

MONMOUTH UNIVERSITY POLICIES AND PROCEDURES

Policy: Respirator Protection Program

Original Issue Date: Unknown

Revision Date: February 27, 2018

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Vice President for Administrative Services**

Approved by: President's Cabinet

I. POLICY

- A. The University desires to maintain the safest possible work environment for all employees. One method of meeting this goal is the development of this Respirator Protection Program.
- B. The University in general does not have the types of hazardous situations found in heavy construction or other types of business. However, there are job responsibilities and occasions that may require the use of respiratory protection. Respiratory protection shall be implemented as part of a hierarchy of controls that focuses on engineering controls, wherever feasible. It is the University's intent to limit tasks and the number of employees who are assigned tasks that require the use of respirators wherever possible.
- C. This plan contains the necessary procedures and complies with the OSHA requirements as set forth in 29 CFR 1910.134.

II. OPERATING PROCEDURES

- A. Designated Person
 - 1. The Director of Compliance/Risk Manager is designated as the Respirator Protection Program Administrator.
- B. Selection of Respirator Equipment
 - 1. Respirators shall be provided by the University when such equipment is necessary to protect the health of the employee.
 - 2. The Monmouth County Office of Emergency Management has issued respirator equipment to the Monmouth University Police Department for emergency use. Please see **Appendix A: MUPD Standard Operating Procedures** for details. Police officers shall adhere to the guidelines for training and fit testing included herein.

3. The following guidelines and procedures shall be followed prior to respirator use:
 - a. Employee groups will be identified where the use of respiratory protective equipment may be required. In addition, if need warrants, industrial hygiene monitoring shall be conducted.
 - b. When all hazardous spaces have been identified and evaluated, the latest NIOSH Certified Equipment List shall be used to identify respirators for specific jobs. Supervisors shall complete the Respirator Use Questionnaire (**Appendix D**) for those employees requiring respirator use.
 - c. If a confined space has been identified, which requires the use of a respirator, the following information shall be collected:
 - i. what contaminants are present, their physical state and concentration in the air;
 - ii. their OSHA, NIOSH or ACGIH exposure limits;
 - iii. if they are gases or vapors, what warning properties they have, including taste, odor, eye irritation, or respiratory irritation; and
 - iv. conditions including work rate, mobility required for work, work space available and whether oxygen deficiency is possible.
 - d. The Director of Compliance/Risk Manager shall be responsible for reviewing and approving respirator selections and use at Monmouth University. The Director of Compliance/Risk Manager shall be consulted when a new need/application for respiratory protection is noted.

C. Fitting Respirators

1. Once employees have been medically cleared, an appropriate respirator shall be selected as described in the previous section. A fit test shall be conducted in accordance with Fit Test Protocol (pursuant to OSHA requirements as set forth in 29 CFR 1910.134) and the appropriate brand, style, and size for the employee shall be ordered and assigned exclusively to that employee.

D. Care of Respirators

1. Cleaning:
 - a. Employees who are issued respirators shall be trained in the proper cleaning and storage of respirators. See **Appendix B: Respirator Cleaning Procedures**, for more information on the proper cleaning of respirators.
2. Storage
 - a. Respirators shall be stored to protect them from dust, sunlight, heat, extreme cold, and excessive moisture.
 - b. After cleaning and drying, respirators shall be stored in heat-sealed or re-sealable plastic bags until reissue or re-use.

