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      [ X ] 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.
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.