Med-Care Ambulance Service

Respiratory Protection Plan

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Reviewed: February 2, 2010
Our personnel may be exposed to TB and other airborne contaminates while in the performance of their duties. Because of this hazard, all potentially exposed personnel are required to wear the N95 protective mask for their protection. Since this is a mandatory requirement, the provisions of the Respiratory Protection Program, 29 CFR 1910.134, apply. The implementation requirements of this program are listed below.

1. **Program administrator.** The Assistant Chief of Operations has been designated as the Program Administrator and is responsible for implementing and evaluating all aspects of this program. This does not prohibit the administrator from relying on other employees to help manage parts of the respiratory protection program (e.g., fit testing, medical evaluations, etc.). Due to the various types of N95 respirators on the market, the Program Administrator must select a respirator that is approved by the manufacturer for TB.

2. **General provisions.** Employees who are required to wear respirators will be provided respirators, training, and medical evaluations at no cost to the employees involved.

3. **Medical evaluations of employees required to wear respirators.**
   a. Using a respirator may place a physical burden on an employee’s health. The burden varies according to a number of factors, such as the weight and breathing resistance of the respirator and the workplace conditions under which the respirator is worn. Additionally, some medical conditions may place an employee at increased risk of illness, injury, or death.
   b. All employees must complete an initial and then a periodic evaluation, based on their age, to determine their fitness to wear the N95. A qualified Physician or other Licensed Health Care Professional (PLHCP) must review these evaluations. Results of these evaluations must be provided to the employee and kept on file for 5 years. (A PLHCP’s may use their own survey questionnaire or other sample survey questionnaire provided in Appendix A.)
   c. Periodic medical evaluations shall be administered according to the following schedule:
      1) Employees: up through 35 years of age, at least every 5 years
      2) 36 to 40 years of age, at least every 2 years
      3) Over 40 years of age, at least annually.
   d. Employees who are not medically evaluated and/or cleared for use of a respirator will not be permitted to perform a task requiring respiratory protection, therefore will be removed from the Med-Care roster until medically cleared to perform such tasks.
4. **Fit testing procedures.**

   a. Fit testing must be conducted for all employees prior to initial use. Fit testing is a procedure used to determine how well a respirator “fits”, that is, whether the respirator forms a seal on the user’s face. If a good face piece-to-face seal is not achieved, the respirator will provide a lower level of protection than it was designed to provide.

   b. Fit testing cannot be conducted until after a Physician or Licensed Health Care Provider (PLHCP) has reviewed the medical evaluation and provided, in writing, a determination the employee can use a respirator.

   c. Fit testing will be conducted annually using either a Qualitative Fit Test (QLFT) of a Quantitative Fit Test (QNFT). Fit testing will also be accomplished whenever there are changes in the employee’s physical condition that could affect respiratory fit (obvious changes in body weight, facial scarring, etc.)

   d. Appendix B outlines the procedure for donning and adjusting the N95 respirator.

5. **Routine use procedures.** N95 respirators will be used whenever transporting patients from scene to medical facilities whenever in contact with a patient known or suspected of having TB.

6. **Recordkeeping.** An employee medical evaluation, fit testing and training will be kept on file.

7. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators.

   a. **Inspection.** N95 respirators will be visually inspected prior to use to ensure no parts are missing, distorted, blocked, loose, deteriorated, or otherwise interfere with proper performance. Respirators not passing inspection must be discarded.

   b. **Maintenance.**

      1) Soiled mask should be replaced but not cleaned
      2) Always thoroughly wash hands after removing taking the mask off.
      3) After use, the mask should be wrapped in a plastic bag before disposal.
      4) Never share mask with others.
      5) When breathing becomes difficult, replace the mask.
c. **Storage.** Respirators must be stored in a manner that:

1) Protects them from contamination, dust, sunlight, extreme temperatures, excessive moisture, damaging chemicals, or other destructive conditions.
2) Prevents the face piece from becoming deformed.
3) Follows all storage precautions issued by the respiratory manufacturer.

