator if the respirator is impeding their ability to work. This means employees shall leave the contaminated area:

* If increased breathing resistance of the respirator is noted.
* If severe discomfort in wearing the respirator is detected.
* Upon illness of the respirator wearer, including sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever and chills.
* To wash face to prevent skin irritation.

Additionally, employees will be required to immediately leave the contaminated or infected area:

* Upon malfunction of the respirator such as a reduction in air flow of a PAPR.
* Upon detection of leakage of contaminant into the respirator.
* Breathing through the respirator becomes more difficult.

***Cleaning and Disinfecting***

N95 – disposable: Discard after use. Discard if soiled, if breathing becomes more difficult, or if structural integrity is compromised. If patient is under Contact Precautions (e.g., MRSA, VRE, smallpox), discard the respirator after use with that patient.

PAPRs – *[Cleaning and disinfection differ based on brand and manufacturer. Clean according to the manufacturer’s instructions. Include those instructions here for the models used in each facility.]*

***Respirator Reuse***

Disposable N95 respirators are not designed for reuse. However, concern about potential shortages of N95s during a pandemic has forced consideration of respirator reuse. The Center for Disease Control recommendation for extended use of PPE during a pandemic can be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. The Facility will adhere to CDC and State guidance for strategies regarding the use and conservation of PPE during pandemic outbreaks.

*Recommendation 1: Avoiding Contamination Will Allow for Limited Reuse.* If an individual user needs to reuse his or her own disposable N95 respirator, the committee recommends that it be done in the following manner:

* Protect the respirator from external surface contamination when there is a high risk of exposure to influenza (i.e., by placing a medical mask or cleanable face shield over the respirator so as to prevent surface contamination but not compromise the device’s fit).
* Use and store the respirator in such a way that the physical integrity and efficacy of the respirator will not be compromised.
* Practice appropriate hand hygiene before and after removal of the respirator and, if necessary and possible, appropriately disinfect the object used to shield it.

**Respirator Inspection, Maintenance, and Storage:**

***Inspection***

All types of respirators should be inspected prior to use.

N95 – disposable:

1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
2. Check the respirator straps to be sure they are not cut or otherwise damaged.
3. Make sure the metal nose clip is in place and functions properly (if applicable).
4. Disposable respirators are not to be stored after use. They are to be discarded.

PAPR**: IF USED BY THE FACILITY**

1. Check battery level.
2. Inspect the breathing tube and body of the respirator, including the High Efficiency Particulate Air (HEPA) filter, if visible, for damage.
3. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Protection Program Administrator).
4. Check for airflow prior to use.
5. Follow manufacturer’s recommendations on maintenance, including battery recharging.

***Repair***

During cleaning and maintenance, respirators that do not pass inspection will be removed from service and will be discarded or repaired. Repair of the respirator must be done with parts designed for the respirator in accordance with the manufacturer’s instructions before reuse. No attempt will be made to replace components or adjust, modifications or repairs beyond the manufacturer’s recommendation.

***Storage***

Respirators not discarded after one shift use will be stored in a location where they are protected from sunlight, dust, heat, cold, moisture, and damaging chemicals.

**Evaluating and Updating the Program**

The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program. She or he will:

* Evaluate any feedback from employees.
* Review any new hazards, case definitions, or other pandemic influenza guidance from public health agencies, or changes in policy that would require respirator use.
* Make recommendations for any changes needed in the respiratory protection program.

***APPENDICES***

**APPENDIX A: Fit Test Procedure**

Fit test procedures should be consistent with the fit testing equipment being used. Please consult the manufacturer’s instructions for fit test procedures.

Fit testing equipment is usually sold in kits, with the ability to purchase individual components of the kit as specific supplies dwindle. Components typically include:

* A harmless chemical used to allow each respirator’s wearer to test the seal of their respirator.
* A means of dispensing or vaporizing a mist of that chemical; and,
* A hood in which the fit test can be performed.

Fit test kits are sold by occupational health and safety companies such as 3M.

