This sample program is provided only as a guide to assist employers and employees in complying with 29 CFR 1910.134 and the Center for Disease Control’s (CDC) *Interim Guidance on Infection Control Measures for the 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel (*[*http://www.cdc.gov/h1n1flu/ guidelines\_infection\_control.htm*](http://www.cdc.gov/h1n1flu/%20guidelines_infection_control.htm)*).* Employers should review the standard for particular requirements, which are applicable to their individual situation and make adjustments to this program that are specific to their company. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive program.

(insert organization’s name)

**RESPIRATORY PROTECTION PROGRAM**

Implementation or Revision Date Here

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Provided by:

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A Hazard Assessment Log

B Respirator Medical Evaluation Questionnaire

C OSHA Fact Sheet for Pandemic Influenza

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**1.0 OBJECTIVE**

**Note to organizations adopting this plan. It is designed to include exposures from Pandemic Influenza including Very High and High exposure risks (see definitions below). Employees with medium and low exposures risks as defined in Section 2.0 may “choose” to wear respiratory protection in which case this Program applies to them as well. If you have employees performing other activities in- or outside of the healthcare environment such as working with hazardous chemicals and materials (such as laboratory work OTHER THAN those related to pandemic influenza virus), this plan is not for you! You will need a more robust Program to cover those needs. Remove all notes in “red” prior to Program implementation.**

This document is ***Company Name’s*** Respiratory Protection Program and is designed to protect employees by establishing accepted Infection Control Measures for healthcare personnel in a healthcare setting that has the potential for exposure to the H1N1 Pandemic virus. The Program establishes accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program also serves to help the company and its employees comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134 and the Center for Disease Control’s (CDC) *Interim Guidance on Infection Control Measures for the 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel (*[*http://www.cdc.gov/h1n1flu/ guidelines\_infection\_control.htm*](http://www.cdc.gov/h1n1flu/%20guidelines_infection_control.htm)*).* Employers should also review OSHA Director #CPL-02-02-075 *Enforcement Procedures of High to Very High Occupational Exposure Risk to 2009 H1N1 Influenza (*[*http://www.osha.gov/OshDoc/Directive\_ pdf/CPL\_02\_02-075.pdf*](http://www.osha.gov/OshDoc/Directive_%20pdf/CPL_02_02-075.pdf)*).*

It is the policy of ***Company Name*** to protect its employees from respiratory hazards through a comprehensive program of recognition; evaluation; engineering, administrative and work practice controls; and personal protective equipment, including respirators. Hazard elimination and engineering and work practice controls shall be employed to control employee exposure to within allowable exposure limits as much as possible. Respirators and other personal protective equipment (goggles, face shields, etc.) shall be provided to affected employees under this program. The company is committed to full compliance with applicable federal and state regulations pertaining to employee respiratory protection.

**2.0 Key Terms and Definitions**

This Instruction defines pandemic influenza virus, healthcare worker, and aerosol-generating procedures pursuant to the CDC’s H1N1 Interim Guidance.

A. Pandemic Influenza Virus. A novel influenza A virus that causes pandemic influenza.

B. Healthcare Worker. OSHA has adopted the definition for Healthcare Worker from the CDC’s *Interim Guidance on Infection Control Measures for the 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel.* The definition of “healthcare personnel,” is “all persons whose occupational activities involve contact with patients or contaminated material in a healthcare or clinical laboratory setting.” Healthcare personnel may be engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services. Work settings include inpatient and outpatient facilities, home healthcare settings, and institutional settings such as schools and correctional facilities. [*CDC Guidelines (Oct. 14, 2009*) Ref. 7]

C. Aerosol-generating procedures. For this Instruction, OSHA has adopted the definition of aerosol-generating procedures from the CDC’s *Interim Guidance on Infection Control Measures for the 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel.* The aerosol-generating procedures for which engineering controls, administrative controls, and personal protective equipment are:

* Bronchoscopy
* Sputum induction
* Endotracheal intubation and extubation
* Open suctioning of airways
* Cardiopulmonary resuscitation
* Autopsies [*CDC Guidelines (Oct. 14, 2009)* Ref.7]

*Note: The CDC’s Interim guidance explains that these procedures performed on patients are very likely to generate higher concentrations of respiratory aerosols compared with coughing, sneezing, talking or breathing presenting healthcare personnel with an increased risk of exposure to infectious agents present in the aerosol.*

D. Very High Exposure Risk. A job task or activity involving a medical or laboratory procedure during which there is a potential of occupational exposure to high concentrations of suspected or confirmed 2009 H1N1 influenza virus. See Appendix C for more information.

