

RESPIRATORY PROTECTION PROGRAM



PURPOSE

The purpose of this Respiratory Protection Program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements for use of respiratory protection. For health care facilities, the pertinent Cal/OSHA regulations include the [Respiratory Protection Standard \(Title 8 California Code of Regulations Section 5144\)](#) and the [Aerosol Transmissible Diseases Standard \(8 CCR Section 5199\)](#).

DEFINITIONS

Airborne infectious pathogen (AirIP), Airborne Infectious Disease (AirID): Pathogens and diseases, such as forms of tuberculosis and disseminated herpes zoster listed in Title 8 CCR Section 5199 and UCDHS P&P 2002 requiring airborne isolation.

Cal/OSHA Aerosol Transmissible Disease Standard (the ATD Standard): Title 8 of the California Code of Regulations, section 5199.

High Hazard procedures: this term is defined in Title 8 CCR Section 5199 and UCDHS P&P 2002.

PLHCP: Physician or other licensed health care professional.

Respirator: A device that is designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH.

SCOPE AND APPLICATION

This program applies to all employees who are required to wear respirators during normal work operations and planned emergency use. The groups with required use are shown in Attachment 1.

The following policies and procedures apply to the program:

- Hospital P&P 1603 – Respiratory Protection for Employee Exposure to Pathogens with Airborne Precautions
- Hospital P&P 1604 – Use of the 3M Air-Mate Powered Air Purifying Respirator (PAPR)
- Hospital P&P 1622 - Respiratory Protection Mass Fit Testing Plan
- Hospital P&P 1730 – Asbestos Management and Medical Surveillance Program
- Hospital P&P 2002 – ATD Exposure Control Plan
- UC Davis P&P 290-15 -- Safety Management Program
- UC Davis P&P 290-50, Protective Clothing and Equipment

POLICY

It is the policy of University of California, Davis Health (UCDH) to protect the health and safety of its employees by 1) eliminating hazardous exposures where possible; and 2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated. In some cases, however, such controls will not reduce exposures to safe levels and the use of respiratory protection may be required.

RESPONSIBILITIES

A. Program Administrator

The Program Administrator is designated by the Health and Safety Officer. The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

- Identify work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Select respiratory protection options.
- Monitor respirator use to ensure that respirators are used in accordance with their certifications.
- Develop training materials and methods of delivery.
- Schedule respirator fit testing services that are vendor provided.

- Monitor compliance with medical evaluation requirements.
- Maintain EH&S records required by the program.
- Evaluate the program.
- Update the written program annually or when appropriate based on new information.
- Evaluate the need for respiratory protection and communicate the results of the assessment to affected employees and supervisors.

B. Supervisors

Duties of the supervisor include:

- Ensure that the respiratory protection program is implemented in their areas.
- Ensure that employees under their supervision (including new hires) have received appropriate medical evaluation, fit testing and training.
- Ensure the availability of appropriate respirators and accessories.
- Be aware of tasks requiring the use of respiratory protection.
- Enforce the proper use of respiratory protection.
- Ensure that respirators are properly cleaned, maintained and stored according to the RPP.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Contact EH&S to assess respiratory hazards as needed and to address other concerns regarding the program.
- For hazardous materials exposures (exposures other than AirIP), submit a request to add for every new employee that needs respiratory protection.

C. Employees

Duties of employee include:

- Wear their respirator when and where required and in the manner in which they were trained.
- Care for and maintain their respirators as instructed, and store them in a clean location.
- Inform their supervisor if the respirator no longer fits well or causes intolerable discomfort.
- 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 the program.

PROGRAM ELEMENTS

A. Selection of respirators

The Program Administrator will select respirators based on the hazards to which employees are exposed and in accordance with all Cal/OSHA regulations. The Program Administrator will conduct a hazard evaluation for each operation, process or work area where airborne contaminants may be present in routine operations or during an emergency. The Program Administrator will revise and update the hazard assessment as needed including any time work process changes may potentially affect exposure. Respirators selected for the most common exposures are shown in attachment 1.

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be selected for use in accordance with the terms of that certification. All filters, cartridges and canisters used in the program must be labeled with the appropriate NIOSH approval label.

B. Designating employees to use respiratory protection

Contact Environmental Health & Safety if you would like assistance in evaluating your workplace activities to determine the most effective means of respiratory protection for your circumstances. In some cases, a respirator may not be necessary. If a respirator *is* indicated, you must satisfactorily complete a respirator medical clearance, respirator fit testing, and training on the use and limitations of the equipment. When these qualifications have been met, a respirator suitable for the type of contaminants in your workplace will be issued. For airborne infectious pathogens, employees are designated based on P&P 2002.

C. Medical evaluation

1. Initial Evaluation – Hazardous materials exposure (exposures other than airborne infectious pathogens): Employees who are required to wear respirators must pass a medical evaluation before being permitted to be fit-tested or wear a respirator on the job. A physician or other licensed health care professional (PLHCP) at Employee Health Services will provide the medical evaluation. All examinations and questionnaires are to remain confidential between the employee and the PLHCP. Employees are not permitted to wear respirators until a PLHCP 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. The PLHCP shall communicate to the Program Administrator any limitations the employee has for use of a respirator.

At the PLHCP's discretion, other information may be evaluated to determine the employee's capability to use a respirator (e.g., pulmonary function tests, blood pressure readings, etc.). All employees will be granted the opportunity to speak with the PLHCP about their medical evaluation, if they so request.