- c. Respirators shall be stored in a single layer (do not place other storage or respirators on top) with face piece and exhalation valve in a normal position.
3. Inspection and Repair
- a. All respiratory protective equipment must be inspected before, after each use, and during cleaning.
 - b. Emergency use respirators shall be inspected at least monthly by the Fire & Safety Supervisor and a written record shall be maintained. The written record shall include the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator.
 - c. Inspections shall focus on rubber facepieces, headstraps, inhalation and exhalation valves, filter elements, and corrugated breathing tubes.
 - d. These components shall be checked for tears, holes, dirt, distortion, scratches, loose particles and other irregularities.
 - e. Each time the respirator is worn, the user is required to perform a “user seal check” as set forth in OSHA 29 CFR 1910.134.
 - f. When a respirator is worn for protection against gases and vapors, the user must check the canister or cartridge end-of-service-life indicator (ESLI) and replace as necessary. If there is no ESLI appropriate for the conditions presented in the workplace, a change schedule for canisters and cartridges must be implemented based on objective information or data that will ensure the canisters and cartridges are changed before the end of their service life. Information or data shall be sourced from:
 - i. Respirator cartridge and canister manufacturers’ website; or
 - ii. NIOSH MultiVapor Application:
<https://www.cdc.gov/niosh/npptl/multivapor/multivapor.html>
 - g. Should replacement parts be necessary, only the manufacturer’s parts shall be used by qualified service agents. Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations. The Director of Compliance/Risk Manager or the Fire & Safety Supervisor should be contacted for assistance with respirator repairs.
 - h. For more information, see **Appendix C: Respirator Inspection**.

III. MEDICAL SCREENING

- A. Employees shall not use respirators or be assigned to identified hazardous areas without first receiving a medical evaluation, as shown in **Appendix D: Respirator Use Questionnaire for Supervisor**, to determine the employee’s ability to use a respirator.

B. Medical Evaluation Procedures

1. At the University Health Services, employees shall meet with a physician or other licensed health care professional (PLHCP) to complete a medical evaluation using a medical questionnaire, as shown in Appendix E: OSHA Medical Questionnaire, or receive an initial medical examination that obtains the same information as the medical questionnaire in accordance with the requirements as set forth in OSHA 29 CFR 1910.134.

C. Follow-up Medical Examination

1. An employee shall be referred out for a follow-up examination if the need for a follow-up medical examination is demonstrated as a result of the medical evaluation set forth in Section III. B above.
2. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures deemed necessary to make a final determination on the use of respirator for the particular employee.
 - a. Results of such testing will be forwarded to the University Health Services and kept on file, and the University Health Services will supply the Office of Compliance with the appropriate clearance document

D. Additional Medical Evaluation

1. Medical evaluations are not required annually. Additional/repeat medical evaluations shall be provided/scheduled for employees if:
 - a. An employee reports medical signs or symptoms that are related to ability to use a respirator;
 - b. A medical practitioner, the employee's supervisor, or the Director of Compliance/Risk Manager determines that the employee needs to be re-evaluated.
 - c. Information from observations or inspections of the respiratory protection program, including observations made during fit testing and program evaluation, indicate a need for employee reevaluation; or
 - d. A change occurs in workplace conditions (e.g., changes in physical work effort, protective clothing, temperature, etc.) that may result in a substantial increase in the physiological burden placed on an employee.

E. Clearance

1. Once an employee is medically cleared by the University Health Services and issued a standard form shown in Appendix F: Monmouth University Health Services Clearance Form, the Office of Compliance shall schedule training and fit testing.

2. For more information on clearance procedures, see **Appendix G: Monmouth University Health Services Policy: Respirator Use Clearance Procedure.**

IV. TRAINING

- A. Training shall be provided for employees who have cleared medical screening a respirator.
- B. Respirators shall not be used unless the employee has received training and fit testing. Voluntary use of respirators shall be implemented in accordance with section VI of this policy and the OSHA Respiratory Protection Standard (29 CFR 1910.134).
- C. Training shall include the following topics:
 1. The importance of correct respirator selection and use, health effects and consequence of improper use;
 2. Limitations of respirators;
 3. Rationale for respirator selection;
 4. Proper use (hands on demonstration);
 5. Positive and negative pressure fit checks before each use;
 6. Qualitative and/or quantitative fit testing;
 7. Cleaning, inspection and repair; and
 8. Proper storage.
- D. Refresher Training and Fit Test shall be administered annually and more often when the following situations occur:
 1. Changes in the workplace or the type of respirator render previous training obsolete;
 2. Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; and
 3. Any other situation arises in which retraining appears necessary to ensure safe respirator use.
- E. Employees in the following jobs will receive Respiratory Protection training:
 1. Administrative Services
 - a. Director of Compliance/Risk Manager
 2. Art & Design
 - a. Compliance Officer (upon request)

