

North Country Emergency Medical Service DEPARTMENT MANUAL

Section: **OPERATIONAL**

Title: **RESPIRATORY PROTECTION PROGRAM**

OVERVIEW

Wearing respiratory protective devices to reduce exposure to airborne contaminants is widespread in industry. An estimated 5 million members wear respirators either occasionally or routinely. Although it is preferred practice to reduce contaminant emissions at their source, there are operations where this type of control is not technologically or economically achievable or is otherwise not appropriate.

Since respirators are not as consistently reliable as ventilation or other types of source control methods, and may create additional problems, they are not the preferred method of reducing exposures below the occupational exposure levels. Accordingly, their use as a primary control is restricted to certain circumstances. In circumstances where airborne contaminant sources cannot be controlled to a level below their occupational exposure limits, the use of respirators is permitted for member protection. In other circumstances, where source controls alone cannot reduce exposure levels to below the occupational exposure limits, the use of respirators would be essential for supplemental protection.

There are many variables affecting the degree of protection provided by respirators and the misuse of respirators can be hazardous to member safety and health. Selection of the wrong equipment, one of the most frequent errors made in respiratory protection, can result in the member being exposed to increased concentrations of the harmful contaminant. This error may result in a broad range of health effects caused by the harmful contaminant, including silicosis, asbestosis, permanent lung damage, and cancer. Respirators not maintained and inspected can be less effective at reducing exposure to harmful contaminants, and can place a greater physical burden on the respiratory system. Respirators not clean can cause skin irritation or dermatitis.

These and other variables can only be controlled if a comprehensive respiratory protection program is developed and implemented in each workplace where respirators are used.

Respirators can provide adequate protection if they are properly selected for the task; are fitted to the wearer and are consistently donned and worn properly; and are properly maintained so they continue to provide the protection required for the situation. When respirator use is supported by an appropriate respiratory protection program, it can prevent fatalities and illnesses from both acute and chronic exposures to hazardous substances.

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PURPOSE

The agency has determined members can be exposed to respiratory hazards. The purpose of this program is to ensure members are protected from exposure to hazards.

Engineering controls such as ventilation and substitution of less toxic materials are the first line of defense. However, engineering controls have not always been feasible for some of our operations or not always completely controlled the identified hazards. In these situations, respirators and other PPE must be used.

SCOPE AND APPLICATION

This program applies to all members who are required to wear respirators during normal operations. Members participating in the respiratory protection program do so at no cost to them. The expense associated with medical evaluations, training, and respiratory protection equipment will be supplied by the agency.

RESPONSIBILITIES

RESPIRATOR PROGRAM ADMINISTRATOR

The Respirator Program Administrator is responsible for overseeing the respiratory protection program and to conduct the required evaluations of program effectiveness.

The person designated as the Program Administrator is: T.J. Bishop, Clinical Officer, Cell 360.624.7936, in which duties include:

Identifying operations requiring members to wear respirators, and evaluating hazards.

Selection of respiratory protection options.

Monitoring use to ensure respirators are in accordance with certifications.

Arranging for and/or conducting training.

Ensuring proper storage and maintenance of respiratory protection equipment.

Conducting qualitative fit testing.

Administering the medical surveillance program.

Maintaining records required by the program.

Evaluating the program.

Updating the program as necessary to reflect changes affecting respirator use.

OFFICERS/LEAD PARAMEDICS

Officers/Lead Paramedics are responsible for ensuring the respiratory protection program is implemented in their particular assignments. In addition to being knowledgeable about the program requirements for their own protection, Officers/Lead Paramedics must also ensure the program is understood and followed by the members under their charge. Duties of the Officer/Lead Paramedic include:

Ensuring members under their supervision, including new members, have received appropriate training, fit testing, and medical evaluation.

Ensuring the availability of appropriate respirators and PPE.

Being aware of tasks requiring the use of respiratory protection.

Enforcing the proper use of respiratory protection when necessary.

Ensuring respirators are properly maintained and stored according to the respiratory protection plan.

Ensuring respirators fit well and do not cause discomfort.

