

# RESPIRATORY PROTECTION PROGRAM

Alameda County Public Health Department

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DRAFT

**SAMPLE**

# RESPIRATORY PROTECTION PROGRAM

## Alameda County Public Health Department

### 1.0 INTRODUCTION

- 1.1 Alameda County Public Health Department - has established this Respiratory Protection Program for the following general circumstances:

Where e protection against tuberculosis is needed.

### 2.0 AUTHORITY

- 2.1 This written Respiratory Protection Program is required by Title 8, California Code of Regulations, Section 5144. The Public Health Department has established this respiratory protection program in compliance with 8CCR§5144.

### 3.0 RESPONSIBILITIES [8CCR§5144(c)]

#### 3.1 Program Administrator

- 3.1.1 The responsibility and authority for implementing and maintaining this Respiratory Protection Program is vested with (**THE DIRECTOR OF NURSING???**). The Program Administrator or his/her designate will:

- 3.1.1.1 Establish and administer this written Respiratory Protection Program and ensure that it is available for employee review.
- 3.1.1.2 Ensure that training is provided to respirator users and that the training is kept up to date.
- 3.1.1.3 Arrange for medical surveillance for all affected employees.
- 3.1.1.4 Ensure that respirators are maintained clean and sanitary .
- 3.1.1.5 Evaluate the effectiveness of the program and that the required records are maintained.
- 3.1.1.6 Obtain appropriate respiratory protection based on hazard assessment and ensure that it is provided to personnel, when needed.

## 3.2 Employees

3.2.1 It is the responsibility of all affected employees who wear respirators to:

- 3.2.1.1 Use the respirator in accordance with the instructions provided through training.
- 3.2.1.2 Store, clean, and maintain respirators in a sanitary fashion, or dispose of, as appropriate.
- 3.2.1.3 Obtain the required medical evaluations, if appropriate.
- 3.2.1.4 Perform self-administered fit testing each time a respirator is worn.
- 3.2.1.5 Notify their supervisor and/or Safety Department when a problem arises from the use of respiratory protection.
- 3.2.1.6 Comply with facial hair requirements.

## 4.0 RESPIRATOR SELECTION [8CCR§5144(d)]

### 4.1 General Considerations

The Program Administrator will determine the appropriate respiratory protection for specific operations or tasks. Respirators will be selected on the basis of the hazard to which the employee is potentially exposed, the workplace in which the respirator will be used, and user factors that may affect respirator performance and reliability. Any manufacturer's equipment is acceptable if it is certified by the National Institute for Occupational Safety and Health (NIOSH) and offers adequate margin of safety from the type and concentration of the contaminant(s) that may be present. Respirators will be selected from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits the user.

- 4.1.1 Where emergency protection against occasional and/or relatively brief exposure exists, employees exposed to such a condition will use approved respiratory protection

- 4.2 The only respiratory protection currently used at the Public Health Department is a N95 mask. The mask is a disposable particulate respirator. The respirator is used for respiratory protection in the event of exposure to tuberculosis by the Public Health Department personnel. If another respirator model or type is used, it shall comply with the provisions of Section 9 of this program.

### 4.3 Workplace-Specific Hazard Evaluation

- 4.3.1 Currently respiratory protection will be worn during situations when exposure to tuberculosis is likely. It is therefore not practical or feasible to conduct specific workplace industrial hygiene assessments for these situations.