2. Initial Evaluation – Additional information for hazardous materials exposures: Employees with hazardous materials respirator use are required to complete a questionnaire equivalent to 8 CCR 5144 appendix C (Cal/OSHA respiratory protection standard) as part of the process of being added to the program. Employees will be permitted to fill out the questionnaire during paid work time.
3. Initial Evaluation – Additional information for airborne infectious pathogens: Employees approved at UCDH to use a respirator for airborne infectious pathogens prior to October 18, 2004 received an initial medical evaluation in the form of an abbreviated questionnaire approved by Employee Health Services. This form of medical evaluation is acceptable to Cal/OSHA under a "grandfather" provision. All employees hired after October 18, 2004 complete the Appendix C questionnaire (or equivalent) during their entry medical examination. In addition, before being fit tested for a tight-fitting respirator or trained for a PAPR, employees must answer basic medical screening questions to identify conditions that may have developed since the initial medical evaluation that may interfere with respirator use. When new conditions exist, the employee is not fit tested and must be evaluated by the PLHCP to determine their ability to use a respirator.
4. Follow up medical evaluation: Additional medical evaluations after the employee has received the initial approval to use a respirator shall be conducted under the following circumstances:
 - The employee reports signs and/or symptoms relating to their ability to use a respirator, such as shortness of breath, dizziness, chest pain, wheezing or other signs/symptoms.
 - The Employee Health Service PLHCP informs the Program Administrator that the employee needs to be reevaluated;
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
 - A change occurs in workplace conditions that may result in a substantial increase in the physiological burden on the employee.

D. Fit Testing

Fit testing is required for employees required to wear any tight-fitting respirator (e.g., N95 or elastomeric respirator). Employees with facial hair that interferes with the seal of tight fitting respirator may not be fit tested. For employees that must shave to provide a smooth sealing surface, they may not be fit tested if more than 24 hours have passed since shaving. Required fit testing must be performed:

- Prior to wearing the respirator for protection.
- Annually.
- When there are changes in the employee's physical condition that could affect respirator fit (e.g., obvious change in body weight, facial scarring, multiple teeth extractions, etc.)

Employees will be provided with several models and sizes of respirators so that they may find an acceptable fit. Employees will be fit tested with the make, model and size of respirator that they will wear.

For most respirator use fit testing shall be done using Bitrex Solution Aerosol Qualitative Fit Test Protocol per Title 8 CCR Section 5144 Appendix A (B.3.) or Saccharin Solution Aerosol Qualitative Fit Test Protocol per Appendix A (B.4.) (qualitative fit test). For healthcare employees that cannot take or pass a qualitative fit test, the employee may be retested with a quantitative method.

For asbestos protection (independent of exposure concentration), for any situation where the employee may be exposed to concentrations greater than 10×PEL, and any other exposure situation designated by the Program Administrator, e.g., quantitative fit test methods must be used. Quantitative fit testing may be performed by a UCDH contractor, UCDH EH&S or Davis campus EH&S.

Employees that cannot pass the fit test with any available model provided by UCDH will be provided a PAPR with loose fitting hood and training if the employee will be required to perform work requiring respirator use. Employees with facial hair that interferes with the fit test must either be required to shave or be provided a PAPR with loose fitting hood or head cover.

In an emergency, the mass fit testing plan may be activated, in accordance with P&P Hospital P&P 1622 - Respiratory Protection Mass Fit Testing Plan

E. Training

The Program Administrator must approve the content of training for respirator users and their supervisor. A variety of training methods may be used. Employees must be trained prior to using a respirator in the workplace.

Training content will cover:

1. Reason use of this respirator is needed;
2. Consequence of improper use or maintenance;
3. Limitations of their respirator;
4. Inspection and proper donning of the respirator;
5. Proper maintenance and storage;
6. Procedure to follow when the respirator malfunctions;
7. Medical signs and symptoms that may limit use of their respirator.
8. The respiratory hazards to which they are potentially exposed during routine and emergency situations;

Supervisors must receive training on the hazards to which their employees are exposed and must have sufficient knowledge to properly oversee the use of respirators.

Employees will be retrained annually at a minimum frequency or as needed (e.g., if they change departments and need to use a different respirator). During the fit testing each employee will demonstrate that they can don the respirator appropriately and perform a user seal check. Annually each employee will review the training topics and information. A training course on the Learning Management Software (LMS) is available to all employees to ensure that each employee has a chance to receive the required training information in a visual format. Respirator training is documented by the LMS.

F. Respirator Use

1. Issuing respirators

Respirators for routine infection prevention use are available on isolation carts and through Distribution. Respirators for chemotherapy cleanup are stocked by Pharmacy. Other respirators are issued by UCDH EH&S, or by Davis campus EH&S. A respirator must not be issued unless a person is authorized, fit-tested and trained for that respirator.

2. Normal Use

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. The respirator must be used in accordance with manufacturer instructions and with its NIOSH certification.

All employees shall conduct user seal checks each time that they are required to wear a tight-fitting respirator. Employees shall use a positive and negative pressure check specified in 8CCR5144 Appendix B-1. Employees required to use a PAPR will perform the air flow check outlined in the equipment instructions/manual prior to using the unit and will not use the unit if it does not indicate the minimum required air flow is being supplied.

Employees are to inspect their respirators prior to each use. The following checklist will be used when inspecting N95 respirators:

- Examine the headbands, staples, nose clip, and nose foam, any holes or tears in the filter material.
- The respirator should be disposed of immediately when you observe damaged or missing parts.

