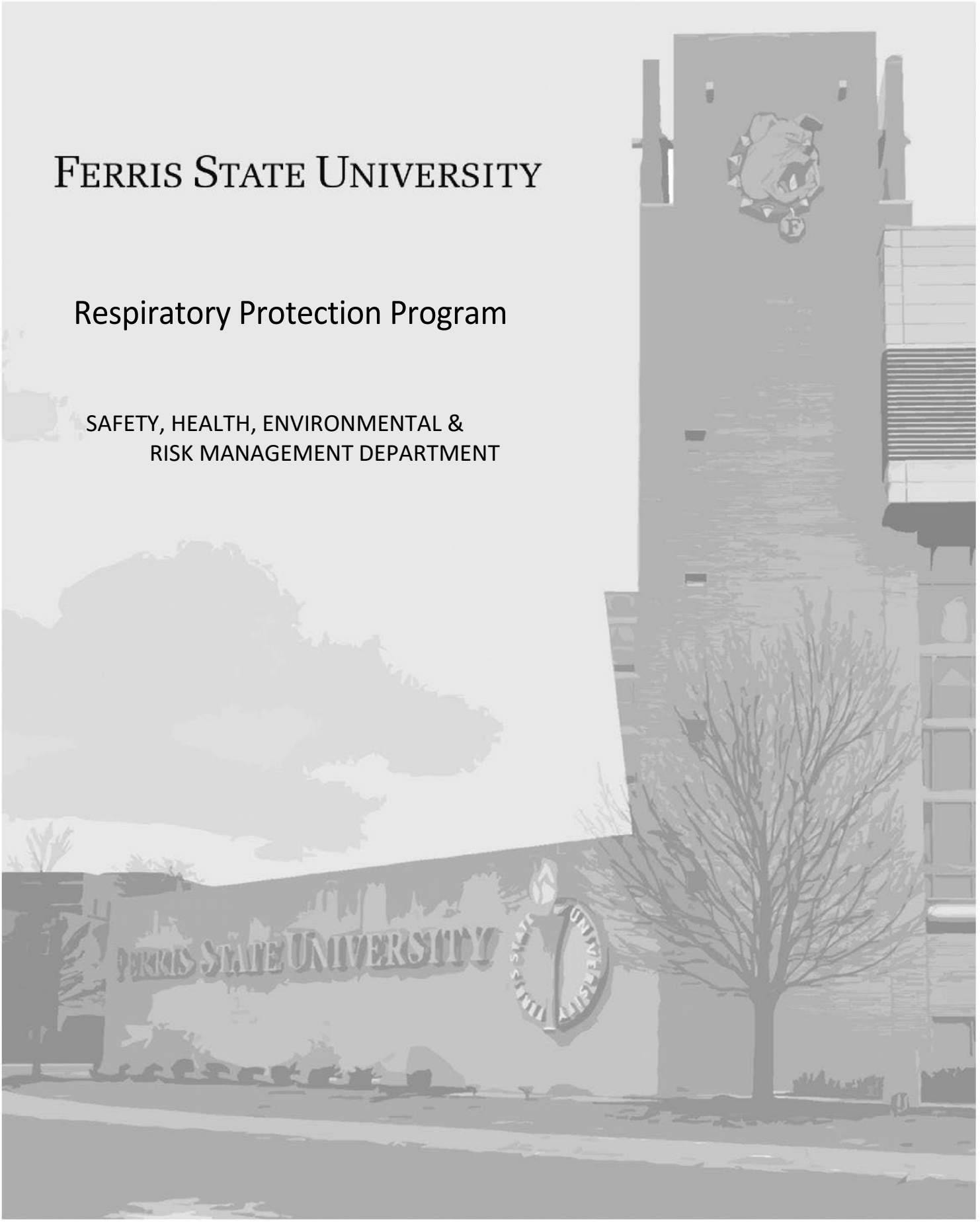
FERRIS STATE UNIVERSITY

Respiratory Protection Program

SAFETY, HEALTH, ENVIRONMENTAL &
RISK MANAGEMENT DEPARTMENT



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Purpose

The purpose of Ferris State University's (FSU) Respiratory Protection Program is to establish and implement standard operating procedures to ensure the protection of each employee from respiratory hazards through proper selection and use of respirators. Respirators are to be used only when engineering controls of respirator hazards is not feasible, while engineering controls are being installed, or in emergencies.

Ferris State University's program shall follow the provisions of Michigan Occupational Safety and Health Administration (MIOSHA) Part 451 Respiratory Protection.

Scope

The program applies to all applicable employees of Ferris State University, including full-time, part-time, temporary, and student employees who use respirators. These include, but are not limited to half-masks, full facepiece respirators, powered-air-purifying respirators (PAPR), airline respirators, self-contained breathing apparatus (SCBA), and filtering facepieces (except on a voluntary basis). This program defines the proper selection, use, maintenance, and training associated with respiratory protection to minimize employee exposure to airborne contaminants. All employees required to use respirators must adhere to the procedures outlined in this program.

