

# **Sample Respiratory Protection Program for Disposable Particulate Respirators Used for Infection Control Purposes Only**

## **Using this Template**

This template was designed to simplify writing and implementing a respiratory protection program for facilities/agencies whose only need is for disposable particulate respirators for infection control purposes. It eliminates those parts of the mandated written program that do not apply.

If an agency/facility uses different types of respirators for infection control (such as reusable N95 respirators or PAPRs), the plan would need to be expanded to reflect provisions for cleaning or battery checks and other elements associated with these types of equipment. This also applies if respiratory protection is needed for purposes within the facility not related to infection control.

The text written in *{italics and brackets}* indicates areas to be completed based on site-specific details. The original text within the *{italics and brackets}* can then be deleted.

## **Cover Page**

This plan should be preceded by a cover page – Sample below:

### **Respiratory Protection Program Plan**

This plan addresses respiratory protection for the employees of

\_\_\_\_\_  
*(Agency or Facility Name)*

#### **Prepared By:**

\_\_\_\_\_  
{Name Title}

\_\_\_\_\_  
{Name Title}

\_\_\_\_\_  
{Name Title}

**Date Prepared:**

**Last Reviewed/Updated:**

\_\_\_\_\_

\_\_\_\_\_

{Name of facility/agency here}

**Respiratory Protection Program for Disposable Particulate Respirators**

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**Policy**

The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators. All respirator use will occur within the context of a comprehensive program as per the standards set forth by OSHA or (for public employers in NYS) the Department of Labor, Public Employee Safety and Health Program (PESH). This requires a written program, medical evaluation, training, and fit testing. See OSHA standard 29 CFR 1910.134 or [www.osha.gov](http://www.osha.gov) for additional information. Resources on pandemic flu planning are available at <https://www.osha.gov/dsg/topics/pandemicflu/index.html>

**Program Scope and Application**

This program applies to all employees who may require respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations. This program is limited to the use of disposable particulate respirators (minimum N95). The types of work activities which require employees to wear disposable N95 respirators are outlined below:

*{Add or delete items from list as needed based on the expected job duties of your employees.}*

<b>Work Activity to be Performed</b>	<b>Where, When, Other Factors</b>
Having any patient contact	When entering isolation room of patient on airborne precautions (such as TB)
Providing direct patient care and/or having close patient contact	In patient care areas when either CDC or the NYSDOH recommend the use of N 95 precautions. Be specific to the tasks and settings to which your employees would likely be assigned.
Doing contact tracing or disease investigation for infectious disease requiring airborne precautions	Community settings including patient's home when either CDC or the NYSDOH recommend the use of N 95 precautions.

**Program Components**



**Supervisor** *{may change – complete as appropriate for your facility/agency}*

- Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular units.
- 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:
    - 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.
    - Ensuring employees receive medical evaluations.
    - Ensuring employees receive annual training and fit testing.
    - Ensuring staff use respirators, as required.
    - Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact program.
    - Ensuring proper storage and maintenance of respirators in their unit.

**Employee**

- Participate in all training and fit testing
- Wear respirator when indicated
- Maintain equipment
- Inspect respirator and perform user seal check before every use
- Report malfunctions or concerns

**Identifying Work Hazards**

The respirators selected will be used as personal protection as part of an overall infection control plan which incorporates engineering and work practice controls.

This agency will follow the most current CDC and NYS Department of Health Guidance on appropriate infection control practices.

Routine infection control and isolation practices for typical work situations are well known and tend to remain consistent over time. However, during an outbreak of a new virus type or pandemic flu, infection control guidance may change as the situation unfolds, based on available epidemiological data. In these situations, it will be the responsibility of the respiratory protection program manager to keep current with CDC/NYSDOH recommendation. The program will be adjusted and employees will be kept informed as changes occur.

## **Respirator Selection**

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. In making the determination of which respirators to select, the RPA will consider the type of settings and job activities employees will perform, the capabilities and limitations of the respirator, and duration of respirator use.