The following checklist will be used when inspecting elastomeric respirators:

- Inspect facepiece for cracks, tears, holes, distortion or loose lens or face shield
- Inspect head straps for breaks, tears, broken buckles
- Inspect valves for residue, dirt, cracks or tears in valve material
- Inspect filters or cartridges for approval designation, gaskets, cracks or dents in housing, proper cartridge for hazard

The following checklist will be used when inspecting PAPR respirators:

- Condition of hood
- Clearness of face shield
- Condition of hose
- Hose connections
- Adequate air flow using flow indicator

All employees shall be permitted to leave the work area to maintain their respirator for the following reasons: to clean their respirator if debris or contamination on the respirator is impeding their ability to work safely, to change filters or cartridges, to replace parts, or to inspect the respirator if it stops functioning as intended.

Employees are not permitted to wear tight-fitting respirators if they must shave to provide a smooth sealing surface and it has been more than 24 hours since shaving or if they have any condition such as facial hair, scars or missing dentures that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry or other articles that may interfere with the facepiece-to-face seal.

3. High hazard use – airborne infectious pathogens.

In accordance with Cal/OSHA requirements, Title 8 CCR Section 5199 and UCDHS P&P 2002, PAPRs will be used for high hazard procedures.

4. Emergency Use

The following work areas have been identified as having foreseeable emergency use of respirators:

- Central Plant - leak of ammonia.
- Emergency Department – receiving of contaminated patients.

In the Central Plant, an alarm will activate to indicate a leak of ammonia. Operators will don their full-facepiece respirators or PAPRs with ammonia cartridges, enter the affected work area with a ammonia detecting gas

meter and perform immediately needed adjustments or repairs if the air concentration does not exceed 200 ppm (IDLH = 300 ppm). If the air concentration exceeds 200 ppm, Operators will call 911 to request assistance from the Sacramento County Hazardous Materials Response Team. The Central Plant operating procedures describe the actions to be taken.

The Emergency Department may receive one or more contaminated or suspected contaminated patients for treatment at any time. If the contaminant is a known particulate material then the use of N95 respirators or PAPRs with HEPA filter and loose fitting hood may be appropriate. If the contaminant is unknown or is suspected to involve chemical, radiological, or nuclear components then please follow the decontamination protocols by calling the outside vendor.

Note: Effective July 29, 2019 CalOSHA Standard CCR 8 §5141.1 *Protection from Wildfire Smoke*. During a wildfire smoke event N95s must be offered to employees working outside for more than one hour when the Air Quality Index (AQI) exceeds 151. In accordance with this standard, employees must be provided training on the regulation, the health effects of wildfire smoke and the safe use and maintenance of N95 respirators. Voluntary use of N95 respirators under this emergency standard does not require medical clearance or fit testing. Employee exposures to wildfire smoke above the AQI of 500 are covered under CCR 8 §5144, Respiratory Protection.

5. Medical emergency – use of incorrect respirator

In a medical emergency, if staff cannot find the appropriate mask to wear, staff are permitted to proceed without respiratory protection or with a lower level of protection if it is available, to provide life saving essential care. Any such incident will be reported through the Incident Reporting system. As needed, an exposure report will be filed in accordance with the 8 CCR 5199 (the Cal/OSHA ATD standard).

6. Malfunction

For any malfunction (e.g., breakthrough, facepiece leakage, or improperly working valve) the wearer shall leave the area of exposure and inform their supervisor that the respirator no longer functions as intended.

7. Re-use of N95 respirators

In a time of shortage N95 respirators used for airborne infectious pathogens may be re-used in accordance with instructions approved by Hospital Epidemiology/Infection Prevention. The instructions will address maximum allowable re-use time, inspection and storage, donning and doffing.

G. Cleaning, Maintenance, Change Schedules and Storage

1. Cleaning

Respirators that are to be reused by the employee (e.g., half-facepiece elastomeric, full-facepiece elastomeric, PAPR hoods) are to be regularly cleaned after use by the user.

Respirators that are returned to Central Processing to be re-issued to other users shall be cleaned and disinfected using the following procedure:

- Disassemble respirator – remove any filters, canisters or cartridges
- Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
- Soak in a solution of quaternary ammonia disinfectant or sodium hypochlorite household bleach (1 oz. [30 ML] in 2 gallons [7.5 L] of water).
- Rinse completely in clean warm water.
- Air dry in a clean area.
- Reassemble the respirator and replace any defective parts.
- Place in a clean, dry plastic bag or other airtight container.

2. Maintenance

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to PAPRs will be performed by the manufacturer or authorized service representative. Employees may be trained to replace filters, valves or head straps. All other in-house repairs will be performed by Central Processing, for UCDH issued respirators, or Davis campus EH&S for respirators issued by that group.

Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include washing their face and respirator facepiece to prevent any eye or skin irritation, replacing the filter, cartridge or canister, and if they detect vapor or gas breakthrough or leakage in the facepiece or if they detect any other damage to the respirator or its components.

3. Change Schedules

Employees wearing elastomeric respirators with P100 or other particulate filters for protection against asbestos or other particulates shall change the cartridges on their respirator when they first begin to experience difficulty breathing (i.e., resistance) while wearing their respirators or by manufacturer's instruction for use.

Employees wearing elastomeric respirators with P100 or other particulate filters for protection against pathogens or other particulates shall change the cartridges on their respirator when they first begin to experience difficulty breathing (i.e., resistance) while wearing their respirators or Annually .