**APPENDIX B: Recommendations on Preparing for a Pandemic**

With the recent COVID 19 Pandemic and 2009 H1N1/swine flu outbreak, and the ever important need to prepare for a serious pandemic in a long‐term care facility we take the following steps:

* Develop a facility specific pandemic plan in accordance with State and CDC guidance( Refer to Facility Emergency Preparedness Plan)
* Procure and stockpile surgical masks for potentially infectious patients and visitors, and N95 respirators for all staff coming in direct contact with patients. Facilities should follow current guidance of a minimum of four N95 respirators per staff person per eight‐hour shift.
* Implement, or be prepared to implement a respiratory protection program, as outlined in this document.

**APPENDIX C: Medical Evaluation 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:**

Can you read (check 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 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. Sex (check 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 healthcare 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 (check one): 􀂇 Yes 􀂇 No
11. Check the type of respirator you will use (you can check more than one category):
12. N, R, or P disposable respirator (filter‐mask, non‐ cartridge type only).***N95 for Healthcare***
13. Other type (for example, half‐ or full‐face piece type, powered‐air purifying, supplied‐air, self‐contained breathing apparatus). ***Powered air‐purifying respirator***

12. Have you worn a respirator (check one): 􀂇 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 check “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 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 |

**PART A ‐ SECTION 2 (CONTINUED)**

|  |  |  |
| --- | --- | --- |
| 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 |
| f. Any other symptoms that you think may be related to heart or 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 (fits): | **􀂇** Yes | **􀂇** No |
| 8. If you have used a respirator, have you ever had any of the following problems? *(If you have never used*  *a respirator, check the following space and go to question 9)* | | |
| 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 below must be answered by every employee who has been selected to use either a full‐face piece respirator or a self‐contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary. | | |
| 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 |
|  |  |  |

**PART A ‐ SECTION 2 (CONTINUED)**

|  |  |  |
| --- | --- | --- |
| 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 |

**APPENDIX D: Request for Medical Evaluation** *(Patient Care Staff)*

**MEMORANDUM**

To whom it may concern:

From: *(Respiratory Protection Program Administrator)*

Date:

Re: Medical evaluation for respirator use

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee name), an employee of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility name) is required to wear a respirator at work during an influenza pandemic or other infectious respiratory disease emergency. The employer requests that you provide this employee with a medical evaluation that meets the requirements outlined in OSHA

We have provided you with this portion of the Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use:

1. The type and weight of the respirator that will be used: N95‐disposable, or powered air‐purifying respirator (PAPR) with loose‐fitting head covering.
2. The duration and frequency of the respirator use: routine patient care activities performed at the bedside in a skilled nursing facility.
3. The expected physical work effort: moderate work effort for up to 30 minutes at a time. This includes turning patients, feeding patients, and other patient care tasks typically performed while standing.
4. Occasional brief heavy work effort (lifting and transferring patients) may also be required.
5. Additional protective clothing and equipment that may be worn: gown and gloves.
6. Temperature and humidity extremes experienced during work: none.

We request that you provide a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

**APPENDIX E: Request for Medical Evaluation** *(Housekeeping Staff)*

**MEMORANDUM**

To whom it may concern:

From: *(Respiratory Protection Program Administrator)*

Date:

Re: Medical evaluation for respirator use

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee name), an employee of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility name) is required to wear a respirator at work during an influenza pandemic or other infectious respiratory disease emergency. The employer requests that you provide this employee with a medical evaluation that meets the requirements outlined in

OSHA Title

We have provided you with this portion of the Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use:

1. The type and weight of the respirator that will be used: N95‐disposable, or powered air‐purifying respirator (PAPR) with loose‐fitting head covering.
2. The duration and frequency of the respirator use: housekeeping activities performed in patient care areas and other areas at a skilled nursing facility.
3. The expected physical work effort: moderate work effort for up to 30 minutes at a time. This includes cleaning floors and surfaces, typically performed while standing. Occasional brief heavy work effort (lifting and transferring supplies) may also be required.
4. Additional protective clothing and equipment that may be worn: gloves.
5. Temperature and humidity extremes experienced during work: none.