Respirators currently approved for use are as follows:

<b>Manufacturer</b>	<b>Model</b>	<b>Work task</b>

## **Medical Evaluation**

Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator.     {name of facility/agency}     will provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. A physician or other licensed health care professional (PLHCP) will perform the medical evaluations using the OSHA mandatory medical questionnaire (see Appendix A) and/or performing an initial medical examination that obtains the same information as the medical questionnaire.

A follow-up medical examination will be provided for any employee who gives a positive response to any question among questions 1 through 8 in Section 2, part A or whose initial medical examination demonstrates the need for a follow-up examination. Following a medical examination,     {name of facility /agency}     shall be provided a written recommendation regarding the employee's ability to use a respirator and any restrictions indicated.

All medical questionnaires and examinations shall be administered in a confidential manner during the employee's normal working hours (or at a time and place convenient to the employee). The employee will also be provided the opportunity to discuss the questionnaire and/or results of the examination with the PLHCP.

**NOTE:** Be sure employees can read and understand English before using the medical questionnaire. If he/she is unable to do so, provide assistance as needed or schedule a medical exam.

*{While not required under the standard, an agency/facility can set a schedule for periodic re-evaluation in the absence of any reported change in conditions. Some review annually,*

*some every 2 or 3 years. The following conditions require re-evaluation regardless of the date of the last assessment}*

Re-evaluation will be conducted under these circumstances:

- Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.) or
- It is identified that an employee is having a medical problem during respirator use or observations made during fit testing or
- The healthcare professional performing the evaluation determines an employee needs to be reevaluated and the frequency of the evaluation or
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee or
- Employee facial size/shape/structure has changed significantly.

### **Fit Testing**

Fit testing is conducted to determine how well the seal of a respirator “fits” on an individual’s face and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.

Employees required to wear a respirator shall be fit-tested using the *{Qualitative or Quantitative}* method. *{Describe here whether your facility will be using a qualitative fit-test (QLFT) or quantitative fit-test (QNFT) method. QLFT is a pass/fail test. QNFT provides an actual fit factor and is performed using a Portacount}*

Employees shall be fit-tested with a respirator of the same make, model, style and size as that of the respirator that will be used by the employee. If, based on the fit-test, it is determined that the employee needs a different style or size of tight-fitting face piece, employees shall be given a reasonable opportunity to select a different face piece, and be re-tested.

Fit testing will be conducted at least annually AND:

Prior to being allowed to wear any respirator or

- If the model of respirator available for use changes or
- If the employee changes weight by 10% or more or
- If the employee has any changes in facial structure or scarring.

Records of fit testing shall be maintained by the Respiratory Protection Administrator for at least 3 years. See Appendix B for Fit Testing protocol. For Sample Record Form – see Appendix C.

### **Proper Respirator Use**

## General Use

Employees will use their respirators under the 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 user seal checks according to manufacturer recommendations each time they wear a respirator.

Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.

All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)

## Cleaning and Disinfecting

A disposable particulate respirator can not be cleaned or disinfected. There is no specific time limit for how long an N95 respirator can be used.

If the medical condition requires only airborne isolation precautions (e.g., TB):

- Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
- *{insert any specific additional agency/facility rule here – for example, for TB some facilities may advise disposing at the end of a shift}*

If condition also requires contact and/or droplet precautions:

- The respirator must be discarded after a single use. All PPE should be removed and disposed of in a receptacle prior to or upon exiting a patient room and hand hygiene performed immediately.
- However, in times of shortage, consideration can be given to extended use or reuse if special training is provided. This decision will be made by the Respiratory Protection Program Administrator based on the available supply and current epidemiological data and will be communicated clearly to staff.

## Storage and Inspection

Employees will inspect the respirator prior to use.

- Examine 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.
- Check the respirator straps to be sure they are not cut or otherwise damaged.