* Healthcare workers (for example, doctors, respiratory therapists, nurses, emergency responders, or dentists) performing aerosol-generating procedures on suspected or confirmed patients (such as, sputum inductions, endotracheal intubations and extubations, bronchoscopies, some dental procedures or invasive specimen collection).
* Healthcare workers present during performance of aerosol-generating procedures during autopsies (such as, medical examiners).

E. High Exposure Risk. A job task or activity involving a high potential for exposure to suspected or confirmed 2009 H1N1 influenza virus. See Appendix C for more information.

* Healthcare workers who are in close contact [working within 6 feet of suspected or confirmed patients or entering into a small enclosed airspace shared with the patient (*e.g*., size of an average patient room)].
* Staff transporting suspected or confirmed 2009 H1N1 patients in enclosed vehicles (such as, emergency responders).

Medium Exposure Risk. A job task or activity is in the Medium Exposure Risk category if it requires frequent, close contact (within 6 feet) with others (e.g., coworkers, the general public, school children, or other such individuals or groups). See Appendix C for more information.

* Employees with high-frequency contact with the general population [such as schools (e.g., teachers), high population density work environments (e.g., tellers at banks), and some high-volume retail (e.g., cashiers at grocery stores)].

G. Lower Exposure Risk (Caution). A job task or activity is in the Lower Exposure Risk category if it does not require frequent close contact (within 6 feet) with others (e.g., coworkers or the general public). See Appendix C for more information.

* Employees who have minimal occupational contact with the general public and coworkers (for example, office workers).

**3.0 SCOPE**

This program applies to all ***Company Name*** employees who are exposed to Very High or High Exposure Risks of Pandemic Influenza as defined in Section 2.0 – Key Terms and Definitions. A list of the job tasks suspected to produce these exposures (as noted in the CDC’s *Interim Guidance on Infection Control Measures for the 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel) is located in Appendix A.* (Organizations must list all operations/procedures that have inhalation hazard and will require the use of a N95 respirator—not just the ones mentioned by the CDC.)

In addition, any employee who voluntarily wears a respirator (medium to low exposures risks) when one is not required is subject to the medical evaluation, and other elements of this program, and will be provided with necessary training. Employees who voluntarily wear filtering face pieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

All employees and processes that fall under the provisions of this program are listed in Appendix A.

**4.0 ASSIGNMENT OF RESPONSIBILITY**

**Employer**

***Company Name*** is responsible for providing respirators to employees when they are necessary for health protection. ***Company Name*** will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

* 1. **Program Administrator**

The Program Administrator for ***(Company Name)*** is ***(Responsible Person or Title)*** . The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

* Keeping up with knowledge about respiratory protection and maintaining an awareness of current regulatory requirements and good practices.
* Identifying work areas, process or tasks that require workers to wear respirators.
* Evaluating hazards.
* Selecting respiratory protection options.
* Monitoring respirator use to ensure that respirators are used in accordance with their specifications.
* Arranging for and/or conducting training.
* Ensuring proper storage and maintenance of respiratory protection equipment.
* Conducting qualitative fit testing with an approved agent (e.g., Bitrex).
* Administering the medical surveillance program.
* Maintaining records required by the program.
* Evaluating the program.
* Updating written program, as needed.

**4.2 SUPERVISORS**

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

* Ensuring that employees under their supervision (including new hires) receive appropriate training, fit testing, and annual medical evaluation.
* Ensuring the availability of appropriate respirators and accessories.
* Being aware of tasks requiring the use of respiratory protection.
* Enforcing the proper use of respiratory protection when necessary.
* Ensuring that respirators are properly cleaned, maintained, and stored according to this program.
* Ensuring that respirators fit well and do not cause discomfort.
* Continually monitoring work areas and operations to identify respiratory hazards.
* Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding this program.

**4.3 Employees**

Each employee is responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:

* + - Use the respiratory protection in accordance with the manufacturer’s instructions and the training received.
    - Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location.
    - Immediately report any defects in the respiratory protection equipment and whenever there is a respirator malfunction, immediately evacuate to a safe area and report malfunction.
    - Promptly report to the supervisor any symptoms of illness that may be related to respirator usage or exposure to hazardous atmospheres.
    - Report any health concerns related to respirator use or changes in health status to occupational physician.
    - Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding this program.