Employees using PAPRs with HEPA or P100 filters shall change the filter cartridge when a unit with a fully charged battery fails the airflow indicator test.

Employees using elastomeric respirators or PAPRs for protection from ammonia at the Central Plant shall change the cartridges on their respirators after any full day (8-hour shift) equivalent usage or if they detect breakthrough of ammonia vapors into the respirator.

Employees using elastomeric respirators with organic vapor cartridges for protection from paint generated vapors shall change the cartridges:

1. If the cartridge is a combination cartridge with a HEPA filter, any time they begin to experience difficulty breathing (i.e., resistance) while wearing their respirator;
2. Any time the cartridge gets heavily coated with paint;
3. After use for any full day (8-hour shift) equivalent;
4. Any time they detect breakthrough of vapors into the respirator.

Employees using N95 respirators for protection from infectious diseases shall follow infection prevention procedures to determine when a respirator should be disposed.

For chemotherapy drug spill cleanup, the user shall dispose of disposable respirators immediately after the cleanup is performed. All PAPR components used for chemotherapy drug spill cleanup are reusable with only the outside of the hood, breathing tube and Organic Vapor / Acid Gas / HEPA filter unit needing a wipe down cleaning with a mild detergent solution.

4. Storage

Respirators must be stored covered in a clean, dry area, and in accordance with the manufacturer's

recommendations. Respirators may be stored in plastic bags, lockers, boxes or similar locations. The respirator shall be marked with the employee's name.

5. Defective Respirators

Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, they are to bring the defect to the attention of their supervisor. Supervisors are responsible to take a defective respirator out of service immediately and will arrange for replacement of the respirator or repair of the defects (if possible) along with a fit test if a new model is chosen. Options include:

- a. Temporarily take the respirator out of service until it can be repaired;
- b. Perform a simple fix on the spot such as replacing a head strap;
- c. Dispose of the respirator due to an irreparable problem or defect, and either issue the same size and model of respirator to the user or arrange fit testing for another model of respirator.

A respirator that is not repaired immediately must be tagged out of service, and the employee will be given a replacement. Fit testing is required if it will be a different size or model. If a department furnished the respirator (as is the case for most masks used for airborne infectious pathogens protection) it is the responsibility of the supervisor to ensure that it is either disposed of or returned to Central Processing for repairs. If the respirator was supplied by the Davis campus EH&S office (as is the case for most respirators used for asbestos or chemical exposure) it must be returned to that office for repair.

H. Respirator selection and use during a respirator shortage

In the event of a respirator shortage current guidance from the CDC, Cal/OSHA, state and local public health agencies will be consulted to determine appropriate measures for conserving respirators and prioritizing respirator use.

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, their supervisors, site inspections, air monitoring as needed and review of records.

Problems identified will be noted in RL Solutions and addressed by the Program Administrator. These findings will be reported to the management involved with the affected departments and the report to them will list plans to correct deficiencies in the respirator program and target dates for implementation of those corrections.

DOCUMENTATION AND RECORDKEEPING

A written copy of this program and 8 CCR 5144 (the Cal/OSHA Respiratory Protection Standard) is kept in the Program Administrator's office and is on the EH&S website or at the EH&S office.

The Program Administrator also has access to copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted. The completed medical questionnaire and the PLHCP's documented finding are confidential and will remain at the Employee Health Services office.

Supervisors shall ensure fit test results are recorded in the on-line fit test system available through the EH&S website.

VOLUNTARY RESPIRATOR USE

Some employees may request to wear respirators under conditions that do not require respiratory protection. UCDH reserves the right to disallow this voluntary usage. UCDH may provide respirators for voluntary use but is not obligated to do so. Voluntary respirator use is subject to certain requirements of this program. If UCDH determines that any voluntary respirator use is permissible, the voluntary respirator users will be provided with the information contained in Appendix D to 8CCR 5144 (Attachment 3).

Employees who voluntarily wear filtering face pieces (such as nuisance dust respirators or N95 respirators) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program. Examples of tasks for which filtering facepiece voluntary use is permitted include working with wood in the carpentry shop; dusty cleanup or dust generating housekeeping activities (e.g., floor buffing) for which a respirator is not required by Cal/OSHA regulations.

An employee who voluntarily wears other types of respirators when a respirator is not required is subject to the medical evaluation, cleaning, maintenance and storage elements of this program.

ANNUAL REVIEW

The annual review of the Respiratory Protection Program was completed on February 12th, 2020. There were no changes to existing policies at this time. The reviewers of this policy are listed below. In addition, the policy associated with this program was approved in Infection Prevention Committee, the Safety Committee and Medical Staff Executive Committee. Members of these committees are an interdisciplinary group of healthcare providers and workers that utilize this program. Infection Prevention Committee and the Safety Committee evaluate the effectiveness of certain components of this program.