- b. Faculty and Instructors (upon request)
- 3. Campus Planning
 - a. Construction Manager
- 4. Facilities Management
 - a. Directors
 - b. Carpenters
 - c. Electricians
 - d. Fire & Safety Personnel
 - e. General Maintenance Mechanics
 - f. Groundskeepers
 - g. HVAC
 - h. Plumbers
 - i. Custodians (as required)
- 5. Information Operations
 - a. Directors (Media Operations, Infrastructure)
 - b. Hardware Technicians
 - c. Network Analyst
- 6. University Police
 - a. Chief
 - b. Captain
 - c. Sergeants
 - d. Corporals
 - e. Patrol Officers
- 2. Positions also trained in SCBA (Self Contained Breathing Apparatus)
 - a. HVAC

V. EVALUATION OF RESPIRATOR PROGRAM EFFECTIVENESS

- A. This Program shall be evaluated annually and operating procedures shall be modified to reflect the evaluation of the program.
- B. The Director of Compliance/Risk Manager shall be responsible for monitoring this Respiratory Program which includes:

1. Conducting evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective;
2. Regularly consulting supervisors and employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Supervisors are also responsible for the day to day implementation of the Respiratory Protection Program and for reporting any noted issues or concerns to the Director of Compliance/Risk Manager. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:
 - a. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
 - b. Appropriate respirator selection for the hazards to which the employee is exposed;
 - c. Proper respirator use under the workplace conditions the employee encounters; and
 - d. Proper respirator maintenance.

VI. VOLUNTARY USE/NOT REQUIRED BY OSHA STANDARD

- A. All employees who are assigned respirators are required to be trained and fit tested on an annual basis after meeting all pre-qualifying criteria as stated in this policy. Only disposable filtering face piece respirators shall be used on a voluntary basis.
- B. Employees may voluntarily choose to use disposable filtering face piece respirators in the performance of their job. All employees who identify themselves to their Department Supervisor as voluntary users of these respirators shall be supplied with the appropriate respirator at no cost. The request must be in writing and the records maintained in the Office of Compliance. When the written request for voluntary use is received, the employee shall be provided with the mandatory information included in Appendix D of the OSHA Respiratory Protection Standard (29 CFR 1910.134). A copy of the OSHA Appendix D has been included as Appendix H of this policy.

VII. FACIAL HAIR AND THE WEARING OF RESPIRATORS

- A. In order for a respirator to be properly effective when worn, no facial hair may interfere with the face seal of the respirator mask.
- B. Any University employee required to be trained and fitted with a respirator shall maintain a proper grooming routine so that a respirator may be properly worn at any given time during the employee's required duties or any such occasion as may call for the use of a respirator.

C. Any employee who fails to comply with this procedure shall be subject to discipline by his/her immediate Supervisor. Continued failure to comply may result in job termination.