- Make sure the metal nose clip is in place and functions properly (if applicable).

Respirators will be stored in a clean, dry area away from direct sunlight and extreme heat. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

### **Respirator Training**

Employees shall be provided [respiratory protection training](#) upon initial assignment to jobs where a respirator has been determined necessary and at least annually thereafter unless it is determined through a workplace re-evaluation that respiratory protection is no longer necessary. *{Fill in the blank – Supervisor? Program Administrator ?}* shall be responsible for [ensuring completion of training](#).

Workers will be trained prior to the use of a respirator. Training will include:

- Why the respirator is necessary
- Identify hazards, potential exposure to these hazards, and health effects of hazards
- Other required PPE if needed
- Respirator fit, improper fit, usage, limitations, and capabilities
- Usage and storage
- Inspecting, donning, removal, seal check and trouble shooting
- Explaining respirator program (policies, procedures, OSHA standard, resources)

See Appendix C for Sample Training Record Form.

### **Evaluating/Updating Program**

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

- Evaluate any feedback information or surveys.
- Review any new hazards or changes in CDC/DOH recommendations that would affect respirator use.
- The Respiratory Program Administrator will make recommendations and implement any changes needed in the respiratory protection program.

## **Documentation and Record-keeping**

A written copy of this program can be found \_\_\_\_\_ *{where -- fill in the blank}*

The Respiratory Protection Program Administrator maintains the medical information for all employees covered under the respiratory program. The completed medical forms and documented medical recommendations are confidential.

All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.

## **Additional Information and Resources**

The current list of NIOSH approved respirators can be viewed at [http://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html](http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html) . There are some products that are approved by NIOSH as an N95 respirator and also cleared by the Food and Drug Administration (FDA) as a surgical mask. These products are referred to as “Surgical N95 Respirators” and are indicated with the Model Number/Product Line and Approval Number appearing in a RED FONT followed by (FDA).

For assistance in finding someone to perform fit tests or for training in-house staff to perform fit tests, contact the manufacturer of the respirators you purchased to ask about their training programs. A local occupational health clinic or the local health department may also know of available resources. Information about the New York State Occupational Health Clinic Network (OHCN) is available at or 1-866-807-2130 or [http://www.health.state.ny.us/environmental/workplace/clinic\\_network.htm](http://www.health.state.ny.us/environmental/workplace/clinic_network.htm)

You can also check with the nearest PESH or OSHA office.

- Private employers can contact OSHA at 1-800-321-OSHA or <http://osha.gov/oskdir/ny.html> (for offices in New York), or
- Public employers in New York can contact PESH (Public Employee Safety and Health) at (518) 457-1263 or [http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH\\_PESH.shtm](http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH_PESH.shtm) or

## **Attachments:**

**Appendix A: Sample Medical Questionnaire**

**Appendix B: Employee Training and Fit Test Procedure**

**Appendix C: Respirator Training and Fit-Testing Record for Qualitative Fit Test**

**Appendix D: Recommend incorporating specific information for the respirator(s) you have selected**

**Appendix A - Sample Medical Questionnaire - taken from:  
Sec. 1910.134 - Appendix C: OSHA Respirator Medical Evaluation Questionnaire**

**Instructions:** Please complete this form BEFORE your Respirator Fit Test and return to:

\_\_\_\_\_ {fill in the blanks}  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish to speak to the health care professional who will review this questionnaire, contact: \_\_\_\_\_ {fill in the blank} \_\_\_\_\_

Can you read? (circle one): Yes No

**Part A. Section 1. The following information must be provided by every employee who has been selected to use any type of respirator. (Please print)**

Your name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Your age (to nearest year): \_\_\_\_\_ Sex (circle one): Male/Female  
 Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Your weight: \_\_\_\_\_ lbs.  
 Your job title: \_\_\_\_\_  
 Phone number at work: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Have you worn a respirator (circle one): Yes/No  
 If "yes," what type(s)? : \_\_\_\_\_

