

OCCUPATIONAL HEALTH & SAFETY

OSHA RESPIRATOR EVALUATION: N95 Disposable Particulate Respirator

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

STCC ID#: \_\_\_\_\_

Department/Major: \_\_\_\_\_

Type of Respirator: **N95 Disposable Particulate Respirator**

Manufacturer, Model:  **3M 1860** Size: R S  **Willson** Size: S M/L XL

**3M 1870**  Other:

Hazard: **Tuberculosis, SARS, other respirable bioaerosols**

Fit Test Type:  Saccharin  Bitrex

Result:  Pass  Fail  Unable to test Comments: \_\_\_\_\_

**Recommendations Regarding Employee's Ability to Use a Respirator**

1. The employee is medically able to use the respirator indicated above with no limitations.

2. The employee is medically able to use the respirator indicated above with the following limitation:

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

3. The employee may not use a negative pressure respirator, but may use a powered air purifying respirator (PAPR) because of  facial hair  a medical condition.

4. Additional follow-up medical evaluations are needed if:

- a. The employee reports signs or symptoms that are related to ability to use a respirator.
- b. Observations made during fit testing or program evaluation indicate a need for reevaluation.
- c. A change occurs in the job that may require a substantial increase in the work load to be done while wearing the respirator.
- d. A supervisor, the Safety Officer or Employee Health feel the employee needs to be reevaluated

\_\_\_\_\_  
Signature of evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of employee/Student

\_\_\_\_\_  
Date



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

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: \_\_\_\_\_ STCC ID#: \_\_\_\_\_
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 health care professional who will review this questionnaire: \_\_\_\_\_
9. The best time to call you at this number: \_\_\_\_\_
10.  YES     NO    Has your employer told you how to contact the health care professional who will review this questionnaire
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.  YES     NO    Have you worn a respirator
  - a. 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.  YES     NO    Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?
2. Have you *ever had* any of the following conditions?
  - a.  YES     NO    Seizures
  - b.  YES     NO    Diabetes (sugar disease)
  - c.  YES     NO    Allergic reactions that interfere with your breathing
  - d.  YES     NO    Claustrophobia (fear of closed-in places)
  - e.  YES     NO    Trouble smelling odors
3. Have you *ever had* any of the following pulmonary or lung problems?
  - a.  YES     NO    Asbestosis
  - b.  YES     NO    Asthma
  - c.  YES     NO    Chronic bronchitis
  - d.  YES     NO    Emphysema
  - e.  YES     NO    Pneumonia
  - f.  YES     NO    Tuberculosis
  - g.  YES     NO    Silicosis
  - h.  YES     NO    Pneumothorax (collapsed lung)
  - i.  YES     NO    Lung cancer
  - j.  YES     NO    Broken ribs
  - k.  YES     NO    Any chest injuries or surgeries
  - l.  YES     NO    Any other lung problem that you've been told about

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
- a.  YES  NO Shortness of breath
  - b.  YES  NO Shortness of breath when walking fast on level ground or walking up a slight hill or incline
  - c.  YES  NO Shortness of breath when walking with other people at an ordinary pace on level ground
  - d.  YES  NO Have to stop for breath when walking at your own pace on level ground
  - e.  YES  NO Shortness of breath when washing or dressing yourself
  - f.  YES  NO Shortness of breath that interferes with your job
  - g.  YES  NO Coughing that produces phlegm (thick sputum)
  - h.  YES  NO Coughing that wakes you early in the morning
  - i.  YES  NO Coughing that occurs mostly when you are lying down
  - j.  YES  NO Coughing up blood in the last month: Yes/No
  - k.  YES  NO Wheezing
  - l.  YES  NO Wheezing that interferes with your job
  - m.  YES  NO Chest pain when you breathe deeply
  - n.  YES  NO Any other symptoms that you think may be related to lung problems
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a.  YES  NO Heart attack
  - b.  YES  NO Stroke
  - c.  YES  NO Angina
  - d.  YES  NO Heart failure
  - e.  YES  NO Swelling in your legs or feet (not caused by walking)
  - f.  YES  NO Heart arrhythmia (heart beating irregularly)
  - g.  YES  NO High blood pressure
  - h.  YES  NO Any other heart problem that you've been told about
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a.  YES  NO Frequent pain or tightness in your chest
  - b.  YES  NO Pain or tightness in your chest during physical activity
  - c.  YES  NO Pain or tightness in your chest that interferes with your job
  - d.  YES  NO In the past two years, have you noticed your heart skipping or missing a beat
  - e.  YES  NO Heartburn or indigestion that is not related to eating
  - f.  YES  NO Any other symptoms that you think may be related to heart or circulation problems
7. Do you *currently* take medication for any of the following problems?
- a.  YES  NO Breathing or lung problems
  - b.  YES  NO Heart trouble
  - c.  YES  NO Blood pressure
  - d.  YES  NO Seizures
8.  N/A 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.  YES  NO Eye irritation
  - b.  YES  NO Skin allergies or rashes
  - c.  YES  NO Anxiety
  - d.  YES  NO General weakness or fatigue
  - e.  YES  NO Any other problem that interferes with your use of a respirator
9.  YES  NO Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