APPENDIX A

MONMOUTH UNIVERSITY POLICE DEPARTMENT STANDARD OPERATING PROCEDURES

- I. This Standard Operating Policy (SOP) shall serve as an addendum to the Monmouth University Respirator Protection Program. All officers shall familiarize themselves with and follow the guidelines set forth by the Monmouth University Respirator Protection Program.
- II. Police Officers may be directed by an Officer in Charge (OIC) or an Incident Commander to wear an Air Purifying Respirator (APR) under the following conditions:
 - A. While engaged in a civil disturbance incident where crowd control agents are deployed;
 - B. During emergency situations involving toxic substances; and/or
 - C. During any other incidents in which a hazardous atmosphere is present.
- III. Police Officers intending to wear an APR to enter a potentially hazardous area must notify Monmouth University Police Headquarters of their location and purpose for utilizing their APR before they enter the potentially hazardous area.
- IV. Police Officers wearing APR shall conduct a seal check prior to each use as outlined in this policy.
- V. Police Officers shall not remove the APR at any time in the dangerous atmosphere. The APR shall be used in accordance with the manufacturer's instructions and this policy.
- VI. All Police Officers shall continue to wear an APR until the Officer in Charge (OIC) or the designated Incident Commander determines respiratory protection is no longer required.
- VII. The APR does not protect against the extreme temperatures created in a fire situation, nor those conditions that require protective clothing or shielding. Respirators used for escape only must be NIOSH certified for escape from the atmosphere in which they will be used.
- VIII. The department selected APR is an Air-Purifying demand respirator, which means that it works by removing specific air contaminants by passing ambient air through the air-purifying element. This is only accomplished when a negative pressure is created inside the face piece by inhalation.
- IX. The APR is not to be used in an oxygen deficient atmosphere (less than 19.5% oxygen content by volume). The APR is NOT designed to be used for interior structural firefighting situations.

APPENDIX B

RESPIRATOR CLEANING PROCEDURES

During breaks and between a more thorough cleaning, a refresher wipe pad may be used to clean the portion of the mask that comes in contact with your face.

For a thorough cleaning, the following steps shall be taken:

- a. Remove filters, cartridges or canisters. Disassemble facepieces by removing speaking diaphragms. Demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Report any defective parts to the Fire & Safety Supervisor and/or the Director of Compliance/Risk Manager. Respirators requiring repair shall be put out of service until the repair is performed/inspected by an appropriately trained person (e.g., Supervisor of Fire & Safety).
- b. Wash components in warm (43°C/110°F maximum) water with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- c. Rinse components thoroughly in clean, warm (43°C/110°F maximum) preferable by running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergent or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- d. Components should be hand-dried with a clean lint-free cloth or air-dried.
- e. Reassemble facepiece, replacing filters, Cartridges, and canisters where necessary.
- f. Test the respirator to ensure that all components work properly.

Never allow cartridges or filters to come in contact with water or cleaning and sanitizing solutions. Moisture can damage the cartridge and filters, and failure to comply with these warnings can seriously compromise your health.

APPENDIX C

RESPIRATOR INSPECTION

<i>Respirator Type</i>	<i>What to check for</i>
Disposable Respirator (filtering facepiece)	<ul style="list-style-type: none"> • Holes in the filter (replace respirator) • Straps for elasticity and deterioration (replace straps or respirator) • Metal nose clip for deterioration or excessive deformation (replace respirator)
Air purifying respirators (half-mask, full face piece)	<p><i>Rubber or silicone facepiece:</i></p> <ul style="list-style-type: none"> • Excessive dirt (clean thoroughly) • Cracks, tears or holes (replace facepiece) • Distortion (allow facepiece to “sit”, free from all constraints and see if distortion disappears; if not, replace facepiece) • Cracked, stretched, or loose fitting lenses (repair or replace) <p><i>Headstraps</i></p> <ul style="list-style-type: none"> • Breaks or tears (replace) • Loss of elasticity (replace) • Broken or malfunctioning buckles or attachments (replace) • Excessively worn serrations on the head harness which might allow the facepiece to slip (replace headstraps) <p><i>Inhalation valve, exhalation valve</i></p> <ul style="list-style-type: none"> • Detergent residue, dust particles or dirt on valve or valve seat • Cracks, tears or distortion of the valve material or valve seat • Missing or defective valve cover (replace) <p><i>Filter elements(s)</i></p> <ul style="list-style-type: none"> • Proper filter for the hazard • Approval designation • Missing or work gaskets (replace gaskets) • Worn threads – both filter threads and facepiece threads (replace filter or facepiece) • Cracks or dents in filter housing (replace filters)
Powered Air-Purifying Respirators	<p>Check facepiece, headstraps, and valves as for air- purifying respirators.</p> <p><i>Blower/battery:</i></p> <ul style="list-style-type: none"> • Battery in good condition, fully charged • Blower in good condition <p><i>Corrugated breathing tube:</i></p> <ul style="list-style-type: none"> • Cracks or holes (replace tube) • Missing or loose hose clamps (replace clamps) • Broken or missing end connectors (replace connectors)