Continually monitoring operations to identify changes in respiratory hazards.

Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

MEMBERS

Each member has the responsibility to wear their respirator when and where required and in the manner in which they were trained. Members must also:

Care for and maintain their respirators as instructed and store them in a clean and sanitary location.

Inform their Officer/Lead Paramedic if the respirator no longer fits well and request a new one that fits properly.

Inform their Officer/Lead Paramedic or the Program Administrator of any respiratory hazards they feel are not adequately addressed during operations and of any other concerns they have regarding the program.

Notify their Officer/Lead Paramedic or the Program Administrator of any other problems associated with using their respirator.

RESPIRATOR SELECTION

The Program Administrator is responsible to ensure the respirator selected will be adequate to effectively reduce exposure to the respirator member under all conditions of use. We currently use are: 3M N95 1860, Kimberly-Clark PFR 95, Moldex 1503 L.

EVALUATING RESPIRATORY HAZARDS

The Program Administrator will select respirators to be used during operations based on the hazards to which members are exposed and in accordance with all WISHA standards. The Program Administrator will conduct a hazard evaluation for operations, where airborne contaminants may be present. The hazard evaluation will include:

Identification of respiratory hazard sources and development of a hazardous substance list used during operations.

Review of operations to determine where hazardous exposures occur and the magnitude of the exposures. This review will be conducted by surveying operations, reviewing MIRs and CAD data, and talking with members and Officers/Lead Paramedics.

When necessary, exposure monitoring will be conducted to measure potential hazardous exposures. Monitoring will be conducted by medical incident report QA and QI reviews and in-field direct observation.

The results of the hazard evaluation are summarized in Table 1.

Division	Contaminant	Exposure Monitoring	Permissible Exposures	Controls
Field Operations	Influenza	N/A	N/A	Ventilation, Masks, Limit Direct Exposure
Field Operations	TB bacillus	N/A	N/A	Ventilation, Masks, Limit Direct Exposure

HAZARD EVALUATION UPDATE

The Program Administrator is responsible to revise and update the hazard evaluation as needed. If a member feels respiratory protection is needed during a particular operation, they are to contact T.J. Bishop, Clinical Officer, Cell 360.624.7936. The Program Administrator will evaluate the potential hazard. The Program Administrator will then communicate the results of the assessment back to the affected members. If it is determined respiratory protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

WORKPLACE AND MEMBER FACTORS

The Program Administrator will review the operation, the equipment and/or PPE to be used, and any motion or travel required which can interfere with the type of respirator to be selected.

The Program Administrator will ensure respirators selected will not impair the member's vision, hearing, communication, and physical movement necessary to perform tasks safely.

RESPIRATOR SELECTION TABLE

Respirators have been selected for protection against aerosolized particulates. Respirators are required for all members engaged in tasks specified in Table 2.

Table 2: Respirator Selection	
Respirator	Operation
N95 Particulate Mask	Treatment and transport of Influenza patients Maintenance of ambulance ventilation system for influenza control
N95 Particulate Mask	Treatment and transport of TB patients Maintenance of ambulance ventilation system for TB control

NIOSH CERTIFICATION

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of the certification. All masks must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

ASSIGNED PROTECTION FACTORS

The assigned protection factors in WAC 296-842 will be used when selecting respirators. Half-mask respirators can provide adequate protection for routine respirator use.

MEDICAL EVALUATION

Members assigned to operations where respirators are utilized must be physically able to perform the work while using the respirator. Accordingly, the agency has the responsibility of ensuring members are medically fit and able to tolerate the physical and psychological stress imposed by respirator use, as well as the physical stress originating from response conditions. Members will not be allowed to wear respirators until a Physician or other Licensed Health Care Professional (PLHCP) has determined they are medically able to do so.

The PLHCP for this agency is Dr Lynn Wittwer, Clark County EMS MPD, 360.487.7349.

Any member refusing medical evaluation cannot work in an area requiring a respirator.

MEDICAL QUESTIONNAIRE ADMINISTRATION

Members assigned to tasks requiring the use of respirators will be required to complete the Respirator Medical Evaluation Questionnaire. The Program Administrator will make available a copy of the questionnaire to all members requiring medical evaluations. The medical evaluation will be administered confidentially and during hours at a place on site convenient to members.

