

## Introduction

Respirators are used to protect employees from inhaling potentially infectious aerosols present in the air. If it is determined that an employee requires a respirator to adequately protect themselves, a written Respiratory Protection Plan must be in place.

The information contained in the following Respiratory Protection Program is designed to assist you in developing a quality plan that will make your workplace safer. As a first step, we suggest that all potential respirator wearers review the following educational documents found on the Compliance Training Partners ([www.compliancetrainingpartners.com](http://www.compliancetrainingpartners.com)) website. After arriving at the home page, click on the tab Learn More. Next click on the tab N95 Respirators: FAQ and Respirators vs. Surgical Masks and review both.

Good luck in your compliance efforts! Please contact the Compliance Training Partners Technical Assistance Team should you have further questions. They may be reached at **888-388-4782**.

**Respiratory Protection Program for (Name of your practice)**

Our respirator program administrator is \_\_\_\_\_

Our administrator’s duties are to oversee the respiratory protection program and make sure it is adhered to. The administrator will evaluate the program regularly to make sure all procedures are followed; respirator use is monitored and respirators in use continue to provide adequate protection when job conditions change.

**Selection of Respirators**

We have evaluated our dental procedures at this facility and found respirators must be used by employees in the following locations or positions or doing the following duties, tasks or activities:

| Employee position or activity | Dental procedure used for | Approved respirators assigned Y/N |
|-------------------------------|---------------------------|-----------------------------------|
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## Medical Evaluations

Every employee of this practice who must wear a respirator will be provided with a medical evaluation before they use a respirator. Every employee who will be required to wear a respirator will complete a medical questionnaire to be reviewed by a medical healthcare professional.

Your employer must select a physician or other licensed healthcare professional, such as a registered nurse or physician's assistant, to perform the medical evaluation. The evaluation must consider your health, specific job description, respirator type, and workplace conditions. The medical evaluation can be as simple as having the physician or other licensed healthcare professional review responses to the questionnaire, but it could involve an "in-person" medical examination as well.

The OSHA Respirator Medical Evaluation Questionnaire is designed to identify general medical conditions that could place a worker at risk of serious medical consequences if a respirator is used.

Your responses to the medical questionnaire are confidential and do not have to be shared with your employer, if you choose. Your employer must provide you with an opportunity to discuss the questionnaire and examination results with a physician or licensed healthcare professional. Before you can be medically evaluated, your employer must also provide the healthcare professional with information about how you will use the respirator at work. For example:

- The type and weight of your respirator
- How long and how often you will be wearing the respirator
- How hard you will be working and how much effort will be involved
- Other protective clothing or equipment you will wear during respirator use
- Temperature and humidity extremes at work
- A copy of the OSHA Respiratory Protection Standard and your employer's written Respiratory Protection Program.

The physician or licensed healthcare professional needs this information to properly evaluate your ability to use the respirator.

If the medical questionnaire indicates to the medical provider that a further in person medical exam is required, this will be provided at no cost to our employees and will be conducted at (Name of medical provider doing medical exam. We suggest a local Occupational Medicine Clinic). We will then obtain a recommendation from them as to whether the employee is able to wear a respirator.

Additional medical evaluations will be done in the following situations:

- The medical provider recommends it
- Our respirator program administrator decides it is needed
- An employee shows signs of breathing difficulty
- Changes in work conditions occur

## Respirator Fit-Testing

- All employees who wear respirators will be fit-tested before using the same type of respirator they will be using
- Fit-testing will be repeated annually
- Fit-testing will also be done when a different respirator is chosen, when there is a physical change in an employee's face that would affect fit, or when our employees or medical providers notify us that the fit is unacceptable
- No beards are allowed on wearers of respirators
- Go to the Compliance Training Partners website ([www.compliancetrainingpartners.com](http://www.compliancetrainingpartners.com)). Once at the home page, click on the tab Learn More tab. Next click on the tab N95 Fit Test Instructions and view the video.
- We do fit-testing using a qualitative fit-testing protocol that utilizes one of the following agents:
  - Banana Oil (isoamyl acetate)
  - Bitrex
  - Saccharin

Documentation of fit-testing results are kept in the following location:

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## Seal Check Procedure

Important Information for Employees:

- You must conduct a seal check of your respirator each time you are ready to use it. The purpose of this seal check is to make sure your respirator (which was previously fit-checked by your employer) is properly positioned on your face to prevent leakage during use.
- The procedure found below has 2 parts: a positive pressure and a negative pressure check. It is very quick and easy to perform. If your respirator is functioning and fitting properly, you will be able to pass both parts.
- An instructional video on how to properly perform a seal check should now be reviewed on the Compliance Training Partners website ([www.compliancetrainingpartners.com](http://www.compliancetrainingpartners.com)). It will be found under the tab Learn More. Click on the tab entitled How To Perform a N95 Respirator Seal Check.

## **Respirator Use**

The Program Administrator will monitor the work area for any changing conditions where employees are using respirators.

Employees will not be allowed to wear respirators if they have facial hair, absence of normally worn dentures, facial deformities (e.g., scars, deep skin creases, prominent cheekbones), or other facial features that interfere with the facepiece seal. Jewelry or headgear that projects under the facepiece seal is also not allowed.

A seal check will be performed whenever a respirator is first put on.

Employees will leave the area where respirators are required for any of the following reasons:

- When they notice a change in breathing resistance
- To adjust their respirator
- If they experience dizziness, nausea, weakness, breathing difficulty or coughing

## **Respirator Training**

Training is done by \_\_\_\_\_ before employees wear their respirators and annually thereafter, as long as the employee has been designated as a respirator wearer.