We request that you provide a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

**APPENDIX F: Fit Test Record**

|  |  |
| --- | --- |
| **FIT TEST RECORD** | |
| Name of respirator user/employee: |  |
| Test Date: |  |
| Position Title: |  |
| Department: |  |
| Location: |  |
| Challenge Agent Used: |  |
| **􀂇 Isoamyl** Acetate **􀂇**  Saccharin **􀂇** Bitrex | |
| Respirator Make: | |
| **􀂇** Survivair **􀂇** North **􀂇** MSA **􀂇** Racal **􀂇**3M **􀂇** Moldex **􀂇** Wilson | |
| Other: | |
|  | |
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|  | |
| Respirator Model: |  |
| Respirator Size: |  |

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| Additional PPE |
| Worn: |
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| Comments: |
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| **PASS / FAIL** |
| Next fit‐test due: |

**APPENDIX G: Related Guidance for Pandemic Planning**

*The following is an excerpt from OSHA Guidance 3328‐05, 2007. It is provided for information purposes only, not to define policy under this MRPP. “HHS” refers to the United States Department of Health and Human Services.*

2007 CDC and HICPAC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

**PERSONAL PROTECTIVE EQUIPMENT:**

***Gloves***

HHS recommends the use of gloves made of latex, vinyl, nitrile, or other synthetic materials as appropriate, when there is contact with blood and other bodily fluids, including respiratory secretions.

* There is no need to double‐glove.
* Gloves should be removed and discarded after patient care.
* Gloves should not be washed or reused.
* Hand hygiene should be done after glove removal.

Because glove supplies may be limited in the event of a pandemic or infectious outbreak, other barriers such as disposable paper towels should be used when there is limited contact with respiratory secretions, such as handling used facial tissues. Hand hygiene should be practiced consistently in this situation.

***Gowns***

Healthcare workers should wear an isolation gown when it is anticipated that soiling of clothes or uniform with blood or other bodily fluids, including respiratory secretions, may occur.

* Isolation gowns can be disposable and made of synthetic material or reusable and made of washable cloth.
* Gowns should be the appropriate size to fully cover the areas requiring protection.
* After patient care is performed, the gown should be removed and placed in a laundry receptacle or waste container, as appropriate. Hand hygiene should follow.

<https://www.cdc.gov/HAI/prevent/ppe.html>.

***Goggles/Face Shields***

Goggles/Face shields should be used if sprays or splatters of infectious material are

For additional information about eye protection for infection control, visit NIOSH's website at

http://www.cdc.gov/niosh/topics/eye/eye‐infectious.html.

<https://www.cdc.gov/HAI/prevent/ppe.html>

\*For patients suspected or known to have diseases requiring Droplet Precautions, CDC and HICPAC report that infection has occurred at distances greater than 3 feet. Thus, CDC and HICPAC state that observing Droplet Precautions at a distance up to 6 or 10 feet or upon entry into the patient’s room may be prudent.

Eye and face protection should be used in this situation, as well as during the performance of aerosol‐generating procedures.

***Respiratory Protection for Pandemic***

While droplet transmission is likely to be the major route of exposure for pandemic influenza and Covid 19 it may not be the only route. Given the potential severity of health consequences (illness and death) associated with a pandemic, a comprehensive pandemic preparedness plan should also address airborne transmission to ensure that healthcare workers are protected against all potential routes of exposure. Establishment of a comprehensive respiratory protection program with all the elements specified in OSHA's Respiratory Protection standard (29 CFR 1910.134) is needed to achieve the highest levels of protection. Additional information on the Respiratory Protection standard is included in Appendix C in this document.

Healthcare workers are at risk of exposure to airborne infectious agents, including influenza. For some types of aerosol transmissible diseases (ATD) healthcare workers are not only at risk for illness but may become a potential source of infection to patients and others. Selection of appropriate respiratory

PPE requires an understanding of the airborne infectious agents, their infectious and aerodynamic properties, the operating characteristics of the PPE, and the behaviors and characteristics of the healthcare workers using the PPE. Many different types of respiratory PPE are available to protect healthcare workers, each with a different set of advantages and disadvantages.

There will continue to be uncertainty about the modes of transmission until the actual pandemic infectious agent emerges. It is expected that there will be a worldwide shortage of respirators when a pandemic occurs. Employers and employees should not count on obtaining any additional protective equipment not already purchased and stockpiled. Therefore, it is important for healthcare facilities to consider respiratory protection for essential personnel to assure that employees are ready, willing, and able to care for the general population.