**Part A. Section 2. (Mandatory) Questions 1 through 9 must be answered by every employee selected to use a respirator. Please check "YES" or "NO" for each question.**

Questions		YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?			
2. Have you ever had any of the following conditions?		YES	NO
a.	Seizures (fits)		
b.	Diabetes (sugar disease)		
c.	Allergic reactions that interfere with your breathing		
d.	Claustrophobia (fear of closed-in places)		
e.	Trouble smelling odors		
3. Have you ever had any of the following pulmonary or lung problems?		YES	NO
a.	Asbestosis		
b.	Asthma		
c.	Chronic bronchitis		
d.	Emphysema		
e.	Pneumonia		
f.	Tuberculosis		
g.	Silicosis		
h.	Pneumothorax (collapsed lung)		
i.	Lung cancer		
j.	Broken ribs		
k.	Any chest injuries or surgeries		
l.	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:		<b>YES</b>	<b>NO</b>
a.	Shortness of breath		
b.	Shortness of breath when walking fast on level ground or walking up a slight hill or incline		
c.	Shortness of breath when walking with other people at an ordinary pace on level ground		
d.	Have to stop for breath when walking at your own pace on level ground		
e.	Shortness of breath when washing or dressing yourself		
f.	Shortness of breath that interferes with your job		
g.	Coughing that produces phlegm (thick sputum)		
h.	Coughing that wakes you early in the morning		
i.	Coughing that occurs mostly when you are lying down		
j.	Coughing up blood in the last month		
k.	Wheezing		
l.	Wheezing that interferes with your job		
m.	Chest pain when you breathe deeply		
n.	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?		<b>YES</b>	<b>NO</b>
a.	Heart attack		
b.	Stroke		
c.	Angina		
d.	Heart failure		
e.	Swelling in your legs or feet (not caused by walking)		
f.	Heart arrhythmia (heart beating irregularly)		
g.	High blood pressure		
h.	Any other heart problem that you've been told about		
6. Have you ever had any of the following cardiovascular or heart symptoms?		<b>YES</b>	<b>NO</b>
a.	Frequent pain or tightness in your chest		
b.	Pain or tightness in your chest during physical activity		
c.	Pain or tightness in your chest that interferes with your job		
d.	In the past two years, have you noticed your heart skipping or missing a beat?		
e.	Heartburn or indigestion that is not related to eating		
f.	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?		<b>YES</b>	<b>NO</b>
a.	Breathing or lung problems		
b.	Heart trouble		
c.	Blood pressure		
d.	Seizures (fits)		
8. Have you ever used a respirator? IF NO, go to question 9. If you HAVE used a respirator, have you ever had any of the following problems?		<b>YES</b>	<b>NO</b>
a.	Eye irritation:		
b.	Skin allergies or rashes		
c.	Anxiety:		
d.	General weakness or fatigue?		
e.	Any other problem that interferes with your use of a respirator		
9. Would you like to talk to a health care professional about your answers to this questionnaire?			

## Appendix B: Employee Training and Fit Test Procedure for Qualitative Fit Test

### Equipment:

**Hood & Collar** (Note: some fit test kits are designed to use only the hood, not with a collar. Adapt instructions as necessary)

**Fit Test Solution** (Saccharin or Bitrex – whichever is used above.)

**Sensitivity Solution** (Saccharin or Bitrex)

**Nebulizer #1** (Sensitivity)

**Nebulizer #2** (Fit Test)

**N 95 Respirators** – selection of several

**Timer/clock**

**Water and drinking glasses**

**Mirror**

### Preparation:

1. Attach hood to collar by placing drawstring between flanges on collar. Tighten drawstring and tie with square knot or bow. (For equipment without a collar, follow manufacturer's instructions)
2. Pour a small amount (approximately one teaspoon) of Sensitivity Solution (solution #1) into nebulizer #1.
3. Pour a small amount (approximately one teaspoon) of Fit Test Solution (solution #2) into nebulizer #2.
4. Immediately recap the bottles.
5. Change solution every 4 hours; discard at end of day or after last testing procedure.