**5.0 PROGRAM**

**5.1 Hazard Assessment and Respirator Selection**

The Program Administrator will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with the OSHA Respiratory Protection Standard, including October 14, 2009 Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel. This Guidance specifies the following:

The Program Administrator will conduct a hazard evaluation to:

* + - Identify and develop a list of hazardous or infectious substances that employees may be exposed to in the course of a work day or an atypical workday.
    - Review work processes to determine where potential exposures to hazardous substances may occur. This review shall be conducted by surveying the workplace and talking with employees and supervisors.
    - Identify if exposure monitoring is required to quantify potential hazardous material exposures.

The proper type of respirator for the specific hazard involved will be selected in accordance with the manufacturer’s instructions. Selection of appropriate respiratory protection shall be documented in Appendix A by the Program Administrator.

* 1. **Updating the Hazard Assessment**

The Program Administrator must revise and update the Hazard Assessment Log (Appendix A) as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, she/he is to contact the Supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard, and arrange for outside assessment if necessary. The Program Administrator will then communicate the results of that assessment to the employees. If it is determined that respiratory protection is necessary, all other elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

* 1. **Training**

The Program Administrator will provide training to respirator users and their supervisors on the contents of *Company Name* Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. All affected employees and their supervisors will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to supervising employees that must wear respirators.

The training course will cover the following topics:

* + - The ***Company Name*** Respiratory Protection Program;
    - The OSHA Respiratory Protection Standard (29 CFR 1910.134) and CDC’s October 14, 2009 Interim Guidance for H1N1 Pandemic Influenza;
    - Respiratory hazards encountered at ***Company Name*** (Appendix A);
    - Appropriate respirators to be used for job tasks (Appendix A);
    - Limitations of respirators;
    - Respirator donning and user seal (fit) checks;
    - Fit testing;
    - Maintenance and storage; and
    - Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or as needed (e.g., if they change departments or work processes and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. The Program Administrator will document respirator training and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

* 1. **Respirator Certification**

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification.

* 1. **Voluntary Respirator Use**

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

The Program Administrator will provide all employees who voluntarily choose to wear the above respirators with a copy of Appendix D of the OSHA Respiratory Protection Standard 1910.134. Appendix D details the requirements for voluntary use of respirators by employees. A copy of Appendix D has been included in this Program (Appendix D). Employees who choose to wear a half-face respirator must comply with the procedures for medical evaluation, respirator use, cleaning, and maintenance and Storage portions of this program.

* 1. **Medical Evaluation**

Employees who are either required to wear respirators, or who choose to wear a half-face respirator voluntarily, must pass a medical exam provided by *Company Name* before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

A licensed physician at  *(LOCATION OF DOCTOR)* , where all company medical services are provided, will provide the medical evaluations. Medical evaluation procedures are as follows:

The medical evaluation will be conducted using the questionnaire provided in Appendix B of this plan. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.

To the extent feasible, the company will provide assistance to employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for medical evaluation.

All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to complete the questionnaire on company time.

Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating physician.

All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.

The Program Administrator shall provide the evaluating physician with a copy of this Program with attachments, a copy of the OSHA Respiratory Protection Standard and the following information about each employee requiring evaluation:

* his or her work area or job title;
* proposed respirator type and weight;
* length of time required to wear respirator;
* expected physical work load (light, moderate or heavy);
* potential temperature and humidity extremes; and
* any additional protective clothing required.

Positive pressure air purifying respirators will be provided to employees as required by medical necessity. Note to organization: This is a hooded respirator with a filter. Air is drawn by a motor through a filter which the employee then breathes. If the employee cannot be properly fitted to the N95 or has serious difficulty breathing in a N95 for the time it takes to complete the job task, a unit like this will need to be provided.

After an employee has received clearance to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

* The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
* The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
* Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.
* A change occurs in 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 the physician. The Program Administrator will only retain the physician’s written recommendations regarding each employee’s ability to wear a respirator.

* 1. **Fit Testing**

Employees who are required to or who voluntarily wear half-face piece air purifying respirators (N95s or others) will be fit tested under the following circumstances:

* prior to being allowed to wear any respirator with a tight-fitting face piece;
* annually; or
* when there are changes in the employee’s physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, extensive dental work, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode.