<p>Air-supplying respirators</p>	<p>Check facepiece, headstraps, and valves as for air-purifying respirators.</p> <p><i>Hood, helmet, blouse or full suit, if applicable:</i></p> <ul style="list-style-type: none"> • Rips and torn seams (repair or replace unit) • Headgear suspension (adjust properly for wearer) • Cracks or breaks in faceshield (replace faceshield) • For abrasive blasting hoods: protective screen intact and fits correctly over the faceshield (replace screen) <p><i>Corrugated breathing tube:</i></p> <ul style="list-style-type: none"> • Cracks or holes (replace tube) • Missing or loose hose clamps (replace clamps) • Broken or missing end connectors (replace connectors) <p><i>Air supply system:</i></p> <ul style="list-style-type: none"> • Breathing air quality • Breaks or kinks in air supply hoses and end fitting attachments (replace hose and/or fitting) • Tightness of connections • Proper setting of regulators and valves (manufacturer’s recommendations) • For compressors: correct operation of air-purifying elements and carbon monoxide or high-temperature alarms • For bottled air: cylinder is secured, properly labeled, charged a to 90% of capacity
<p>Self-Contained Breathing Apparatus (SCBA)</p>	<p>Check facepiece, headstraps, and valves as for air-purifying respirators.</p> <p>Check breathing tube and air supply system as for air-supplying respirators</p> <p><i>Harness and clamps:</i></p> <ul style="list-style-type: none"> • Body harness intact, stitching not torn • Harness buckles in working order • Air cylinder clamps secure

APPENDIX D

Respirator Use Questionnaire for Supervisor

RESPIRATOR QUESTIONNAIRE FOR INITIAL USE

To be completed by area supervisor

Employee Name: _____ Date: _____

Supervisor: _____ Title: _____

Please complete the information below and have employee bring to Health Center at scheduled appointment.

Circle type of respirator to be used:

- air purifying (non-powered) (respirator with air-purifying filter, cartridge or canister)
 - Half Mask
 - Full Face
- SCBA (self-contained breathing apparatus wherein breathing source is carried by user)

Level of Work:

- Light
- Moderate
- Heavy
- Strenuous

Extent of Usage:

- On a daily basis
- Occasionally but more than once per week
- Rarely or for emergency situations only

Length of time of anticipated effort in hours _____

Special Work Considerations _____
(i.e., High places, high temperatures, hazardous material, protective clothing, etc.)

Supervisor Name (print)

Date

Supervisor Signature

APPENDIX E

OSHA MEDICAL QUESTIONNAIRE

OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

(To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.)

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

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

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

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

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

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

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

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

- a. Seizures: Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No

- k. Any chest injuries or surgeries: Yes/No
 - l. Any other lung problem that you've been told about: Yes/No
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No

- f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures: Yes/No
8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
 - b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No

- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

APPENDIX G

Monmouth University Health Services Policy

RESPIRATOR USE CLEARANCE PROCEDURE

Original Issue Date: February 10, 1999

Revision Date: February 27, 2018

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**Issued by: Michael Wunsch, MS
Director of Compliance/Risk Manager**

**Approved by: Patricia Swannack
Vice President for Administrative Services**

I. POLICY

Monmouth University Health Services shall collaborate with the Office of Compliance to implement the Respiratory Protection Program in accordance with the requirements set forth in OSHA 29 CFR 1910.134 by providing medical clearance for university employees required to use respirators.