Respiratory Protection Policy Reviewers and Committee Approvals

| | | | | |
|---|--|---|---|---|
| Mary Reilly Director Infection Prevention | Carla Martian Executive Director Patient Care Services | Neil Speth, MD Medical Director Employee Health Services | Melissa Nalath EH&S Specialist Environmental Health & Safety | Kaila Benton-Vitz Director, Safety Officer Environmental Health & Safety |
| Infection Prevention Committee | | Safety Committee | | Medical Staff Executive Committee |

Attachment 1

Required Respirator Use at the UC Davis Health

| EMPLOYEE GROUPS INVOLVED | TYPICAL EXPOSURE RELATED WORK | AIRBORNE CONTAMINANT | RESPIRATORS USED |
|---|---|--|--|
| PO&M (carpentry, electrical, HVAC, plumbing, preventive maintenance); IS - Telecommunications; EH&S; FD&C | Inspection and repair in ceiling plenum with asbestos fireproofing; disturbance of small amounts of asbestos containing material during repairs; pulling communications cable in ceiling plenum with asbestos fireproofing. | Asbestos | Half and Full-facepiece Elastomeric, or for bearded staff PAPR with loose fitting hood or head cover and P100 filter |
| PO&M Painters | Spraying paint in booth enclosure. | Paint chemical vapors | Half-facepiece elastomeric with combination organic vapor / particulate filter |
| Pharmacy staff that prepare chemotherapy drugs. | Cleaning up uncontained spills of chemotherapy drugs. | Chemotherapy drugs | PAPR with loose fitting head cover and OV or OV/AG/P100 filters |
| Health Care Staff and any other staff that may need to enter an Airborne Infection Isolation Room or could be exposed to airborne or droplet infectious diseases. | Diagnosis and treatment of patients with or suspected to have an airborne infectious disease. Pathology laboratory aerosol generating procedures. | TB, SARS, Rubeola, Varicella, other diseases identified by the Infection Prevention Department as airborne transmitted | N95, Half-facepiece elastomeric with N/R/P100 filter, PAPR with loose fitting head cover and HEPA filter PAPR with loose fitting head cover and HEPA filter |
| PO&M Central Plant (CoGen) engineers | Emergency use only. Responding to a major coolant leak. | Ammonia | Full-facepiece elastomeric or PAPR with loose fitting hood and OV or OV/AG/P100 filters |
| Emergency Department (outside vendor under their own RRP) | Emergency use only. Medical services for hazardous materials victims | Hazardous materials carried on the clothing or skin of hazardous materials incident victims | ED staff no longer decontaminate patients; an outside vendor is used |
| Environmental Health and Safety | Hazardous waste handling | Alcohols, xylene and other chemicals to a lesser extent. | Full-facepiece elastomeric or PAPR with OV or OV/AG/P100 filters |

Attachment 2

**POST OFFER PRE-PLACEMENT
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(RESPIRATORY ISOLATION MASK)**

APPENDIX C TO SEC.1910.134: OSHA RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

| | | | | |
|--|---|--------------------|-------------------|--|
| 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. The following information must be provided by every employee who has been selected to use any type of respirator. | | | | |
| NAME: | | DOB: | AGE: | DATE: |
| GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | HEIGHT: | WEIGHT: | |
| HOME/CELL PHONE: | | DEPARTMENT: | JOB TITLE: | |
| PART A SECTION 1. (MANDATORY) THE FOLLOWING INFORMATION MUST BE PROVIDED BY EVERY EMPLOYEE. | | | | |
| 1. | Has your employer told you how to contact the health care professional who will review this questionnaire? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | 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): | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. Other type (for example, half- or full-facepiece type, powered-air purifying, supplied air, self-contained breathing apparatus.) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Have you worn a respirator. If yes, what type(s): | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PART A SECTION 2 (MANDATORY) QUESTIONS 1 THROUGH 10 BELOW MUST BE ANSWERED BY EVERY EMPLOYEE WHO HAS BEEN SELECTED TO USE ANY TYPE OF RESPIRATOR. (please indicate "YES" OR "NO") | | | | |
| 1. | Do you currently smoke tobacco, or have you smoked tobacco in the last month? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Have you ever had any of the following conditions? | | | |
| 2a. | Seizures (fits) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2b. | Diabetes (sugar disease) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2c. | Allergic reactions that interfere with your breathing | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2d. | Claustrophobia (fear of closed-in places) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2e. | Trouble smelling odors | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Have you ever had any of the following pulmonary or lung problems? | | | |
| 3a. | Asbestosis | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. | Asthma | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3c. | Chronic bronchitis | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3d. | Emphysema | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**POST OFFER PRE-PLACEMENT
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(RESPIRATORY ISOLATION MASK)**

APPENDIX C TO SEC. 1910.134: OSHA RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

| | | |
|-----------|---|--|
| 3e. | Pneumonia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3f. | Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3g. | Silicosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3h. | Pneumothorax (collapsed lung) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3i. | Lung cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3j. | Broken ribs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3k. | Any chest injuries or surgeries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3l. | Any chest lung problem that you've been told about | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness? | |
| 4a. | Shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4b. | Shortness of breath when walking fast on level ground or walking up a slight hill or Incline | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4c. | Shortness of breath when walking with other people at an ordinary pace on level ground | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4d. | Have to stop for breath when walking at your own pace on level ground | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4e. | Shortness of breath when washing or dressing yourself | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4f. | Shortness of breath that interferes with your job | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4g. | Coughing that produces phlegm (thick sputum) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4h. | Coughing that wakes you early in the morning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4i. | Coughing that occurs mostly when you are laying down | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4j. | Coughing up blood in the last month | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4k. | Wheezing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4l. | Wheezing that interferes with your job | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4m. | Chest pain when you breathe deeply | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4n. | Any other symptoms that you think may be related to lung problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Have you <i>ever had</i> any of the following cardiovascular or heart problems? | |
| 5a. | Heart attack | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5b. | Stroke | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5c. | Angina | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5d. | Heart failure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5e. | Swelling in your legs or feet (not caused by walking) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5f. | Heart arrhythmia (heart beating irregularly) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5g. | High blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5h. | Any other heart problem that you've been told about | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Have you <i>ever had</i> any of the following cardiovascular or heart symptoms? | |