After completion, the member will fax the Questionnaire and Recommendation Form from Station 1 to the PLHCP at 360.487.7345/7346. Retain the original for your personal health records. Paid members will be paid their prevailing wages during questionnaire administration, and should be completed during shift operations.

To the extent feasible for maintaining confidentiality, the Program Administrator will aid members who are unable to read the questionnaire by providing reading assistance. To ensure confidentiality, the questionnaire will not be reviewed at anytime by the Program Administrator. The Program Administrator will not review completed questions and there will be no member/agency interaction, which could be considered a breach of confidentiality. Where confidentiality cannot be maintained during administration of the questionnaire, the member will be sent to the PLHCP for medical evaluation.

If needed, members will have the opportunity to discuss the questionnaire content and/or examination results with the PLHCP via telephone call to 360.487.7349. During questionnaire administration, the PLHCP's phone number will be given to members and access to a phone will be provided at no charge to the member. All records from medical evaluations, including completed questionnaires, will remain confidential between the member and the PLHCP.

FIT TESTING

Fit testing will be required for all respirators. Fit testing will be performed:

After a member has completed the medical evaluation and cleared by the PLHCP.

Prior to being allowed to wear any respirator during operations.

Whenever a different respirator is used.

At least annually thereafter.

When there are changes in the member's physical condition affecting respiratory fit (e.g., obvious change in body weight, facial scarring, etc.)

Members will be fit tested with the make, model, and size of respirator they will actually wear during operations. Members will be provided with several models and sizes of respirators so they may find the optimal fit.

If for any reason a member finds the respirator fit is unacceptable, a reasonable opportunity to select a different respirator and to be retested will be provided.

The form in "Appendix B: N95 Respirator Fit Test Record" will be used to document respirator fit testing.

FIT TESTING PROCEDURE

T.J. Bishop, Clinical Officer, Cell 360.624.7936 or Ben Peeler, Assistant Fire Chief, Cell 360.601.1820 are authorized to conduct fit testing.

Fit testing will be administered by using the WISHA-accepted qualitative fit test protocols found in WAC 296-842-22010. The qualitative fit test protocol used is the Saccharin sensitivity fit test protocol. The protocol can be found in Appendix B.

FIT TESTING EXERCISES

When qualitative fit tests are to be conducted, the Program Administrator will ensure the test exercises described in WAC 296-842 are performed.

While a fit test is in progress, the respirator must not be adjusted.

Members will perform fit test exercises in the test environment while wearing other safety equipment worn during actual respirator, which could interfere with respirator fit.

If the member exhibits breathing difficulty during the fit test, they will be referred to the PLHCP to determine whether a respirator can be worn while performing their duties.

RESPIRATOR USE

The Program Administrator will monitor the work area in order to be aware of changing conditions where members are using respirators.

RESPIRATOR PROTECTION

The agency will not permit respirators to be worn by members who have conditions compromising the facepiece-to-face seal. Examples of these conditions include facial hair (e.g., stubble, bangs) interfering with the facepiece seal or valve function, absence of normally worn dentures, facial deformities (e.g., scars, deep skin creases, prominent cheekbones), or the use of jewelry or headgear projecting under the mask.

Corrective glasses or goggles, or other personal protective equipment, must be worn in such a way they do not interfere with the seal of the mask.

A member fit check will be performed every time a mask is put on or adjusted to ensure proper seating of the respirator to the face.

MONITORING RESPIRATOR EFFECTIVENESS

The Program Administrator and/or Officers/Lead Paramedics will be responsible to maintain appropriate surveillance of changes in work area conditions, increasing member exposure or stress.

Members will be permitted to leave the respirator use area to wash their hands and faces and respirator facepieces as needed to prevent skin or eye irritation associated with respirator use, as long as a patient abandonment condition exists.

Whenever the member can detect vapor or gas breakthrough (by odor, taste, and/or irritation effects), a change in breathing resistance or leakage of the mask, the member will be allowed to leave the respirator use area to replace the respirator.