II. PROCEDURE

- A. The department supervisor shall notify the Office of Compliance of the need for an employee to be cleared and fitted for respirator use.
- B. The Office of Compliance shall forward the Respirator Use Questionnaire to the department supervisor for completion by the supervisor.
- C. The department supervisor shall provide the employee with the completed Respirator Use Questionnaire and instruct the employee to contact Health Services for medical clearance.
- D. The employee shall schedule an appointment with Health Services. The employee shall:
 1. Present the Respirator Use Questionnaire completed by the supervisor to the health clinician; and
 2. Complete the OSHA Medical Evaluation Questionnaire in the presence of health services personnel.
- E. Health Services clinicians shall:
 1. Assist the employee to understand content areas of the OSHA Medical Evaluation Questionnaire that the employee does not comprehend;

2. Review the completed questionnaire with the employee;
 3. Complete the Results of Medical Evaluation For Respirator Use; and
 4. Maintain in the employee health file:
 - a. OSHA Medical Evaluation Questionnaire;
 - b. A copy of the Results of Medical Evaluation for Respirator Use; and
 - c. A copy of the Respirator Use Questionnaire.
- F. Health Services shall forward to the Office of Compliance the supervisor completed Respirator Use Questionnaire and Results of Medical Evaluation for Respirator Use. The Office of Compliance shall share a copy of these forms with the department supervisor.
1. Results of the medical evaluation shall include one of the following findings:
 - a. There were no positive responses given by the employee to any questions 1-8 in Section 2, Part A of Appendix C of the OSHA Medical Evaluation Questionnaire. The employee is medically cleared for respirator use;
 - b. The employee had a positive response to questions outside of questions 1-8, Section 2, Part A of Appendix C. The employee is medically cleared for respirator use but some additional limitations may apply. These limitations are to be delineated by the clinician on the medical results form; or
 - c. The employee had one or more positive responses to questions 1-8 in Section 2, Part A of Appendix C. Based upon these responses a medical examination is warranted.
- G. A medical examination shall be provided for any employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C (Medical Evaluation Questionnaire).
1. The medical examination shall include any medical tests, consultations or diagnostic procedures that the health care provider deems necessary to make a final determination.
- H. Health Services shall:
1. Schedule a medical examination with a contracted Occupational Health Services vendor for any employee who is determined to require an additional evaluation as a result of answers provided on the initial medical questionnaire;
 2. Inform the employee of the facility, date and time of the medical examination; and
 3. Indicate on the Results of Medical Evaluation for Respirator Use the facility, date and time of the employee's medical evaluation.
- I. The employee shall:
- a. Inform his/her supervisor of date and time of medical examination; and
 - b. Complete the medical examination as scheduled.

- J. The contracted outside Occupational Health Services vendor shall:
 - a. Conduct the medical examination and any additional diagnostic tests that are warranted; and
 - b. Complete and forward to Health Services a Respirator Clearance form. The clearance form shall indicate one of the following:
 - i. The employee is medically cleared for respirator use;
 - ii. The employee is not medically cleared for respirator use; or
 - iii. The employee has conditional clearance for respirator use. The conditions including specific respirator type will be indicated by the contracted clinician on the Respirator Clearance form.
- K. Health Services shall:
 - a. Review, sign and stamp the Respirator Clearance form;
 - b. Forward the Respirator Clearance form to the Office of Compliance; and
 - c. Maintain a copy of the Respirator Clearance form in the employee's health file.
- L. The Office of Compliance shall communicate with the department supervisor the results of the respirator clearance procedure.

APPENDIX H

Occupational Safety & Health Administration
Occupational Safety and Health Standards 29 CFR 1910
Subpart I – Personal Protective Equipment
Appendix D to Section 1910.134

(Mandatory) Information to Employees Using Respirators When Not Required Under the Standard

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 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 designed 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.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

I have read and understand the aforementioned Information regarding the use of respirators when NOT required under the Standard:

Employee (print name)

Employee (signature)

Supervisor (print name)

Supervisor (signature)