**POST OFFER PRE-PLACEMENT
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(RESPIRATORY ISOLATION MASK)**

APPENDIX C TO SEC.1910.134: OSHA RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

| | | |
|---|---|--|
| 6a. | Frequent pain or tightness in your chest | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6b. | Pain or tightness in your chest during physical activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6c. | Pain or tightness in your chest that interferes with your job | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6d. | In the past two years, have you noticed your heart skipping or missing a beat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6e. | Heartburn or indigestion that is not related to eating | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6f. | Any other symptoms that you think may be related to heart or circulation problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Do you <i>currently</i> take medication for any of the following problems? | |
| 7a. | Breathing or lung problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7b. | Heart trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7c. | Blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7d. | Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | (If you've never used a respirator, check never used and go to question #9) Have you <i>ever had</i> any of the following problems while using a respirator? | |
| 8a. | Eye irritation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8b. | Skin allergies or rashes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8c. | Anxiety | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8d. | General weakness or fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8e. | Any other problem that interferes with your use of a respirator. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Would any of the items marked "yes" above preclude you from wearing an N-95 mask or other respirator? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| It should be noted that medical qualification for respirator use is dependent upon proper fit testing and instruction regarding use and maintenance of respiratory equipment. | | Information |
| *****BELOW SECTION EHS STAFF ONLY***** | | |
| <input type="checkbox"/> | Employee is cleared to perform job duties with use of a respirator | |
| <input type="checkbox"/> | Employee needs an appointment with employee health service for further evaluation | |
| <input type="checkbox"/> | Other recommendations: | |
| Nurse OR Physician Signature: | | Date: |

Attachment 3

UC Davis Health
Respirator Voluntary Use Employee Form
Information for Employees Using Respirators When Not Required

Some employees may request to wear respirators under conditions that do not require respiratory protection. UCDH reserves the right to disallow this voluntary usage. UCDH may provide respirators for voluntary use but is not obligated to do so.

Employees who voluntarily wear respirators are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of our written respiratory protection program.

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 designated 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.

I have read the above information on voluntary use of a respirator and will contact UCDH Environmental Health and Safety (916-734-2740) if I have any questions.

| | | | |
|--------------|---------------|-----------|------|
| Printed Name | Employee ID # | Signature | Date |
|--------------|---------------|-----------|------|

Note: The employee's department is responsible for maintaining this form and other respiratory protection records and is subject for review by Cal/OSHA.

Attachment 4

UC Davis Health System N95 and Elastomeric Fit Testing Employee Information (Hand to Employee)

GENERAL INFORMATION

Location of Airborne Infectious Disease Information in Aerosol Transmissible Diseases Control Plan: This plan is found in the UCDHS Hospital Policy and Procedures Policy 2002.

Transmission: Airborne disease with CDC recommendation for NIOSH approved respiratory protection.

Preventing Transmission: Be suspicious of patients in high risk groups or those who have symptoms of airborne disease. Identify infected patients early, and isolate promptly. Use airborne precautions in a negative pressure room and keep the door closed. Provide prompt treatment with medication; all medication must be taken. Report cases to Infection Prevention.

Engineering Controls: Isolation patient rooms have negative air pressure. They are vented directly outdoors. They have a minimum of 12 air exchanges per hour. Ultraviolet lights and HEPA filtration may be used as adjuncts to engineering controls. Keep doors to patient room closed; otherwise these engineering controls are not effective.

Personal Protective Equipment (PPE): A fit tested N95 or half-face elastomeric respirator with particulate filtering cartridge is worn over the face and mouth. The respirator filters airborne particulate from the inhaled air. Wear the respirator when going into a TB/AirID or other airborne pathogen patient's room, performing cough-inducing procedures, during patient transport, or while working on a ventilation system that may contain airborne pathogens. Gloves and gowns are worn to keep respiratory secretions away from clothing and skin. Dispose of PPE according to hospital policy. Powered Air Purifying Respirators can be worn if a tight fitting respirator doesn't fit, you have facial hair, or other need.

Work Practice Controls: Prompt triage of patients so isolation is important. Follow hand washing policies. Wear a correctly sized respirator. Keep doors to patient room closed.

Decontamination: Equipment used on patients is usually not involved in the transmission of TB. For other pathogens follow Infection Control guidance.

TB INFORMATION: *Mycobacterium Tuberculosis (M.TB or TB) causes pulmonary TB.*

Incidence: TB is resurging in the US for many reasons. Our general patient population has many of the risk factors for TB.

Symptoms of Infectious TB: Cough, weakness, fever, weight loss, hemoptysis, night sweats.

Treatment: Anti-tuberculous drugs are administered for up to one year. Employees are followed by Employee Health Services. **High risk groups:** HIV-positive or AIDS, homeless, prisoners, IV drug users, prostitutes, and immigrants. Health care staff working in nursing homes, mental institutions, and health care facilities where **direct** contact occurs with TB patients are also at risk.

Multi-Drug Resistant Tuberculosis (MDR-TB) must be treated with special drugs. MDR TB is resistant to normal anti-TB drugs. Its incidence is reported to be increasing among some populations in Sacramento County.

OTHER PATHOGENS: *Consult information provided by Infection Prevention.*

QUESTIONS: Infection Prevention 734-3377 for questions on infection prevention, EH&S 734-2740 for question on the respiratory protection program.