## 5.0 MEDICAL EVALUATIONS [8CCR§5144(e)]

- 5.1 No employee will be assigned to a task or job, which requires the use of a respirator unless it has been determined by the Public Health Department's consulting occupational medicine clinic that the person is physically able to work under such conditions.  
The evaluation will be made before fit testing or the respirator is used in the workplace.
- 5.2 The physical examination will be administered in a confidential manner during normal business hours and will follow the required Cal/OSHA medical questionnaire contained in Appendix A of this Program or other form that contains, at least, the same information. The physician or other licensed healthcare provider will make his/her determination based on the following information as provided by the Program Administrator:
- The Public Health Department's Respiratory Protection Program
  - The type and weight of the respirator to be used
  - The duration and frequency of respirator use
  - The expected physical work effort
  - Additional protective clothing and equipment to be worn, and
  - Temperature and humidity extremes to be encountered
- 5.3 The healthcare provider will consider, at least the following:
- Physiological capacity, i.e., restriction of air flow during inhalation and exhalation
  - Pulmonary function
  - Cardiovascular function
  - Facial limitations, such as a deformity or facial hair that may prevent effective sealing of the face piece to the face
  - Other health problems, including any condition not addressed above which the physician determines to place the employee at increased risk
- 5.4 The healthcare provider will provide written results of all medical determinations to the Public Health Department and the affected employees. The Public Health Department will maintain the results. Medical records will be handled as confidential information and made available to the individual or his/her representative upon request as mandated by 8CCR§3204 (Access to Employee Medical and Exposure Records).
- 5.5 Employees who do not receive an acceptable medical evaluation from the healthcare provider will not be permitted to perform the task where respiratory protection is required. If the respirator is a negative pressure respirator and the findings of the medical evaluation show that the employee's health may be placed at increased risk, the Public Health Department, at its discretion, can either provide for the use of a power

air-purifying respirator, remove the employee from the environment, or preclude the individual from performing that job duty.

- 5.6 Medical evaluations will be conducted at least annually. The healthcare provider, however, may deem additional medical evaluations necessary. At a minimum, the Public Health Department will provide additional medical evaluations if:
  - 5.6.1 An employee reports medical signs or symptoms that are related to the employee's ability to use a respirator.
  - 5.6.2 The Public Health Department's health care provider, department supervisor, etc. informs the Program Administrator that an employee needs re-evaluation.
  - 5.6.3 Information indicates a need for employee re-evaluation (e.g., observations made during fit testing).
  - 5.6.4 A change occurs in the workplace conditions that may result in a substantial increase in physiological burden on the employees.

## **6.0 FIT TESTING PROCEDURES [8CCR§5144(f)]**

- 6.1 The Public Health Department will conduct annual fit testing of tight fitting, negative or positive pressure respirators. Loose-fitting respirators and the voluntary use of paper dust masks are excluded from fit testing.
- 6.2 Every employee who uses a respirator in accordance with this Respiratory Protection Program will be given the opportunity to wear the respirator in normal air for a reasonable familiarity period and to wear it in a test atmosphere, such as during smoke tube fit testing. The respirator must fit properly and a good gastight face seal must be demonstrated. The following Cal/OSHA-approved qualitative tests will be performed during fit testing:
  - 6.2.1 Irritant or odorous test agent
  - 6.2.2 Negative and positive pressure sealing test
- 6.3 Quantitative fit testing may be used in lieu of qualitative fit testing, however, acceptable protocol for quantitative testing will not be covered in this Program.
- 6.4 Additional fit testing will be conducted whenever the employee reports, or is reported by Public Health's consulting healthcare provider, or the employee's supervisor, of changes in the employee's physical condition that could affect respirator fit. Such conditions include facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
- 6.5 If, after passing a fit test, an employee reports an unacceptable respirator fit, the employee will be given the opportunity to select a different respirator and be re-tested.
- 6.6 Qualitative fit testing will follow the Cal/OSHA-approved protocol as outlined in the Fit Testing Certificate contained in Appendix B of this Program.