Members will be permitted to leave the respirator use area if the respirator is not properly functioning and must be replaced. The member will be allowed back into the respirator use area only after the respirator has been replaced.

Members will be permitted to leave the respirator use area if the member experiences severe discomfort in wearing the respirator or if the member experiences sensations of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever, and chills.

MAINTENANCE AND CARE

The Program Administrator will oversee the maintenance and care program.

CLEANING AND DISINFECTING

Respirators after use during operations or sick members while fit testing will not be cleaned or disinfected. Masks will be discarded into the biowaste red containers in ambulances or in the hospitals.

STORAGE

Respirators will be stored so masks are protected against damage, contamination, dust, sunlight, temperature extremes, excessive moisture, and damaging chemicals. When respirators are packed or stored, it will be stored in a manner preventing deformation. Each respirator should be positioned so it retains its natural configuration.

The Program Administrator will ensure an adequate number of respirators are provided each vehicle and Infection Control kit where they are needed.

INSPECTION

Respirators used during operations will be inspected before each use.

Respirator inspections will include a check of respirator function, looseness of connections, and the condition of the various parts including but not limited to: The mask and head straps.

REPLACEMENT

The Program Administrator will ensure respirators which fail to pass inspection or are otherwise found to be defective will be removed from service and discarded.

IDENTIFICATION OF MASKS

The Program Administrator will ensure all masks are labeled and color-coded with the NIOSH approval label, and ensure the label is not removed and remains legible.

TRAINING AND INFORMATION

T. J. Bishop, Clinical Officer, Cell 360.624.7936, Program Administrator, will provide training to respirator members, Officers/Lead Paramedics, and any person issuing respirators on the contents of the agency's Respiratory Protection Program and their responsibilities under it, and on the WISHA respiratory protection standard.

Members will be trained prior to using a respirator during operations. Officers/Lead Paramedics will be trained prior to using a respirator during operations or prior to supervising members who wear respirators.

RESPIRATORY PROTECTION TRAINING GUIDELINE

The Respiratory Protection Training course materials will cover the following:

Information regarding the consequences of improper fit, usage, or maintenance on respirator effectiveness will be provided to members. Inadequate attention to any of these program elements would obviously defeat the effectiveness of the respirator. Proper fit, usage, and maintenance of respirators are critical to ensure member protection.

Members will be provided an explanation of the limitations and capabilities of the respirator selected for member use. A discussion of the limitations and capabilities of the respirator will address how the respirator operates. Training will include an explanation of how the respirator provides protection by either filtering the air, absorbing the vapor or gas, or providing clean air from an uncontaminated source, as applicable.

Training will include limitations on the use of the equipment such as prohibitions against using an air-purifying respirator in IDLH atmospheres and an explanation of why such a respirator must not be used in these situations.

Training will include the procedures for inspecting the respirator, donning and removing it, checking the fit and respirator seal, and actually wearing the respirator. Members will be capable of recognizing any problems that may threaten the continued protective capability of the respirator.

The training will include the steps members are to follow if they discover any problems during inspection, who the problems are to be reported to and where they can obtain replacement equipment if necessary.

Instructions will be given to respirator members regarding the proper procedures for maintenance and storage of respirators.

Members will be provided with medical information sufficient for them to recognize the signs and symptoms of medical conditions (e.g., shortness of breath, dizziness), limiting or prevent the effective use of respirators.

Members will be informed of the general requirements of the WISHA respiratory protection standard. This discussion will inform members the agency is obligated to develop a written program, properly select respirators, evaluate respirator use and correct deficiencies in use, conduct medical evaluations, provide for the maintenance, storage, and cleaning of respirators, and retain and provide access to specific records.

Members will demonstrate their understanding of the information covered in the training through hands-on exercises. The Program Administrator will document respirator training and the documentation will include the type, model, and size of respirator for which each member has been trained and fit tested.

FREQUENCY OF TRAINING

New members will be provided respirator training prior to using a respirator during operations.

Members will be retrained annually and more often as needed.