Version 10/23/17

**Health Care Respiratory Protection Training
N95 and/or Elastomeric Respirator
(In addition to LMS Course #06708)**

Fit Tester: Review with Employee before Fit Test

1. You are to wear respirators properly to protect yourself from airborne infectious pathogens (TB, SARS, Measles / Rubeola, etc.).
2. You must wear the respirator model and size that you for which you passed your annual fit test, inspect your respirator, put it on properly, and use the positive pressure fit check or you could get injured from lack of protection. Men must have a clean shaven face in areas the edge of the N95 respirator seals to the face (no beard or facial hair that interferes with the seal). If the respirator doesn't seal, wear a PAPR.
3. Particulate respirators do not provide oxygen above the level that is in the air around you – do not wear this respirator into an oxygen deficient atmosphere. You could be seriously injured. These respirators only remove particles from the air. They do not remove gases or vapors from chemical spills, leaks, or contamination on or in a patient.
4. You may use this respirator for when you need protection from non-infectious particles, dusts, or for suspect but not yet proven rule out cases. You must follow all procedures for safe use of the respirator. If you are going to wear a protective suit or head cover, put the respirator on first and then the suit or head cover over it.
5. Inspect the parts of the respirator before using:
 - a. Look at the straps – do not use if torn or stretched out to far to hold respirator against face firmly.
 - b. Look at the filter fabric area – do not use it if torn or it appears to be dirty.
6. Follow your training and the manufacturer's instructions for putting the respirator on properly and performing a positive pressure user seal check. If you do not know how to don or fit check your respirator, ask the fit tester to demonstrate or contact your supervisor.
7. N95 respirators may be re-used as allowed by hospital policy, but only in an emergency declared by Infection Prevention and there is a shortage of replacement respirators. In this case, do not use one longer than one shift. Disposal immediately after each use is always best to minimize contact transmission of diseases. Always dispose it if it is visibly soiled or you have difficulty breathing. When you are reusing the respirator, between uses, store it in a bag with your name labeled on it. Store in the anteroom or other secure place.
8. If you start feeling unwell or too hot while wearing the respirator or if breathing through it becomes difficult, immediately leave the work area and remove the respirator.
9. Respirator fit is influenced by many changes that can happen between fit tests. Inform your supervisor immediately if any of these happen to you: Facial injury and scarring, dental changes such as multiple tooth extractions, facial surgery, a major change in body weight (20 pounds or more). Fit testing will need to be performed again.
10. For more detailed information about the regulation governing the use of your respirator at work, see the Cal/OHSA rule (Title 8 Section 5144) on the web: <http://www.dir.ca.gov/title8/5144.html> or contact EH&S to get a copy of it.

By signing the fit test form, I document that I have read the information and instructions in this package and will contact my supervisor or EH&S (4-2740) if I have any questions.

Version 10/23/17

**University of California, Davis Health System
Respirator Fit Test-Health History and Training Form
N95 and/ or Elastomeric Respirators**

NAME: (print) _____ EMPLOYEE #: _____
 JOB TITLE: _____ PHONE/PAGER: _____ / _____
 DEPT./LOCATION: _____ / _____ COST CENTER: _____
 SUPERVISOR: _____ PHONE/PAGER: _____ / _____

EMPLOYEE: If you have any questions on the requirement for AirID fit testing, you may contact Environmental Health and Safety at 734-2740.

MEDICAL HISTORY: Do you have any cardiac or lung problem, allergy, or claustrophobia condition that has precluded you from wearing a surgical mask, or any condition that you think that a physician should evaluate to determine your fitness to wear a respirator? No Yes. If you answered YES to the above question call Employee Health Services (734-3572) for an appointment to get a medical clearance before the fit test is performed.

TRAINING FOR AIRBORNE INFECTIOUS DISEASE (AirID): I have taken update training in the last 12 months via LMS Course # 06708. I have read the information provided as part of this package. By signing below I acknowledged that I have read and understand the information provided in this package.

RESPIRATOR/MASK FIT TEST: NOTE: *DEPARTMENTS ARE RESPONSIBLE* for maintenance of the AirID Fit Testing Program including the tracking of the in-service training and fit testing dates. These records, including this package, are subject to review by Cal/OSHA. Re-training and fit testing are due on or before 12 months (1 year) from the date of last training and fit testing. Managers are responsible for entering employee fit test records in the Fit Test Database at the EH&S Website.

Qualitative Fit Testing Solution Used: _____ Bitter _____ Sweet
 Squeezes of Bulb to taste the solution: _____ 1-10 _____ 11-20 _____ 21-30 (more than 30, another solution or test must be used). For 1-10 start with 10 squeezes in fit test, 11-20 start with 20 in fit test, 21-30 start with 30 in fit test.

Respirator Model (circle Pass or Fail for model used in fit test):

N95

| | | |
|------------------------|-------------------------|-------------------------|
| 3M 1860 N95: Pass Fail | 3M 1860S N95: Pass Fail | 3M 1870+ N95: Pass Fail |
|------------------------|-------------------------|-------------------------|

Elastomeric

| | | |
|----------------------------|---------------------------|---------------------------|
| North 5500- 30S: Pass Fail | North 5500-30M: Pass Fail | North 5500-30L: Pass Fail |
| 3M 7501 small: Pass Fail | 3M 7502 medium: Pass Fail | 3M 7503 Large: Pass Fail |

Other Respirator (Make/Model/Size) _____ Pass Fail

Date of Last Annual Fit Tester Training (LMS Course #07618)

Date of Last Annual Employee Training (LMS # Course #06708)

FIT TESTED BY: _____ **DATE:** _____

EMPLOYEE'S SIGNATURE: _____

Version 10/23/17

Attachment 5

UC DAVIS HEALTH

POWERED AIR PURIFIED RESPIRATOR TRAINING

EMPLOYEE INFORMATION

Location of Airborne Pathogen Plan: This plan is found in the UCDH Policy and Procedures #2002.