***Surgical Masks and Respirators***

Although some disposable respirators look like surgical masks, it is important that healthcare workers understand the significant functional difference between disposable respirators and surgical masks.

Respirators are designed to reduce an individual's exposure to airborne contaminants, such as particles, gases, or vapors. An air‐purifying respirator accomplishes this by filtering the contaminant out of the air before it can be inhaled by the person wearing the respirator. A type of respirator commonly found in health‐care workplaces is the filtering face piece particulate respirator (often referred to as an "N95"). It is designed to protect against particulate hazards. Since airborne biological agents such as bacteria or viruses are particles, they can be filtered by particulate respirators. To assure a consistent level of performance, the respirator's filtering efficiency is tested and certified by NIOSH.

In comparison, surgical masks are not designed to prevent inhalation of airborne contaminants. Their ability to filter small particles varies greatly and cannot be assured to protect healthcare workers against airborne infectious agents. Instead, their purpose is to prevent contamination of a sterile field or work environment by trapping bacteria and respiratory secretions that are expelled by the wearer (i.e., protecting the patient against infection from the healthcare worker). Surgical masks are also used as a physical barrier to protect the healthcare worker from hazards such as splashes of blood or bodily fluids. When both fluid protection (e.g., blood splashes) and respiratory protection are needed, a "surgical N95" respirator can be used. This respirator is approved by FDA and certified by NIOSH.

Another important difference in protecting health‐care workers from airborne infectious agents is the way respirators and surgical masks fit the user's face. Respirators are designed to provide a tight seal between the sealing surface of the respirator and the person's face. A proper seal between the user's face and the respirator forces inhaled air to be pulled through the respirator's filter material and not through gaps between the face and respirator. Surgical masks, however, are not designed to seal tightly against the user's face. During inhalation, potentially contaminated air can pass through gaps between the face and the surgical mask, thus avoiding being pulled through the material of the mask and losing any filtration that it may provide.

Current recommendations for reuse of respirators, which are based on assumptions that there will be respirator shortages, call for allocating four respirators per employee per eight‐hour shift. This means reuse of respirators may be permitted during a pandemic as designated by CDC and State guidance . However, respirators should *not* be reused if a patient has a contact‐transmitted disease (such as methicillin‐resistant staphylococcus aureus, or vancomycin‐resistant enterococcus).

**APPENDIX H: References**

* **CDC Strategies to Optimize the Supply of PPE and Equipment**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

* **CDC Healthcare-associated Infections**

<https://www.cdc.gov/hai/prevent/prevention.html>

* **CDC Pandemic Influenza**

<http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>.

* **NIOSH Respiratory Protection Program**

<http://www.cdc.gov/niosh/topics/respirators/>

* **Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers**

<https://www.osha.gov/Publications/3328-05-2007-English.html>

* **OSHA Toolkit** <file:///C:/Users/GNY/Desktop/OSHA3767%20Hospital%20Respiratory%20Protection%20Toolkit.pdf>

**Appendix I: Respirator Training/Qualitative Fit Testing Program**

*This outline contains all of the required teaching elements. The right column represents those points that should be provided to staff as part of training and fit testing.*

**RESPIRATOR TRAINING/QUALITATIVE FIT TESTING PROGRAM**

OSHA regulations require employers to train and fit test employees who use respiratory protection during their workday. OSHA requires that each employee must be medically evaluated before the employee is fit tested.

This program was developed for use during an influenza pandemic or other infectious respiratory disease emergency. It is not intended for routine use or to protect employees from hazardous materials.

Using this document:

* The **left column** (program components) is **for your information only**.
* The **right column** (the curriculum) contains **all the teaching points you need to train and fit test.** It is your curriculum. It also appears separately at the end of this document for easy copying, without the other columns.
* The **middle column** contains **background information and references to other materials** to support training.