8. **Training.** Training must be provided to all employees required to wear respirators and annotated on a training attendance roster. (sample at Appendix C). New employees will receive training prior to being exposed to any hazards and all employees will receive training on an annual basis. Training must include:

   a. Why the respirator is necessary and how improper fit, usage, and maintenance can make the respirator ineffective.

   b. What the limitations and capabilities of the selected respirator are.

   c. How to use the respiratory effectively.

   d. How to inspect, put on and remove, and check the seals of the respirator.

   e. What the respirator maintenance and storage procedures are.

   f. How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.

   g. The general requirements of this Respiratory Program.

9. **Annual program evaluation:**

   a. The Med-Care Ambulance Respiratory Protection Program must be re-evaluated anytime the program has changed significantly or at least annually to ensure that the written program is working effectively.

   b. The evaluation can be documented by signing and dating this document with a “Reviewed by” statement or this information can be attached to any training records, meeting minutes, etc. The space below can be used for this purpose

   **Reviewed by (name and date):**

   ___________________________   ___________________________

   ___________________________   ___________________________
Appendix A: Respirator Medical Evaluation Questionnaire (Mandatory)

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

Section 1. (Mandatory) The following information shall 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 professionals who reviews this questionnaire (include area code if outside the state of Maine)
   ________________________________________________________________
9. The best time to phone you at this number. ___________________________
10. Has your employer told you how to contact the health care professionals 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. _____ N95, 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
    a. If yes what type(s) ______________________________________________

Section 2 (Mandatory) The following questions 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    Yes / No
   c. Allergic reactions that interfere with your breathing   Yes / No
   d. Claustrophobia    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  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 clothing yourself:    Yes / No
   f. Shortness of breath that interferes with your job    Yes / No
   g. Coughing that produces phlegm    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 breath 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 problems that you’ve been told about   Yes / No

6. Have you *ever had* any of the following cardiovascular or heart problems?

   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 conditions?

   a. Breathing or lung problems   Yes / No
   b. Heart trouble   Yes / No
   c. Blood pressure   Yes / No
   d. Seizures   Yes / No

8. If you used a respirator, have you *ever had* any of the following problems? (if you 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
Question 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
Section 3 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 5000 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 Yes / No
   c. Tungsten/cobalt (e.g. grinding or welding this material) Yes / No
   d. Beryllium Yes / No
   e. Aluminum Yes / No
   f. Coal 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 ever been in the military services     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 of 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     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 _____ hrs_____ mins
      Examples of 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 _____ 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 _____ 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 (temperatures 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 substances that you’ll be exposed to when you’re using your respirator

19. Describe any special responsibilities you’ll have while using your respirator(s) that may effect the safety and well-being of others (for example, rescue, security, etc.)
Appendix B. Donning and Adjusting the N95 Respirator

**Donning and Adjusting of Mask**

Mask should be worn and seal checked according to below procedure:

1. Choose a small or medium-sized face-piece that fits the face. Pull the head bands loose. The metallic strip should be uppermost. Pass the hand through the head bands.

2. Put on the mask. The head bands should be around the head and neck.

3. Press the metallic strip on both sides with the forefingers and middle fingers of both hands.

4. **Seal Check:**
   - **Positive pressure checking** — cover the mask lightly with both hands. Breathe with deliberation. Air should not leak out from the side of the mask.
   - **Negative pressure checking** — cover the mask lightly with both hands. Suck in air with deliberation. The mask should depress slightly inward.

**Note:** For masks with valves, check them according to the instruction of the manufacturers.
Appendix C. Sample Training Attendance Roster

N95 Training Attendance Roster

The following personnel attended training on the date listed. (Personnel making up training or new employees completing initial training will annotate the date of this training after their name.) This annual training consisted of a review of the written N95 Respiratory Protection Program, which included but was not listed to the storage, inspection, and maintenance requirements as well as donning and adjustment skills for the N95 respirator.

Name of Trainer and Date of Training: _______________________________________

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