Definitions

Air-purifying respirator – a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Filtering facepiece (dust mask) – 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.

Fit test – the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Immediately dangerous to life or health (IDLH) – an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. **FSU does not enter areas that pose an IDLH threat.**

Powered air-purifying respirator (PAPR) – an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Qualitative fit test (QLFT) – a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

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

Self-contained breathing apparatus (SCBA) – an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user. **FSU does not have situations in which this respirator is used.**

Supplied-air respirator (SAR) or airline respirator – an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user. **FSU does not have situations in which this respirator is used.**

RESPONSIBILITIES

Supervisors/Managers/Directors

It is the responsibility of the Supervisors/Managers/Directors to:

1. Ensure that employees under their supervision comply with all requirements of the program.
2. Complete a hazard assessment (Appendix A) and send to SHERM to review.
    a. If a respirator is required SHERM will give additional guidance.
3. Communicate information about respiratory hazards to their employees.
4. Ensure that employees use respirators correctly when required and that they are properly trained and fit tested by SHERM.
5. Provide necessary resources, including respirators, cleaning supplies, and storage facilities, to support the program.
6. Report any concerns or issues related to respiratory protection to SHERM.
7. Monitor workplace conditions to ensure that respiratory hazards are properly controlled and that respirators are being used correctly.
8. Observe employees during respirator use to ensure they are using them correctly and that the respirators are functioning properly.
9. Address employee questions and concerns related to respiratory protection.
10. Notify SHERM of new employees for program enrollment.

SHERM Department

It is the responsibility of the SHERM Department to:

1. Develop and maintain a written standard operating procedure document.
2. Provide guidance to departments for the selection and purchase of approved respirators.
3. Provide instruction to departments on the proper use, maintenance, and storage of respirator equipment.
4. Provide a fit testing program for respirator wearers.
5. Maintain fit testing, initial training and retraining records.

Ferris State University Employees

It is the responsibility of each employee to:

1. Attend the required training sessions and comply with all applicable safety requirements.
2. Complete the Occupational Health EMPLOYEE'S QUESTIONNAIRE FOR OSHA RESPIRATOR MEDICAL EVALUATION and REQUEST FOR RESPIRATOR CLEARANCE (contact SHERM for forms).
3. Use respirators in accordance with instructions and training received from supervisors and SHERM.
4. Store, clean, maintain, and guard against damage to respirator equipment.
5. Report any deficiencies or malfunctions of a respirator to a supervisor or SHERM.
6. Go immediately to an area having respirable (clean) air if the respirator fails to provide proper protection.
7. Inform their supervisor of need for a medical reevaluation.
8. Receive a fit test and retraining at least annually.

PROCEDURES/REQUIREMENTS

1. Hazard Assessment

    a. The Hazard Assessment in Appendix A and the SDS will be reviewed to determine the type of respirator and cartridge to be used.

    b. If SHERM decides it is needed, industrial hygiene data, such as air monitoring, will be used to determine the level of employee exposure. This data will be collected and analyzed by qualified personnel using appropriate sampling methods and equipment.

2. Respiratory Selection

    a. Where hazard evaluation data indicates the need for respiratory protection, the department must provide the employee with an appropriate respirator model with the acceptable fit at no cost to the employee. Cost for student respirators shall be the student's responsibility. All models of respirators used for employee health protection must be certified by the National Institute of Occupational Safety and Health (NIOSH). A sufficient number of respirator sizes and models must be provided to the employee during fit testing. Respirator selection shall be based on hazards the individual will be exposed to, and any other factors that may affect performance and reliability.

    b. Respirator Assignment and Use:

        i. All FSU employees must first receive a current medical evaluation, proper training, and fit testing before wearing or being assigned to wear a respirator.

        ii. Employees shall not wear a tight-fitting facepiece respirator whenever any condition exists which could affect the seal of the respirator or valve function (e.g., beards,

sideburns, facial hair, missing dentures, skull caps, personal protective equipment, or eyeglass temple pieces that projects under the respirator.)

iii. Special spectacle kits or other devices shall be made available for individuals who wear corrective lenses, and who also must use a tight-fitting full-facepiece respirator.

c. Respirator selection must include:

i. The type of respiratory hazard, including physical and chemical properties of the contaminant and its effect on humans.

ii. The concentration of the contaminant.

iii. The duration of exposure and the period of time respiratory protection is needed.

iv. The activities of the workers during exposure and respirator use.

v. The characteristics, capabilities, and limitations of the various types of respirators.

vi. The protection factor assigned to the respirator.

vii. Respirators must be NIOSH certified.

d. Employees using particulate filters shall change the cartridges on their respirators when they first begin to experience difficulty breathing (i.e. breathing resistance).

e. For protection against gases and vapors, the air-purifying respirator shall be equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant. If there is no ESLI appropriate for the conditions, a changing schedule for canisters and cartridges will be formulated based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life.