|  |  |  |
| --- | --- | --- |
| **Program Components per OSHA** | **Resources and Program Implementation** | **Training/Fit Testing Program:**  **The Curriculum** |
| 1. Maintain a written respiratory protection program with worksite specific procedures for fit testing and training. | * See Respiratory Protection Program document. * The program as policy at your facility; designate a program administrator; determine which approach you’ll use for medical clearance (see below, and see the Respiratory Protection Program). |  |
| 2. OSHA requires that each employee must be medically evaluated before the employee is fit tested. | Employees using respirators must receive medical clearance. This can be done using through an employer’s occupational health provider | **????** |
| 3. Provide instruction on the respiratory hazards to which the workers are potentially exposed during routine and emergency situations. |  | * Employees are being trained in the use of respirators to provide protection from the influenza virus during an emergency known as a pandemic, which represents a communicable disease risk. * Correctly wearing an N95 respirator decreases the risk of acquiring influenza and other communicable respiratory diseases. * This program is not designed to provide protection for specific hazardous substances. |

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| **Program Components per OSHA** | **Resources and Program Implementation** | **Training/Fit Testing Program:**  **The Curriculum** |
| 4. Provide instruction on the uses and limitations of all respirators worn in the work area, including informing employees how to recognize medical signs and symptoms that may limit or prevent the effective use of the respirators. | The easiest way to review the uses and  limitations of the respirator is to *read the*  *respirator instructions that come with each respirator package*. The NIOSH approval labelalso provides some of this information.  This training assumes that there are no  engineering controls to limit the spread of  pandemic influenza (such as reverse isolation  rooms). Instead, the administrative controls  outlined in the CAHF Model Respiratory  Protection Program should be reviewed | * All respirators have use limitations. There is not one all‐purpose respirator. * The selected the respirators for our work environment on which personnel will be trained: these are N95 respirators designed for healthcare, not for working with hazardous materials, cleaning up bleach spills, or other purposes. * Respirators are to be worn when performing patient care duties during an influenza pandemic or other respiratory disease emergency; your supervisor will tell you when these conditions exist. * Respirators are to be worn as part of a comprehensive Respiratory Protection Program, which provides additional administrative controls to limit the spread of disease. * If you have facial hair, do not use the N95 respirator. * If the respirator malfunctions, the employee will exit the contaminated area (that is, the patient’s room). Malfunctioning includes a strap breaking or the respirator becoming clogged. * If you are feeling light‐headed, dizzy, or having difficulty breathing through your respirator, exit the contaminated area and remove the respirator. * The effects of improper respirator fit, usage or maintenance can include the respirator failing to protect the employee from the flu virus or other airborne infectious hazards. |
| 5. Instruct and demonstrate to employees how to properly don and adjust any respirators worn according to the manufacturers’ instructions. | Written instructions are provided in respirator packaging. | * Demonstrate how to properly don and adjust respirators: * Top strap across the crown of your head. * Bottom strap across the neck, underneath hair. * Fit the metal nose clip using both index fingers, not the index finger and thumb. * Remove the respirator by removing the bottom strap, then the top strap. * Persons who wear surgical masks or respirators should be advised that a Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene. * To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used. * Wearing a surgical mask or respirator incorrectly, or removing or disposing of it improperly, could allow contamination of the hands or mucous membranes of the wearer or others, possibly resulting in disease transmission |
| **Program Components per OSHA** | **Resources and Program Implementation** | **Training/Fit Testing Program:**  **The Curriculum** |
|  |  | * Proper surgical mask or respirator use and removal includes the following: * Prior to putting on a respirator or surgical mask, wash hands thoroughly with soap and water or use an alcohol‐based hand sanitizer to reduce the possibility of inadvertent contact between contaminated hands and mucous membranes. * If worn in the presence of infectious persons, a respirator or surgical mask may become contaminated with infectious material; therefore, avoid touching the outside of the device to help prevent contamination of hands. * Once worn in the presence of a patient with patient with pandemic influenza, the surgical mask or disposable N95 respirator should be removed and appropriately discarded. * After the surgical mask or respirator has been removed and discarded, wash hands thoroughly with soap and water, or use an alcohol‐based hand sanitizer. |
| 6 . Allow the employees an  opportunity to practice these  procedures | The employees must be medically evaluated before donning the respirator and being fit tested. Medical  evaluation is discussed in depth in the Model  Respiratory Protection Program | * Once proper donning and adjustment procedures have been demonstrated, each employee will complete the same procedure as the trainer talks the employee through the directions. |
| 7. Provide user seal check  instructions | These materials also support this training step:  Check with your manufacturer for video or DVD instructions.  Written instructions are provided in most respirator packaging. | * At this point, all employees should be wearing a respirator. Instruct the employees on how to conduct a user seal check. A user seal check is a method of determining if the respirator has been put on properly and has been fitted properly. A user seal check must be conducted each time the respirator is put on. (User seal checks are sometimes referred to as positive pressure and negative pressure fit checks.) * Seal check the respirator by holding your cupped hands in front of the mask: * Inhale, and feel the suction. * Exhale gently and feel the mask expand. * If these don’t happen, the mask is not tightly sealed. * When the employees have completed the user seal check procedure, the instructor should ask, “Does anyone feel any leakage around the seal of the respirator?” If so, the wearer should review donning instructions, make adjustments to the fit, and perform the user seal check again. If a proper fit cannot be accomplished, the wearer must select another respirator and repeat the user seal check procedure. |