The Program Administrator will assure that fit tests are conducted in accordance with Appendix A of the OSHA Respiratory Protection Standard 1910.134 located here: (<http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780>)

* 1. **General Respirator Use Procedures**

**Half-face, filtering face masks (N95) shall not be worn for any purpose than those specified in Appendix A.** The N-95 is not intended for protection from organic vapors, toxic gases, or toxic particulates. Consult your supervisor or Environment, Health and Safety if you have questions regarding respiratory protection.

Employees will use their respirators for tasks specified in this Program (see Appendix A), and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures that would prevent a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.

* + 1. **Respirator Seal Checks**

All employees shall conduct user seal checks each time they wear their respirators. Employees shall use either the positive or negative pressure check (depending on which test works best for them) as specified in the OSHA Respiratory Protection Standard.

* + - 1. Positive Pressure Test

This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.

* + - 1. Negative Pressure Test

This test is performed by closing of the inlet openings of the cartridge with the palm of your hand. Some masks may require that the filter holder be removed to seal off the intake valve. Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator is fit properly.

* + 1. **Respirator Maintenance**

Respirators are to be properly maintained at all times in order to ensure that they function properly and protect employees adequately. All respirators shall be inspected routinely before and after each use.

Maintenance involves a thorough visual inspection for cleanliness and defects. No components will be replaced or repairs made beyond those recommended by the manufacturer.

All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons:

* to change their respirator if it is impeding their ability to work
* to inspect respirator if it stops functioning as intended.

Employees should notify their supervisor before leaving the area.

* + 1. **Change Schedules**

Filtering facepiece respirators (N95s) shall be replaced as follows:

Organization should look up manufacture instructions and list them here. Most N95s state the following:

Replace the filtering facepiece (N95) between patients in healthcare setting and/or when you notice:

* Increased breathing resistance
* Physical damage to any part of the face piece or filters
* Inside of the dust mask becomes unsanitary or
* Time use limitations according to manufacturer require replacement

NOTE: N95 respirators cannot be cleaned between uses—they must be discarded. The filtering medium of the mask will deteriorate if cleaning is attempted.

* + - 1. Potential National Shortage of N95 Masks

N95 masks are disposable and should be discarded after completing the job task for which it was used. If a national shortage of N95s is experienced (this is likely during a Pandemic), workers may extend the typical use of the respirator if the respirator remains in good condition. If the respirator is wet, it may not be used nor should a damaged respirator be used as a proper seal cannot be achieved. The respirator must be stored in a clean, dry place (plastic bag) between uses.

(Company Name) must make every effort to obtain alternative respirators during a shortage such as N99, N100 or reusable elastomeric respirators. The potential for a shortage should be planned in advance.

* + 1. **Storage Note to Implementing Organization – Remove this section is you are using only N95 masks. If you are using any other form of respiratory protection, you must list the manufacture's storage requirements. For example:**

After inspection, cleaning, and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect their own respirator in accordance with the provisions of this program, and will store their respirator in a plastic bag in the designated area. Each employee will have his/her name on the bag and that bag will only be used to store that employee’s respirator.

* + 1. **Malfunctions and Defects**

Respirators that are defective or have defective parts (broken head bands, tears, creases) shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor.

* 1. **Program Evaluation**

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, and a review of records.

* 1. **Documentation and Recordkeeping**

A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator’s office and made available to all employees who wish to review it.

Copies of training and fit test records shall be maintained by the Program Administrator. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted

For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the physician’s written recommendation regarding each employee’s ability to wear a respirator. The completed medical questionnaires and evaluating physician’s documented findings will remain confidential in the employee’s medical records at the location of the evaluating physician’s practice.

Revision Date:

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| --- | --- | --- | --- |
| **Job Title** | **Work Procedure** | **Employees with potential to perform this task:**  **(list employee names)** | **Type of Personnel Protective Gear Required**  **(Respirator, gloves, goggles, etc.)** |
|  | List all Very High and High Risk procedures using definitions in Section 2.0 | List ALL employees that have the potential to perform this task |  |
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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 (circle one): Male Female**

**5. Your height: \_\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_\_ in.**

**6. Your weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs.**

**7. Your job title:**

**8. A phone number where you can be reached by the 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 (circle one): Yes No**

