

## N-95 RESPIRATORY PROTECTION PROGRAM FOR

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### *RSU 16*

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Our personnel may be exposed to airborne pathogens while in the performance of their duties. Because of this hazard, all potentially exposed personnel are required to wear the N95 protective mask for their protection. Since this is a mandatory requirement, the provisions of the Respiratory Protection Program, 29 CFR 1910.134, apply. The implementation requirements of this program are listed below.

1. **Program Administrator.** Kenneth Healey has been designated as the Program Administrator and is responsible for implementing and evaluating all aspects of this program. This does not prohibit the administrator from relying on other employees to help manage parts of the respiratory protection program (e.g., fit testing, medical evaluations, etc.). Due to the various types of N95 respirators on the market, the Program Administrator must select a respirator that is approved by the manufacturer for airborne pathogens.

2. **General Provision.** Employees who are required to wear respirators will be provided respirators, training, and medical evaluations at no cost to the employees involved.

3. **Medical evaluations of employees required to wear respirators.**

a. Using a respirator may place a physical burden on an employee's health. The burden varies according to several factors, such as the weight and breathing resistance of the respirator and the workplace conditions under which the respirator is worn. Additionally, some medical conditions may place an employee at increased risk of illness, injury, or death.

b. All employees must complete an initial and then a periodic evaluation, based on their age, to determine their fitness to wear the N95. A qualified Physician or other Licensed Health Care Professional (PLHCP) must review these evaluations. Results of these evaluations must be provided to the employee and kept on file for 5 years. (A PLHCP's may use their own survey questionnaire or the sample survey questionnaire provided at Appendix A.) The PLHCP for this facility is the RSU 16 district nurse.

c. Periodic medical evaluations shall be administered according to the following schedule:

- Employees: up through 35 years of age, at least every 5 years.
- 36 to 40 years if age, at least every 2 years.
- Over 40 years of age, at least annually.

d. Employees who are not medically evaluated and/or cleared for use of a respirator will be required to wear another approved form of respiratory protection such as a powered-air purifying respirator or will not be permitted to perform a task requiring respiratory protection.

4. **Fit testing procedures.**

a. Fit testing must be conducted for all employees prior to initial use. Fit testing is a procedure used to determine how well a respirator "fits", that is, whether the respirator forms a seal on the user's face. If a good

face piece-to-face seal is not achieved, the respirator will provide a lower level of protection than it was designed to provide.

b. Fit testing cannot be conducted until after a Physician or Licensed Health Care Provider (PLHCP) has reviewed the medical evaluation and provided, in writing, a determination the employee can use a respirator.

c. Fit testing will be conducted annually using either a Qualitative Fit Test (QLFT) or a Quantitative Fit Test (QNFT). Fit testing will also be accomplished whenever there are changes in the employee's physical condition that could affect respiratory fit (obvious changes in body weight, facial scarring, etc.).

d. Appendix B outlines the procedures for donning and adjusting the N95 respirator.

5. **Routine use procedures.** N95 respirators will be used whenever transporting patients from scene to medical facilities whenever in contact with a patient known or suspected of having a disease with airborne pathogens.

6. **Recordkeeping.** An employee medical evaluation, fit testing and training record will be kept on file.

7. **Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators.**

### **Inspection**

N95 respirators will be visually inspected prior to use to ensure no parts are missing, distorted, blocked, loose, deteriorated, or otherwise interfere with proper performance. Respirators not passing inspection must be discarded.

### **Maintenance**

- (1) Soiled mask should be replaced but not cleaned.
- (2) Always thoroughly wash hands after taking the mask off.
- (3) After use, the mask should be wrapped in a plastic bag before disposal.
- (4) Never share a mask with others.
- (5) When breathing becomes difficult, replace the mask

### **Storage**

Respirators must be stored in a manner that:

- (1) Protects them from contamination, dust, sunlight, extreme temperatures, excessive moisture, damaging chemicals, or other destructive conditions.
- (2) Prevents the face piece from becoming deformed.
- (3) Follow all storage precautions issued by the respiratory manufacturer.

### **8. TRAINING**

Training must be provided to all employees required to wear respirators and annotated on a training attendance roster. (Sample at Appendix C.). New employees will receive training prior to being exposed to any hazards and all employees will receive training on an annual basis. Training must include:

- a. Why the respirator is necessary and how improper fit, usage, and maintenance can make the respirator ineffective.
- b. What the limitations and capabilities of the selected respirator are.
- c. How to use the respirator effectively.
- d. How to inspect, put on and remove, and check the seals of the respirator.
- e. What the respirator maintenance and storage procedures are.
- f. How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.
- g. The general requirements of this Respiratory Program.

## 9. ANNUAL PROGRAM EVALUATION

- a. The RSU 16 Respiratory Protection Program must be re-evaluated anytime the program has changed significantly or at least annually to ensure that the written program is working effectively.
- b. The evaluation can be documented by signing and dating this document with a “Reviewed by” statement or this information can be attached to any training records, meeting minutes, etc. The space below can be used for this purpose:

Reviewed by (Name and Date):


## Appendix C to 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

**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 (circle one):      Yes      No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health 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. Gender (circle one): Male    Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      6. Your weight: \_\_\_\_\_ lbs.

7. Your job title: \_\_\_\_\_

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

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

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one):    Yes      No

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

- a. \_\_\_\_ N, R, or P disposable respirator (filter mask, non cartridge type only).
- b. \_\_\_\_ Other type (for example, half or full facepiece 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 have 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

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

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Staff member \_\_\_\_\_ Facility \_\_\_\_\_

**To be completed by a qualified medical provider.**

I have reviewed the medical evaluation questionnaire provided by the staff member named here and found the following to be true:

\_\_\_\_\_ Employee has passed the medical evaluation and is clear to take a fit test.

\_\_\_\_\_ Employee requires a medical examination prior to being qualified for a fit test.

\_\_\_\_\_ Employee does not qualify for a fit test.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Date

## Appendix B. Donning and Adjusting the N95 Respirator

### Donning and Adjusting of Mask

Mask should be worn and seal checked according to below procedure:

- 1** Choose a small or medium-sized face-piece that fits the face. Pull the head bands loose. The metallic strip should be uppermost. Pass the hand through the head bands.



- 2** Put on the mask. The head bands should be around the head and neck.



- 3** Press the metallic strip on both sides with the forefingers and middle fingers of both hands.



- 4** **Seal Check:**

**Positive pressure checking** – cover the mask lightly with both hands. Breathe with deliberation. Air should not leak out from the side of the mask.



**Negative pressure checking** – cover the mask lightly with both hands. Suck in air with deliberation. The mask should depress slightly inward.

**Note:** For masks with valves, check them according to the instruction of the manufacturers.

**Appendix C. Sample Training Attendance Roster**

**N95 Training Attendance Roster**

**The following personnel attended training on the date listed. (Personnel making up training or new employees completing initial training will annotate the date of this training after their name.) This annual training consisted of a review of the written N95 Respiratory Protection Program, which included but was not listed to the storage, inspection, and maintenance requirements as well as donning and adjustment skills for the N95 respirator.**

**Name of Trainer and Date of Training:** \_\_\_\_\_

**Names:**

_____	_____
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