Retraining will occur if the Program Administrator or Officer/Lead Paramedic determines any member has not retained or demonstrated the knowledge, understanding, or skill level required by the agency's training program.

PROGRAM EVALUATION

The Program Administrator is responsible to conduct evaluations of the workplace, as necessary. Periodic program evaluation is required to ensure the provisions of the respiratory protection program are being implemented for all members using respirators. In addition, evaluations will be conducted to ensure the continued effectiveness of the program. Evaluations of the workplace will determine whether the correct respirators are being used and worn properly and will also serve to determine whether the training program is effective.

Officers/Lead Paramedics are responsible to periodically monitor member use of respirators to ensure they are being used and worn properly.

The Program Administrator will regularly consult with members wearing respirators to ascertain the members' views on program effectiveness and to identify any problems so corrective action can be taken.

The following factors will be evaluated to determine program effectiveness:

Respirators are properly fitted and if members are able to wear respirators without interfering with effective workplace performance.

Respirators are correctly selected for the hazards encountered.

Respirators are being maintained and stored properly.

The Program Administrator will be responsible to correct any problems associated with wearing a respirator identified by members or revealed during any other part of this evaluation.

RECORDKEEPING

The Program Administrator will retain a copy of the PLHCP's written recommendation for each member subject to medical evaluation. Each member's completed medical questionnaire, results of relevant medical tests, examinations, and diagnosis, etc., will be maintained by the PHLCP for a period of 30 years, post separation from the agency. Records of medical evaluations will be made available as specified in WAC 296-842.

The Program Administrator will retain fit test records for respirator members until the next fit test is administered. These records consist of:

Name or identification of the member tested

Type of fit test performed (QLFT - Saccharin)

Make, model, and size of the respirator fitted

Date of the fit test

Pass/fail results if a QLFT is used

The form in Appendix B: Respirator Fit Test Record will be used to document fit testing.

The Program Administrator will retain member training records including the names of members trained and the dates when training was conducted.

The Program Administrator will keep a current copy of the agency written respiratory protection program along with the Exposure Control Plan in the Decontamination Room and Clinical Officer's office.

All written materials required to be maintained under the recordkeeping requirements will be made available, upon request, to the member who is subject of the records and to the director or the director's designee of the Washington State Department of Labor and Industries for examination and copying.

APPENDIX A: AGENCY PROVIDED INFORMATION FOR PLHCP

The written respirator program, a copy of WAC 296-842 and member-specific information will be provided by the agency to Dr. Lynn Wittwer, Clark County EMS MPD using the following form titled, "Agency Provided Information for Medical Evaluations":

AGENCY PROVIDED INFORMATION FOR MEDICAL EVALUATIONS

WAC 296-842 requires certain information regarding respirator use must be provided by the agency to the physician or licensed health care provider (PLHCP).

The following general information must be provided to the PLHCP by the agency:

- A copy of this respiratory protection program;
- A copy of WAC 296-842, Respirators.

In addition, certain respirator member specific information must be provided.

Specific Respirator Use Information

Check Appropriate Box	Respirator Type	Face / Head Cover Type	Frequency of Use	Work Effort Light, Moderate, Heavy	Respirator Weight
X	Disposable facepiece particulate filter (N series)	1/2 facepiece	Every patient contact with respiratory and GI complaints for 2-3 hours in duration	Heavy	N/A

WORK EFFORT DESCRIPTIONS

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.

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.

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

APPENDIX B: RESPIRATOR FIT TEST RECORD

N95 Particulate Respirator Qualitative Fit Test Record
Saccharin Mist Sensitivity Test

Member: _____ Date: _____

Manufacturer & Model: _____

Size: _____ Small _____ Medium _____ Large

Sensitivity: _____ Yes _____ No

In order to pass, the member must not detect saccharin during any of the exercises

<u>Exercise:</u>	<u>Detect Saccharin?</u>	
1. Normal Breathing	Yes	No
2. Deep Breathing	Yes	No
3. Turning Head Side To Side	Yes	No
4. Moving Head Up And Down	Yes	No
5. Talking	Yes	No
6. Bending Over	Yes	No
7. Normal Breathing	Yes	No

Overall Results: _____ Pass _____ Fail

Comments:

Certified Person Conducting Test:

Evaluator Name Signature Date

Member: I Have Been Instructed In The Proper Use Of The N95 Particulate Respirator And Location On Response Vehicles. I Will Follow The Procedures, Instructions And Warnings When Wearing This Type Of Respirator.