Location of the Powered Air Purifying Respirator (PAPR) procedure: This plan is found in UCDH Policy and Procedures Manual Section 1600; Policy #1604, and online.

Transmission: Airborne or droplet, follow CDC recommendation for NIOSH approved respiratory protection.

Preventing Transmission: Be suspicious of persons in high risk groups or those who have symptoms; identify infected patients early and isolate promptly. Use airborne precautions in a negative pressure room and keep the door closed. Provide prompt treatment with medication; all medication must be taken. Report cases to Infection Control.

Engineering Controls: Isolation patient rooms have negative air pressure; isolation rooms are vented directly outdoors and have a minimum of 12 air exchanges per hour. Ultraviolet lights and HEPA filtration may be used as adjuncts to engineering controls. Keep doors to patient room closed; otherwise these engineering controls are not effective.

Personal Protective Equipment (PPE): A Hooded PAPR is worn over the head and face. The respirator filters particulate contaminants from the inhaled air. Other PPE may be required.

When to Wear a PAPR: Wear a PAPR when you do not have or can't wear a disposable N95 or Elastomeric respirator. You must wear PAPR even if you can wear a disposable N95 or Elastomeric respirator but are performing "High Hazard Procedures". See P&P 2002 for a list of examples of such procedures.

Work Practice Controls: Prompt triage of patients so isolation is initiated promptly. Follow hand-washing policies. Wearing Hooded PAPR as defined. Keep doors to patient room closed. Decontamination of equipment when leaving patient rooms.

Decontamination: Equipment used on patients is usually not involved in the transmission of TB. All equipment is cleaned and disinfected per hospital policy 2002.

TB INFORMATION: *Mycobacterium tuberculosis (Mtb or TB) causes pulmonary TB.*

Incidence: TB is resurging in the US for many reasons. Our general patient population has many of the risk factors for TB.

Symptoms of Infectious TB: Cough, weakness, fever, weight loss, hemoptysis, night sweats.

Treatment: Anti-tuberculous drugs are administered for up to one year. Employees are followed by Employee Health Services. **High risk groups:** HIV-positive or AIDS, homeless, prisoners, IV drug users, prostitutes, and immigrants. Health care staff working in nursing homes, mental institutions, and health care facilities where direct contact occurs with TB patients are also at risk.

Multi-Drug Resistant Tuberculosis (MDR-TB) must be treated with special drugs. MDR TB is resistant to normal anti-TB drugs. Its incidence is reported to be increasing among some populations in Sacramento County.

OTHER PATHOGENS: Consult information provided by Infection Control.

QUESTIONS: Infection Control 916-734-3377 for questions on infection control. EH&S 916-734-2740 for question on the respiratory protection program.

**UC DAVIS HEALTH
POWERED AIR PURIFIED RESPIRATOR TRAINING**

NAME: _____ EMPLOYEE #: _____
JOB TITLE: _____ PHONE/PAGER: _____
DEPT/LOCATION: _____ COST CENTER: _____
SUPERVISOR: _____ PHONE/PAGER: _____

EMPLOYEE: If you have any questions on the requirement for Power Air Purifying Respirator training, you may contact Environmental Health and Safety at 916-734-2740.

MEDICAL HISTORY: Do you have any cardiac or lung problem, allergy, or claustrophobia condition that has precluded you from wearing a surgical mask, or any condition that you think that a physician should evaluate to determine your fitness to wear a respirator? _____ No _____ Yes*

*If you answered **YES** to the above question call Employee Health Services (916-734-3572) for an appointment to get a medical clearance before the fit test is performed.

ANNUAL RESPIRATORY PROTECTION TRAINING FOR HEALTH-CARE PROFESSIONALS: I have taken update training in the last 12 months via LMS Course # 06708. I have read the information provided as part of this package. By signing below, I acknowledged that I have read and understand the information provided in this package.

NOTE: DEPARTMENTS ARE RESPONSIBLE for maintenance of the Respiratory Protection Program including the tracking of the in-service training and fit testing dates. These records, including this form, are subject to review by Cal/OSHA. PAPR refresher training is due on or before 12 months (1 year) from the date of last training. Managers are responsible for entering employee training records in the Maskfit Database at the EH&S Website.

HOODED PAPR HANDS-ON TRAINING TOPICS

| | |
|--|--|
| <input type="checkbox"/> How to get a PAPR if needed | <input type="checkbox"/> Disinfection and Doffing |
| <input type="checkbox"/> Reasons to wear a PAPR | <input type="checkbox"/> Maintenance and Storage |
| <input type="checkbox"/> Consequences of improper use or maintenance | <input type="checkbox"/> Procedures for malfunction of the PAPR |
| <input type="checkbox"/> Limitations of a PAPR | <input type="checkbox"/> Medical signs and symptoms that limit use |
| <input type="checkbox"/> Inspection and Donning | |

INSTRUCTED BY: _____ DATE OF TRAINING: _____
EMPLOYEE'S SIGNATURE: _____ DATE OF LAST ANNUAL EMPLOYEE
TRAINING (LMS COURSE #06708): _____