### Sensitivity test

This test is done to assure that the person being fit tested can detect either the sweet or the bitter taste of the test solution at very low levels. The Sensitivity Test Solution is a very dilute version of the Fit Test Solution. **The test subject should not eat, drink (except water), or chew gum for 15 minutes before the test.**

1. Have the test subject put on the hood and collar assembly without a respirator.
2. Position the hood assembly forward so that there is about six inches between the subject's face and the hood window.
3. Instruct the test subject to breathe through his/her mouth with tongue extended.
4. Using **Nebulizer #1 with the Sensitivity Test Solution (#1)**, inject the aerosol into the hood through the hole in the hood window.
  - **Inject ten squeezes** of the bulb, fully collapsing and allowing the bulb to expand fully on each squeeze.
  - Both plugs on the nebulizer must be removed from the openings during use.
  - The nebulizer must be held in an upright position to ensure aerosol generation.
5. Ask the test subject if he/she can detect the sweet or bitter taste of the solution. If tasted, **note the number of squeezes as 10** and proceed to the Fit Test.

6. If not tasted, inject an additional ten squeezes of the aerosol into the hood. Repeat with ten more squeezes if necessary. Note whether 20 or 30 squeezes produced a taste response.
7. **If 30 squeezes are inadequate, in that the subject does not detect the sweet or bitter taste, the test is ended. Another type of fit test must be used.**
8. Remove the test hood, and give the subject a few minutes to clear the taste from his/her mouth. It may be helpful to have the subject rinse his/her mouth with water.

## **Employee Education**

This can be done before or after the sensitivity procedure.

Education of employees shall include:

- Review written Respiratory Protection Program
- Description of the use of the respirator for patient care and/or public health emergency response protection from infectious diseases such as measles, varicella, smallpox, tuberculosis, SARS, or pandemic influenza.
- Importance of proper fit; consequences of improper fit, how improper use, storage, or failure to inspect can compromise protective effect
- Limitations:
  - mask intended for biologic agents
  - not a 100% guarantee; limits but does not totally eliminate the risk
  - does not protect against gasses, vapors, oil, aerosol, asbestos, arsenic, cadmium, lead, sandblasting
  - mask does not supply oxygen
  - do not use with beards or facial hair that can obstruct a good seal
- Respirator malfunction:
  - If respirator becomes damaged or soiled, a leak is detected, or breathing becomes difficult, leave the contaminated area immediately and replace the respirator.
- Review manufacturer instruction sheet on proper donning, user seal check, and removal of respirator
- Storage, Cleaning and Reuse:
  - Store in clean, dry area with no exposure to direct sunlight or temperature extremes. *{ can use paper or plastic bag – describe where respirators are to be stored and how to obtain additional supplies}*
  - Do not crush respirator
  - Respirators can not be cleaned or disinfected
  - There are no manufacturer recommendations on time use limit.
  - If the medical condition requires only airborne precautions (e.g., TB):
    - Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
    - *{insert any specific additional agency/facility rule here – for example, for TB some facilities may advise disposing at the end of a shift}*
  - If the condition also requires contact and/or droplet precautions:

- The respirator must be discarded after a single use. However, in times of shortage, users may be instructed to reuse it if special training is provided. This decision will be made by the Respiratory Protection Program Administrator based on supply and available epidemiological data and will be communicated clearly to staff.

### **Facepiece Fit**

The individual shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

The individual shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine acceptable fit. A mirror may be helpful in assisting the individual in positioning of the respirator.

The respirator is donned as per manufacturer's instructions.