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| **Program Components per OSHA** | **Resources and Program Implementation** | **Training/Fit Testing Program:**  **The Curriculum** |
| 8. Fit test each employee to be assigned a respirator. | * Do not fit test anyone with facial hair that touches the seal/boundary of the respirator. This includes full beards. * Use of the PAPR does not require fit testing because it is a loose‐fitting device. * Fit testing must be conducted according to the manufacturer’s instructions included with the Qualitative Fit Test kit. * Employees unable to pass the fit test must be provided with an alternate respirator. Note that different respirator models fit differently shaped faces. | * Fit test the employees for each type of respirator to be used. Make a note of the model the employee successfully fit tests in and record this in your records. |
| 9. Instruct the employees in the  procedures for the maintenance  and storage of the respirators  being used. | * Respirators should be stored in a clean, dry area not exposed to extreme heat or cold. * See manufacturer’s instructions for PAPRs. | * N95 respirators are disposable and should be thrown away if they are damaged. * If storing an N95, store it in a paper bag, not a plastic bag. * Do not leave used respirators lying around it |
| 10. Document the successful  completion of training and fit  testing for all employees wearing  respirators | * Record keeping should include when fit testing and respirator medical evaluations were last done. * A sample record sheet appears below. |  |

**TEACHING AND REFERENCE POINTS: THE 3M AIRMATE PAPR IF USED AT FACILITY**

*These points are intended as reminders and references, and do not take the place of manufacturer’s instructions! Note that not all facilities will be using the AirMate or 3M equipment.*

* The PAPR uses a HEPA filter (equivalent to an N100 respirator) and a blower.
* The battery needs to be installed properly, with the metal contact points properly aligned and the battery locking tab clicked into place.
* Test the air flow using the flow tester before donning the PAPR: the flow tester should float with two lines visible at the top of the hose. And do not lose the air flow tester!
* Turn on the blower before donning the hood.
* Once donned, check the air flow in the PAPR by fogging the facepiece – it should quickly clear.
* No fit testing is required with a PAPR.
* Clean the facepiece with soap/water or 2% bleach solution. Clean the breathing tube similarly. Do not immerse the blower assembly or use solvents to clean.
* Managing battery charge is the biggest challenge:
* When you first receive the device, charge the battery for 12 – 18 hours.
* Charge the battery at least once every six months.
* One charge is good for about eight hours of continuous use.
* Do not leave the batteries connected to the charger for more than 30 days.
* Recommended hood reuse (assuming no contact precautions are in effect): use one hood per caregiver per patient; discard the hood when the patient is discharged. Write the caregiver’s name on each hood.

**RESPIRATOR FIT TEST AND TRAINING RECORD**

|  |  |  |
| --- | --- | --- |
|  | **Devices to be Fit Tested** | **Name of fit tester** |
| **Facility Name** |  |  |
| **Address:** | **Fit test equipment used** | **Date / time** |
|  |  |  |
| **City / State / Zip** | **Fit tester notes:** | |
|  |

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| --- | --- | --- | --- | --- |
| **EMPLOYEE NAME**  ***(PLEASE PRINT)*** | **EMPLOYEE SIGNATURE** | **COULD NOT BE FIT**  **TESTED DUE TO** | **MODEL AND SIZE** | **COMMENTS** |
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**TRAINING/FIT TESTING PROGRAM: THE CURRICULUM**

Respiratory hazards

* Employees are being trained in the use of respirators to provide protection from the influenza virus and any other respiratory infection as per CDC and WHO during an emergency known as a pandemic, which represents a communicable disease risk.
* Correctly wearing an N95 respirator decreases the risk of acquiring influenza and other communicable respiratory diseases.
* This program is not designed to provide protection for specific hazardous substances.