Members Signature Date

Member Respiratory Medical Evaluation Questionnaire

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the member:

Can you read (circle one): Yes / No

We must allow you to answer this questionnaire during normal working hours, or at a time and place convenient to you. To maintain your confidentiality, the agency must not look at or review your answers, and 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 member 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 the agency 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-facepiece 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 member 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?

Seizures (fits): Yes / No

Diabetes (sugar disease): Yes / No

Allergic reactions that interfere with your breathing: Yes / No

Claustrophobia (fear of closed-in places): Yes / No

Trouble smelling odors: Yes / No

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

Asbestosis: Yes / No

Asthma: Yes / No

Chronic bronchitis: Yes / No

Emphysema: Yes / No

Pneumonia: Yes / No

Tuberculosis: Yes / No

Silicosis: Yes / No

Pneumothorax (collapsed lung): Yes / No

Lung cancer: Yes / No

Broken ribs: Yes / No

Any chest injuries or surgeries: Yes / No

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?

Shortness of breath: Yes / No

Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No

Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No

Have to stop for breath when walking at your own pace on level ground: Yes / No

Shortness of breath when washing or dressing yourself: Yes / No

Shortness of breath that interferes with your job: Yes / No

Coughing that produces phlegm (thick sputum): Yes / No

Coughing that wakes you early in the morning: Yes / No

Coughing that occurs mostly when you are lying down: Yes / No

Coughing up blood in the last month: Yes / No

Wheezing: Yes / No

Wheezing that interferes with your job: Yes / No

Chest pain when you breathe deeply: Yes / No

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?

Heart attack: Yes / No

Stroke: Yes / No

Angina: Yes / No

Heart failure: Yes / No

Swelling in your legs or feet (not caused by walking): Yes / No

Heart arrhythmia (heart beating irregularly): Yes / No

High blood pressure: Yes / No

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?

Frequent pain or looseness in your chest: Yes / No

Pain or looseness in your chest during physical activity: Yes / No

Pain or looseness in your chest that interferes with your job: Yes / No

In the past two years, have you noticed your heart skipping or missing a beat: Yes / No

Heartburn or indigestion that is not related to eating: Yes/ No

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?

Breathing or lung problems: Yes / No

Heart trouble: Yes / No

Blood pressure: Yes / No

Seizures (fits): 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:)

Eye irritation: Yes / No

Skin allergies or rashes: Yes / No

Anxiety: Yes / No

General weakness or fatigue: Yes / No

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

APPENDIX C: RESPIRATOR TRAINING RECORD

_____ Member Name (printed)

I certify I have been trained in the use of the following:

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

Member Signature

Instructor Signature

Date

APPENDIX D: GLOSSARY

Assigned protection factor (APF) the expected level of workplace protection provided by a properly functioning respirator worn by properly fitted and trained individuals. It describes the ratio of the ambient concentration of an airborne substance to the concentration of the substance inside the respirator.

Member exposure an exposure to a concentration of an airborne contaminant occurring if the member were not using respiratory protection.

Filtering facepiece a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Filter or air-purifying element a component used in respirators to remove solid or liquid aerosols from the inspired air.

Fit factor a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

Personal Protective Equipment (PPE) personal protective equipment or standard precautions.

Physician or other licensed health care professional (PLHCP) an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows them to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by WAC 296-62-07150, "Medical evaluation." In Washington State, physicians (MD or DO), physicians assistants (PA) or nurse practitioners (ARNP) qualify to be designated as a PLHCP.

Quantitative fit test (QNFT) an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Service life the period of time a respirator, filter or sorbent or other respiratory equipment provides adequate protection to the member.

Member seal check an action conducted by the respirator member to determine if the respirator is properly seated to the face.