Assessment of comfort and fit shall include a review of these points with the individual and allowing the individual adequate time to determine the comfort of the respirator:

- Position of the mask on the nose
- Room for eye protection
- Room to talk
- Position of mask on face and cheeks

These criteria shall be used to help determine the adequacy of the respirator fit:

- Chin properly placed
- Adequate strap tension, not overly tightened
- Fit across nose bridge
- Respirator of proper size to span distance from nose to chin
- Tendency of respirator to slip

### **User Seal Check**

The individual shall conduct a user seal check, using the procedure recommended by the respirator manufacturer. If the employee fails the user seal check, reposition and adjust the respirator and try again. If still unsuccessful, another mask shall be selected and a user seal check performed.

Remind employees that they must **perform a user seal check** to ensure that an adequate seal is achieved **each time the respirator is put on** using the respirator manufacturer's recommended user seal check method. User seal checks are not substitutes for fit tests.

### **Reasons to Delay or Defer Fit Test**

The fit test shall not be conducted if there is any hair growth between the skin and the face piece sealing surface, such as stubble beard growth, beard, mustache or sideburns that

cross the respirator sealing surface. Any type of apparel that interferes with a satisfactory fit shall be altered or removed.

If an individual exhibits breathing difficulty during the tests, he or she shall be referred to a physician or other licensed health-care professional, as appropriate, to determine whether the individual can wear a respirator while performing his or her duties.

If the individual finds the fit of the respirator unacceptable, he or she shall be given the opportunity to select a different respirator and be retested.

### **Perform the Fit Test:**

- Have the test subject don the respirator and perform a user seal check.
- Before beginning, describe the fit-test process, the exercises the employee will perform, and the individual's responsibility to immediately signal the instructor if they taste the fit test solution or have any physical distress during the test procedure.
- Have the subject put on and position the test hood as before, and breathe through his/her mouth with tongue extended.
- Using **Nebulizer #2 with Fit Test Solution (#2)**, spray the fit test aerosol using the **same number of squeezes as required in the Sensitivity Test** (10, 20, or 30) for each exercise.
- A minimum of ten squeezes is required, fully collapsing and allowing the bulb to expand fully on each squeeze. The nebulizer must be held in an upright position to ensure aerosol generation.
- To maintain an adequate concentration of aerosol during this test, **inject one-half the number of squeezes** (5, 10, or 15) every 30 seconds for the duration of the fit test procedure.
- After the initial injection of aerosol, ask the test subject to perform the following test exercises for **60 seconds each**:
  - **Normal breathing** — In a standing position, without talking, the subject shall breathe normally.
  - **Deep breathing** — In a standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
  - **Turning head side to side** — Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
  - **Moving head up and down** — Standing in place, the subject shall slowly move his/her head up and down.
  - **Talking** — The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor.

The subject can read from a prepared text such as the Rainbow Passage below, count backward from 100, or recite a memorized poem or song.

### **Rainbow Passage**

***When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.***

- **Bending Over** -- The individual shall bend at the waist as if he or she were to touch his or her toes. Jogging in place can be substituted for this exercise in those tests environments such as shroud type QLFT units that do not permit bending over at the waist.
- **Normal Breathing** -- In a normal standing position, without talking, the individual shall breathe normally.

Each test exercise shall be performed for one minute. The individual shall be questioned by the test conductor regarding the comfort and fit of the respirator upon completion of the protocol. If it is unacceptable, another model of respirator shall be tried.

If the bulb of the nebulizer becomes difficult to squeeze or when you squeeze there is no visible mist released, check to be sure there is sufficient fit test solution and that the opening from the rubber bulb into the solution chamber is not clogged. Remove the small plastic piece and insert the thin looped wire into the hole to unclog it. Also check the hole in the little plastic piece to be sure this is not clogged.

When the fit tests are complete, record the results. Make sure the employee knows the model and size of the respirator they were tested with. Advise the employees that should they need this information, they can contact \_\_\_\_\_ to check the record.