## **7.0 USE OF RESPIRATORS [8CCR§5144(g)]**

- 7.1 It is the responsibility of the employee that uses a respirator to inspect the respirator before each use.
- 7.2 Employees who have facial hair or any other condition that may affect the facepiece-to-face seal and are assigned to tasks where respiratory protection is required will be re-assigned or excluded from performing those tasks if appropriate and feasible accommodations cannot be made. One accommodation that will be evaluated by the Program Administrator is the use of loose-fitting, positive pressure respirators (e.g., hood and helmet type respirators).
- 7.3 Employees who wear corrective glasses or goggles or other personal protective equipment are to do so in such a manner that it does not interfere with the respirator face seal. Where necessary, spectacle kits can be used with full-face respirators.
- 7.4 Employees are to perform a seal check each time the respirator is donned. A seal check is to include a negative-pressure and positive-pressure-sealing test as described below for air purifying respirators:
  - 7.4.1 Negative-Pressure Sealing Test** - The inlet opening of the respirator cartridge(s) is blocked-off with the palm of the hand. (This test may be difficult to perform for individuals with small palms if respirator cartridge surfaces are relatively large.) The wearer inhales gently and holds his or her breath for 5-10 seconds. If the facepiece collapses slightly and no inward leakage of air is detected, it is assumed that the fit of the facepiece is satisfactory.
  - 7.4.2 Positive-Pressure Sealing Test** - The outlet opening of the respirator is blocked-off with the palm of the hand. (This test may be difficult to carry out on respirators with outlets which cannot be readily blocked by hand, and may necessitate the temporary removal of a guard on the outside of the respirator over the exhalation valve.) The wearer exhales gently and notes air escaping. If the facepiece "balloons" slightly, a buildup of pressure is perceived, and no outward leakage of air is detected, it is assumed that the fit of the facepiece is satisfactory.
- 7.5 When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the Program Administrator, or his/her designate will conduct a re-evaluation of the workplace.

## **8.0 MAINTENANCE AND CARE OF RESPIRATORS [8CCR§5144(h)]**

### **8.1 Cleaning and disinfecting**

- 8.1.1 Employees are required to maintain their (personal) respirator in a clean and sanitary condition. Employees will be responsible for ensuring that their respirator is clean and sanitary. Respirators shall not be cleaned or disinfected, but replaced when they are no longer clean and sanitary, following the manufacturer's procedures.
- 8.1.2 Respirators shall not be worn by more than one person.

### **8.2 Storage**

- 8.2.1 Respirators will be stored in a manner that will assure protection against damage, dust, sunlight, heat and cold, excessive moisture, and damaging chemicals. Clean respirators can be stored in re-usable plastic bags that can be sealed. Care will be taken to ensure that distortion of the rubber or elastic parts does not occur. At no time are respirators to be left out and unattended for an extended period in an area where toxic chemicals are present.

### **8.3 Inspection**

- 8.3.1 Before a respirator is worn, the employee is to inspect the respirator for cleanliness and for the presence and condition of all parts. The employee self-inspection should include the condition, tightness, and connections of the respirator. The employee will make this inspection prior to every use.

### **8.4 Repair and Part Replacement**

- 8.4.1 When respirator repair is necessary, the respirator shall be discarded and replaced with a new one. The Program Administrator shall ensure that respirators are available to employees.

9.0 AIR CARTRIDGES AND FILTERS [8CCR§51440)]

- 9.1 Gas masks will use filters, cartridges, and canisters that are labeled and color-coded with the NIOSH approval label. This label is not to be removed.
- 9.2 There may be environments, however, where this cartridge is not appropriate. In those cases, The Program Administrator will identify the appropriate respirator cartridge.

10.0 TRAINING AND INFORMATION [8CCR§5144(k)]

- 10.1 Employees who wear respiratory protection will be properly trained in the need, use, sanitary care, and limitations of respirators.
- 10.2 Training will be conducted annually. The training program, at a minimum, will address the following topics:
- The need for the respirator and the importance of proper fit, usage and maintenance
  - Limitations of the selected respirators
  - Use of respirators during emergency situations, including respirator malfunctions
  - Inspection, maintenance and storage procedures
  - Proper fitting, and testing of respiratory equipment, including how to check facepiece fit.
  - Medical signs and symptoms that may limit or prevent the effective use
  - Relevant regulatory requirements
- 10.3 Training is to be conducted in a manner that is understandable to the employees.
- 10.4 Training is to be provided prior to requiring the employee to use the respirator in the workplace.
- 10.5 Training or retraining will also occur under the following conditions
- There is a change in the workplace or the type of respirator render previous training obsolete.
  - Inadequacies in the employee's knowledge or use of the respirator.
  - Any other situation arises in which retraining appears necessary to ensure safety of the individual.