**Sample Respirator Fit Test Record**

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

Type of qualitative fit test used: \_\_\_\_\_

Name of test operator: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_

| Respirator Mfr./Model | Size  | Pass/Fail |
|-----------------------|-------|-----------|
| 1. _____              | S M L | P F _____ |
| 2. _____              | S M L | P F _____ |
| 3. _____              | S M L | P F _____ |
| 4. _____              | S M L | P F _____ |

Clean Shaven? Yes \_\_\_ No \_\_\_ (Fit-test cannot be done unless clean-shaven)

Medical Evaluation Completed? Yes \_\_\_ No \_\_\_

**NOTES:**

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Sample Respirator Training Record

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Employee Name (printed)

I certify that I have been trained in the use of the following respirator(s): \_\_\_\_\_  
(Insert name and model # of respirator)

This training included the inspection procedures, fitting and limitations of the above respirator. I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator as described above and I understand the instructions relevant to use and the limitations of it.

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Employee Signature

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Instructor Signature

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Date

**Employer-Provided Information for Medical Evaluations**

Specific Respirator Use Information

Employee name: \_\_\_\_\_

Company name: \_\_\_\_\_

Employee job title: \_\_\_\_\_

Company address: \_\_\_\_\_

Company contact person and phone number: \_\_\_\_\_

1. Will the employee be wearing protective clothing when using the respirator?  
Yes/No \_\_\_\_\_ If "Yes," describe protective clothing and/or equipment:

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

2. Will employee be working under hot conditions (temperature exceeding 77°F)?  
Yes/No \_\_\_\_\_ If "Yes", describe nature of work and duration:

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

3. Will employee be working under humid conditions? Yes / No \_\_\_\_\_

4. Describe any special or hazardous conditions the employee could encounter when using the respirator:

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



## Respirator Medical Questionnaire

### Part 1

The following must be completed by all employees who have been selected to use a respirator.

1. Today's Date: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Age: \_\_\_\_\_
4. Sex: \_\_\_\_\_
5. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Weight \_\_\_\_\_ lbs.
7. Job Title: \_\_\_\_\_
8. Phone number: \_\_\_\_\_
  - a. Best time to contact: \_\_\_\_\_
9. Has your employer advised you how to contact the healthcare professional who will be reviewing this questionnaire? Yes or No
10. Check the type of respirator you will be using:
  - a. \_\_\_\_\_ N95, Surgical N95, KN95
  - b. \_\_\_\_\_ Other type (for example half or full-facepiece type)
11. Have you worn a respirator? Yes or No
  - a. If "Yes" what type: \_\_\_\_\_

### Part 2

The following must be completed by all employees who have been selected to use a respirator.

1. Do you currently smoke tobacco, or have you smoked in the last month? Yes or No
2. Have you had any of the following conditions?

- a. \_\_\_ Seizures
- b. \_\_\_ Diabetes
- c. \_\_\_ Allergic reactions that interfere with your breathing
- d. \_\_\_ Claustrophobia (fear of closed-in places)
- e. \_\_\_ Trouble smelling

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

- a. \_\_\_ Asbestosis
- b. \_\_\_ Asthma
- c. \_\_\_ Chronic bronchitis
- d. \_\_\_ Emphysema
- e. \_\_\_ Pneumonia
- f. \_\_\_ Tuberculosis
- g. \_\_\_ Silicosis
- h. \_\_\_ Pneumothorax (collapsed lung)
- i. \_\_\_ Lung cancer
- j. \_\_\_ Broken ribs
- k. \_\_\_ Any chest injuries or surgeries
- l. \_\_\_ Any other lung problems

Please explain: \_\_\_\_\_

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. \_\_\_ Shortness of breath
- b. \_\_\_ Shortness of breath when walking fast on level ground or walking up a slight hill or incline
- c. \_\_\_ Shortness of breath when walking with other people at an ordinary pace on level ground
- d. \_\_\_ Have to stop for breath when walking at your own pace on level ground

- e.  Shortness of breath when washing or dressing yourself
- f.  Shortness of breath that interferes with your job
- g.  Coughing that produces phlegm
- h.  Coughing that wakes you early in the morning
- i.  Coughing that occurs mostly when you are lying down
- j.  Coughing up blood in the past 30 days
- k.  Wheezing
- l.  Chest pain when you breathe deeply
- m.  Any other symptoms that you think may be related to lung problems

Please explain: \_\_\_\_\_

5. Have you ever had any of the following cardiovascular or heart problems?
- a.  Heart attack
  - b.  Stroke
  - c.  Angina
  - d.  Heart failure
  - e.  Swelling in your legs or feet (not caused by walking)
  - f.  Heart arrhythmia (irregular heartbeat)
  - g.  High blood pressure
  - h.  Any other heart problem that you have been told about

Please explain \_\_\_\_\_

6. Have you ever had any of the following cardiovascular or heart symptoms?
- a.  Frequent pain or tightness in your chest
  - b.  Pain or tightness in your chest during physical activity
  - c.  Pain or tightness in your chest that interferes with your job
  - d.  Heart skipping or missing a beat

- e.  Heartburn or indigestion not related to eating
- f.  Any other symptoms that you think may be related to heart or circulations problems

Please explain:

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7. Do you currently take medication for any of the following problems?

- a.  Breathing or lung problems
- b.  Heart trouble
- c.  Blood pressure
- d.  Seizures

8. If you have used a respirator, have you ever had any of the following problems?

- a.  Eye irritation
- b.  Skin allergies or rashes
- c.  Anxiety
- d.  General weakness or fatigue
- e.  Any other problem that interferes with the use of a respirator

Please explain: \_\_\_\_\_