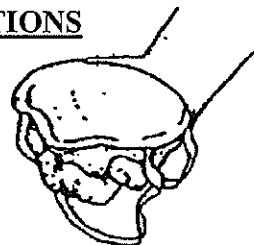
## N95 RESPIRATOR TRAINING

### FACT SHEET

1. To reduce the transmission of TB and certain other infectious diseases (e.g. SARS – Severe Acute Respiratory Syndrome) in the Medical Center, we rely on prompt isolation and treatment of these patients; teaching them to cover their mouths and noses when coughing or sneezing; the use of negative pressure isolation rooms; and the use of N95 particulate respirator masks by health-care workers caring for patients with known or suspected TB or SARS.
2. Immune-compromised persons are at greater risk of acquiring TB, and should consult with Employee Health service before taking care of patients who may have tuberculosis.
3. The N95 respirator masks we use are NIOSH approved and are recommended by the CDC and OSHA. To be effective, they must be fit tested and worn properly.
4. All employees have had pre-placement physical examinations. Anyone with concerns about possible health problems that might interfere with respirator use should be further evaluated in Employee Health Service.
5. Particulate respirators are for use in the following circumstances:
  - a. When entering an isolation room of a patient with confirmed or suspected TB or SARS.
  - b. When performing or assisting in a cough inducing or aerosol generating procedure on a patient with confirmed or suspected TB or SARS.
  - c. When transporting a patient who may have infectious TB or SARS in an emergency transport vehicle such as an ambulance.
  - d. When performing an autopsy on a patient with proven or suspected active TB or SARS.
6. The respirator face seal should be checked before each use by performing a positive or negative pressure test.
7. When caring for TB patients, N95 respirators may be used for one full shift unless they become damaged or contaminated with blood or body fluids. If worn for care of a SARS patient, they must be disposed of each time they are worn. This is because TB is transmitted via the airborne route and contamination of the outside of the mask does not occur. SARS, however, is transmitted primarily by the droplet route, and the outside of the mask can become contaminated when it is worn.
8. Employees who experience difficulty wearing an N95 respirator mask should be evaluated in Employee Health Service.

## N95 RESPIRATOR FITTING INSTRUCTIONS

1. Cup the respirator in your hand with the nose piece at fingertips, allowing the headbands to hang freely below hand.



2. Position the respirator on your face.



3. Pull the top strap over your head so it rests high on the back of head.



4. Pull the bottom strap over your head and position it around neck below ears.



5. Using two hands, mold the metal nose piece to the shape of your nose by pushing inward while moving fingertips down both sides of the nose piece. Pinching the nose piece with one hand may distort it.



6. Face seal fit check: Must be done every time you put the respirator on (even if 30 times a day!) Takes 10 seconds, but assures a good fit!
  - **Positive Pressure Test**: Blow out into the respirator and feel for leaks around edges. Readjust if you feel air leaks.
  - **Negative Pressure Test**: Place both hands completely over the respirator and breath in sharply. You should feel a brief vacuum sensation in the mask.