If performing multiple fit-tests, clean nebulizer at least every 4 hours and when all fit-tests are completed. Use warm soapy water to clean the nebulizer and all its components. Rinse and allow them to air dry. Wipe the inside of the testing chamber with a disposable antiseptic pad as needed and when fit-tests are complete. Allow hood and nebulizers to dry thoroughly before storing.

All fit-testing must comply with the OSHA standard. The fit-test methods are outlined in Appendix A of 19 CFR 1910.134.

### **Quantitative Fit testing – using Portacount**

Follow the manufacturer's instructions for the Portacount. Saccharin and Bitrex are not used so there is no sensitivity testing needed and no spraying of aerosol.

The education components and user seal check instructions remain the same.

The fit test exercises are the same except that there is an additional exercise requiring the employee to grimace (and release) for 15 seconds. The Portacount will prompt the instructor as each exercise is due and tracks the time.

A probe is placed through the N95 respirator while the fit testing is done. The respirator must be discarded after the fit test is complete.

The Portacount will record the data on a computer which can then produce written report forms for each employee.

<b>Appendix C: Respirator Training and Fit-Testing Record for Qualitative Fit Test</b>		
<b>Section 1 – To be Completed by Employee</b>		
Employee Name	Title	Date
<b>Training</b>		
I have received and understood training on each of the subjects checked below :		Check
• Review of written Respiratory Protection Program		
• Description of the activities and circumstances for which respirator use is required		
• Importance of proper fit and the consequences of improper fit		
• Importance of proper use, storage, or inspection		
• Limitations of this type of respirator		
• Appropriate action if respirator becomes damaged, a leak is detected or breathing becomes difficult		
• Review of manufacturer instruction sheet on proper donning, performing user seal check, and removing respirator		
• How to store respirator and when to discard or reuse		
<b>Use</b>		
Describe anticipated job assignments for which respiratory protection will be required:		
_____		
_____		
_____		
<b>Employee's Name</b>	<b>Signature</b>	<b>Date</b>
<b>Section 2 – To be completed by Fit-Tester</b>		
<b>Check One:</b> [ ] Initial fit-test [ ] Annual re-test	<b>Test solution</b> [ ] Saccharin [ ] Bitrex	

Unable to complete test - list reason \_\_\_\_\_

Failed fit test – list type of respirator(s) tested

Manufacturer	Model Type	Size

Successfully completed fit test – list type of respirator(s) tested

Manufacturer	Model Type	Size

**Fit Tester's Name**

**Signature**

**Date**

## Appendix D:

For easy reference during training and other activities, recommend including here the manufacturer's instructions for each type of respirator used at your worksite. List donning and doffing procedures, any illustrations, user seal check instructions, etc.

The NIOSH National Personal Protective Technology Laboratory (NPPTL) has been updating the list of approved disposable particulate respirators to include the donning process and user instructions. See [http://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html](http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html) . This information is being provided as a courtesy to users and has been provided by the approval holders. If the instructions for a model you are using are not listed, NIOSH has not yet received it from the approval holder. The information is also usually printed on the box – or you will need to contact the manufacturer directly.

For assistance in finding someone to perform fit tests or for training in-house staff to perform fit tests, contact the manufacturer of the respirators you purchased to ask about their training programs. A local occupational health clinic or the local health department may also know of available resources. Information about the New York State Occupational Health Clinic Network (OHCN) is available at or 1-866-807-2130 or [http://www.health.state.ny.us/environmental/workplace/clinic\\_network.htm](http://www.health.state.ny.us/environmental/workplace/clinic_network.htm)

You can also check with the nearest PESH or OSHA office.

- Private employers can contact OSHA at osha.gov, <http://osha.gov/oshdir/ny.html> (for offices in New York), or 1-800-321-OSHA.
- Public employers in New York can contact PESH (Public Employee Safety and Health) at [http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH\\_PESH.shtm](http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH_PESH.shtm) or (518) 457-1263

## Sample N95 Respiratory Protection Policy (June 2009)