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

**a.** **Dust Mask Only**

**b. N, R, or P disposable respirator (filter-mask, non- cartridge type only).**

**c. Other type (for example, half-or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).**

**12. Have you worn a respirator (circle 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 circle “yes” or “no”).

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

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

a. Seizures (fits): Yes No

b. Diabetes (sugar disease): Yes No

c. Allergic reactions that interfere with 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

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’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:)

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

**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 you come into 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 the 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)? (Circle “yes” or “no” for all answers that apply to you):**

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 and/or equipment (other than the respirator) when you’re using your respirator:** Yes No

**If “yes,” describe this protective clothing and/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. Describe any special responsibilities you’ll have while using your respirator(s) that may affect the safety and safety and well-being of others (for example, rescue, security):**

**HEALTHCARE WORKPLACES CLASSIFIED AS VERY HIGH OR HIGH EXPOSURE RISK FOR PANDEMIC INFLUENZA -- WHAT TO DO TO PROTECT WORKERS**

If your workplace requires your workers to have contact with people who are known or suspected to be infected with the pandemic virus, there are important practices to reduce the risk of infection and to protect your workers.

Very high exposure risk occupations are those with high potential for exposure to known or suspected sources of pandemic influenza during specific medical or laboratory procedures:

* Healthcare workers performing aerosol-generating procedures on known or suspected pandemic patients.



* Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.

High exposure risk occupations are those with high potential for exposure to known or suspected sources of pandemic virus:

* Healthcare delivery and support staff exposed to known or suspected pandemic patients.
* Staff providing medical transport of known or suspected influenza patients in enclosed vehicles.
* Staff performing autopsies on known or suspected pandemic patients.

**Engineering Controls**

These types of controls involve making changes to the work environment to reduce work-related hazards.

Healthcare facilities equipped with isolation rooms need to use them when performing aerosol-generating procedures for patients with known or suspected pandemic influenza.

Only Biosafety Level 2 or 3 laboratory facilities (depending on the procedures performed) should process specimens from known or suspected pandemic

Where possible, install physical barriers such as clear plastic sneeze guards in reception or intake areas.

Review and increase housekeeping vigilance to control the spread of infectious agents through additional cleaning of contact surfaces, and through prompt and thorough waste disposal.

**Work Practices**

Train workers in work practices such as hand hygiene, facility hygiene, and other infection control measures. For details see *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employer*s at www.osha.gov/Publications/3328-05-2007-English.html.

Provide conveniently located masks, tissues and alcohol-based hand rubs for waiting areas and patient evaluation areas to reduce the spread of infection.

**Administrative Controls**

Healthcare facilities need to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposures.

Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the facility and use disposable tissues to cover the nose and mouth when coughing.

**Personal Protective Equipment (PPE)**

For those who work closely (within 6 feet) with people known or suspected to be infected with pandemic influenza:

Use NIOSH-certified respirators that are N95 or higher. When both fluid protection (e.g., blood splashes) and respiratory protection are needed, use a "surgical N95" respirator that has been certified by NIOSH and cleared by the FDA.

Consider NIOSH-certified elastomeric respirators (e.g., cartridge respirators) for essential workers who may have to decontaminate and reuse respirators in the event that there is a shortage of disposable respirators.

Consider NIOSH-certified powered air-purifying respirators for essential workers who may have to decontaminate and reuse respirators, wear respirators for prolonged periods of time, be exposed to high-risk procedures, or work in high-risk environments. Loose-fitting hooded powered air purifying respirators have the additional advantage of not requiring fit testing.

Be fit tested and trained in the proper use and care of a respirator. (www.osha.gov/SLTC/respiratoryprotection/index.html).

Use 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.

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.

Use eye and face protection if sprays or splatters of infectious material are likely. Goggles should be worn during the performance of aerosol-generating procedures. Use of a full faceshield in front of a respirator may also prevent bulk contamination of the respirator.

Education and training materials need to be easily understood and available in the appropriate language and literacy level for all workers. Employers must have a respiratory protection program that complies with OSHA's Respiratory Protection standard at 29 CFR 1910.134, including worker fit testing, medical evaluation, and training in the proper use and care of a respirator. For more information, please refer to OSHA Publication No. 3328, Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers, which can be accessed at: www.osha.gov. Additional information can be found at www.pandemicflu.gov.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627respirator.

**Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**   
  
Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.   
  
You should do the following:   
  
1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.   
  
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.   
  
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.   
  
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]