## **11.0 PROGRAM SURVEILLANCE AND EVALUATION [8CCR§5144(1)]**

11.1 The Program Administrator will periodically evaluate this Respiratory Protection Program. The Program Administrator will regularly conduct interviews of respirator wearers to assess their views on program effectiveness. Factors of particular concern include:

- Respirator fit
- Respirator selection for the hazards
- Respirator use under workplace conditions
- Respirator maintenance.

11.2 Changes will be made to the written program as needed. If any change in work conditions or operational procedures are planned that would affect an individual's exposure to hazardous airborne contaminants (e.g., changes in hazardous substances, new equipment, etc.), the Program Administrator, working with the affected supervisor, and other appropriate individuals will evaluate the use of respiratory protection under the new circumstances.

## **12.0 RECORD KEEPING [8CCR§5144(m)]**

12.1 Inspections of respirators will be maintained for at least one year. Records will be maintained with the Program Administrator.

12.2 Respirator training and fit-testing records will be maintained for at least one year. Training records will be maintained with the Program Administrator.

12.3 Medical examination records will be maintained for thirty years beyond duration of employment in accordance with Cal/OSHA Access to Medical and Exposure Records (8CCR§3204). Medical records will be kept confidential and will be maintained by the Alameda County Public Health Department and the designated healthcare provider.

APPENDIX A

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

## Cal/OSHA Respirator Medical Evaluation Questionnaire

**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:**

Can you read (circle one): Yes/No

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.

**A. Section Part 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: \_\_\_\_\_ Employee # \_\_\_\_\_
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-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 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 (fits): 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
  - f. 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 (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:)
  - 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

**For SCBA and Full-Facepiece Respirator Wearers:** Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece 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/NoIf "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):

APPENDIX B

QUALITATIVE FIT TESTING PROCEDURE AND  
CERTIFICATE

**Alameda County Public Health  
Department Qualitative Fit Test  
Certificate**

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

Employee No: \_\_\_\_\_

Has employee received respirator training? ☐ Yes - ☐ No, explain

Has employee received medical evaluation? ☐ Yes - ☐ No - **STOP TEST**

Respirator Fitted/Tested: Make/Model: \_\_\_\_\_ Style: \_\_\_\_\_ Size: S M L

Fit Test Agent: ☐ Irritant Smoke ☐ IsoAmyl Acetate ☐ Saccharin ☐ Bitrex

**Protocol:**

1. Subject selected most acceptable respirator from models and sizes
2. Subject was shown how to don, position and determine acceptable fit of respirator
3. Subject conducted negative and positive pressure seal check
4. Subject wore mask for at least 5 minutes prior to test
5. Subject wore other required safety equipment during test

**Facial Characteristics Assessment:** Subject demonstrates satisfactory seal (visually) with no facial hair or other features that may interfere with fit? ☐ Yes ☐ No - **STOP TEST**

**Sensitivity Test:** Subject demonstrates sensitivity to test agent? ☐ Yes ☐ No - **STOP TEST**

**Test Exercises:**

1. Normal breathing in a standing position
2. Deep breathing in a standing position
3. Turning head side to side in a standing position
4. Moving head up and down in a standing position
5. Talking out loud (subject can read Rainbow Passage, count, recite, etc.)

Subject satisfactorily completed the qualitative fit test? ☐ Yes ☐ No

**Other requirements** (e.g., spectacle kit, etc.)?

\_\_\_\_\_  
**Test Administrator's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**



APPENDIX C

RESPIRATOR CLEANING PROCEDURE

## Respirator Cleaning Procedures

These procedures are general in nature, and serve as an alternative to the cleaning recommendations provided by the manufacturer. The objective of this procedure is to ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user. N95 RESPIRATORS SHALL NOT BE CLEANED. THEY SHALL BE DISPOSED OF AND REPLACED.

1. 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. Discard or repair any defective parts.
2. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
3. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.
4. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
  - a) Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or, b)  
Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or, c) Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
5. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents 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.
6. Components should be hand-dried with a clean lint-free cloth or air-dried.
7. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
8. Test the respirator to ensure that all components work properly.