Limitations of respirators

* All respirators have use limitations. There is not one all‐purpose respirator.
* The selected respirators for this specific work environment on which you will be trained: these are N95 respirators designed for healthcare, not for working with hazardous materials, cleaning up bleach spills, or other purposes.
* Respirators are to be worn when performing patient care duties during an influenza pandemic or other respiratory disease emergency; your supervisor will tell you when these conditions exist.
* Respirators are to be worn as part of a comprehensive Respiratory Protection Program, which provides additional administrative controls to limit the spread of disease.
* If you have facial hair, do not use the N95 respirator.
* If the respirator malfunctions, the employee will exit the contaminated area (that is, the patient’s room). Malfunctioning includes a strap breaking or the respirator becoming clogged.
* If you are feeling light‐headed, dizzy, or having difficulty breathing through your respirator, exit the contaminated area and remove the respirator.
* The effects of improper respirator fit, usage or maintenance can include the respirator failing to protect the employee from the flu virus or other airborne infectious hazards.

Putting the respirator on, taking it off

* Demonstrate how to properly don and adjust respirators:
  + Top strap across the crown of your head.
  + Bottom strap across the neck, underneath hair.
  + Fit the metal nose clip using both index fingers, not the index finger and thumb.
  + Remove the respirator by removing the bottom strap, then the top strap.
  + Persons who wear surgical masks or respirators should be advised that3:
  + Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene.
  + To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used.
* Persons who wear surgical masks or respirators should be advised that3:
* Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene.
* To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used.
* Wearing a surgical mask or respirator incorrectly, or removing or disposing of it improperly, could allow contamination of the hands or mucous membranes of the wearer or others, possibly resulting in disease transmission.
* Proper surgical mask or respirator use and removal include the following:
  + Prior to putting on a respirator or surgical mask, wash hands thoroughly with soap and water or use an alcohol‐based hand sanitizer to reduce the possibility of inadvertent contact between contaminated hands and mucous membranes.
  + If worn in the presence of infectious persons, a respirator or surgical mask may become contaminated with infectious material; therefore, avoid touching the outside of the device to help prevent contamination of hands.
  + Once worn in the presence of a patient with patient with pandemic influenza or identified pandemic respiratory infection, the surgical mask or disposable N95 respirator should be removed and appropriately discarded.
  + After the surgical mask or respirator has been removed and discarded, wash hands thoroughly with soap and water or utilize ABHS
* Practice putting the respirator on
* Once proper donning and adjustment procedures have been demonstrated, each employee will complete the same procedure as the trainer talks the employee through the directions.
* Perform the seal check
  + At this point, all employees should be wearing a respirator. Instruct the employees on how to conduct a user seal check. A user seal check is a method of determining if the respirator has been put on properly and has been fitted properly. A user seal check must be conducted each time the respirator is put on. (User seal checks are sometimes referred to as positive pressure and negative pressure fit checks.)
  + Seal check the respirator by holding your cupped hands in front of the mask:
  + Inhale, and feel the suction.
  + Exhale gently and feel the mask expand.
  + If these do not happen, the mask is not tightly sealed.
* When the employees have completed the user seal check procedure, the instructor should ask, “Does anyone feel any leakage around the seal of the respirator?” If so, the wearer should review donning instructions, adjust the fit, and perform the user seal check again. If a proper fit cannot be accomplished, the wearer must select another respirator and repeat the user seal check procedure.

Fit Testing

* Fit test the employees for each type of respirator to be used (e.g., model 8210, 8200, etc.). Make a note of the model the employee successfully fit tests in, as you will be recording this in your records.
  + N95 respirators are disposable and should be thrown away if they are damaged.
  + If storing an N95, store it in a paper bag, not a plastic bag.
  + Do not leave used respirators lying around – it violates OSHA regulations! Fit test the employees for each type