f. Department employees are only allowed to wear the specific make, model, and size of air purifying respirators for which they have been properly fitted, and when applicable, those that meet the appropriate change-out schedule for cartridges and filters. Department employees are prohibited from performing work in other areas where respiratory protection is required unless a hazard evaluation has been completed for the work.

g. Air purifying respirators shall not be used under the following conditions:

i. Immediately Dangerous to Life and Health (IDLH) atmospheres.

ii. Oxygen deficient atmospheres (less than 19.5% oxygen).

iii. Situations where contaminants lack sufficient warning properties.

iv. Atmospheres containing unknown contaminants or concentrations.

v. Atmospheres containing contaminant concentrations exceeding maximum use concentration of the respirator or cartridge.

h. Routine Use and Emergency Situations

i. Respirators shall be put on before entering a work area with a hazardous atmosphere.

ii. Employees wearing tight fitting respirators must perform a successful user seal check using procedures from Appendix B 1 of OSHA's 29 CFR 1910.134 regulations or the respirator manufacturer each time they don the respirator.

iii. Employees wearing filtering facepiece respirators must perform a successful user seal check using procedures provided by the manufacturer.

iv. The respirator shall not be removed while in a hazardous atmosphere.

v. Employees wearing respirators in hazardous atmospheres must leave the required respirator use area for the following:

a) To wash face and respirator facepiece as necessary to prevent eye or skin irritation from use.

b) If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece.

c) To replace the respirator or filter, cartridge, or canister elements.

vi. When a respirator user working in a hazardous atmosphere detects vapor or gas breakthrough, breathing resistance changes, or facepiece leakage, the user must exit the hazardous area.

vii. The department must replace or repair the respirator before the employee returns to the hazardous work area.

viii. Employees are not permitted to enter IDLH atmospheres, unknown hazardous atmospheres, or any hazardous atmosphere that exceeds the capability of their assigned respirators.

ix. If during respirator use a change occurs in work conditions that could result in higher air contaminant levels, the employee will leave the contaminated area until the air contaminant concentration can be determined and the correct respirator provided.

x. The department must incorporate emergency and non-routine situations in Appendix A: Respiratory Hazard Assessment.

i. Table 1: Types of Respirators and Their Use

Type	Contaminant	Department, Process	Frequency of Use
3MTM Half Facepiece Respirator 6000 - Reusable	Particulates, Pesticides	Grounds Worker, Grounds Worker Specialists; spraying pesticides	
3MTM Half Facepiece Respirator 6000 - Reusable	Chemicals	Custodial Maintenance Worker – Pool; chemical handling	

MAINTENANCE PROCEDURES, SERVICE LIFE AND CHANGE OUT SCHEDULES

Respirators will be regularly cleaned, disinfected, inspected, repaired, stored, and when necessary, discarded. General guides for the following procedures are found in Appendix C and Appendix D of this program. Supplement these general procedures with manufacturer specific requirements when necessary.

1. Cleaning and Disinfecting

    a. Respirators will be cleaned and sanitized using procedures which follows protocols of Appendix B 2 of OSHA's 29 CFR 1910.134 regulations. Respirators used routinely will be inspected during cleaning and worn or deteriorated parts will be replaced.

2. Inspection

    a. Respirators will be inspected before each use and after cleaning, checking respirator function, tightness of connections, condition of parts (including facepiece, head straps, valves, filtering elements), and for any deterioration or loss of pliability of elastomeric (e.g., rubber or silicone) parts.

3. Respirator Repairs

    a. Respirators failing inspection or found defective shall be removed from service. Adjust, repair, or discard respirators using the following procedures:

    b. Respirator repairs or adjustments are only done by properly trained personnel using parts designed for the respirator according to manufacturer's recommendations.

    c. Discard respirators permanently removed from service, so they do not return to service.

4. Storage

    a. All respirators must be stored in a clean and sanitary location to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, damaging chemicals, and to prevent facepiece and exhalation valve deformation.

5. Service Life and Change Out Schedules

    a. Filtering facepiece (disposable) respirators must be replaced based on manufacturer recommendations. Disposal is required when they become damaged, soiled or if increased breathing resistance is noted. Generally, disposal after no more than one day of use is recommended. The type of contaminant will also affect change out schedules. For example, oils can break down the filter material and infectious agents cannot be cleaned from a disposable respirator surface.

    b. The service life of a cartridge is the length of time the absorbing material in a chemical cartridge is effective in keeping contaminants out of the respirator. To ensure that chemical cartridges are replaced before the service life ends, a cartridge change-out schedule must be developed. Change out schedules for cartridges must be established based on the contaminant, cartridge, duration, frequency, work rate, temperature, humidity, and concentration. Department specific

change out schedules for each type of respirator used are listed in Appendix B. In the absence of a change-out schedule for specific operations, cartridges should be changed out at the end of each day or work shift. Contact SHERM if assistance is needed to establish a change-out schedule.

MEDICAL EVALUATION AND CLEARANCE

All employees who will be expected to wear a respirator, either routinely or in an emergency situation, shall receive a medical evaluation at no cost to them. The licensed health care professional at the Corewell Health Big Rapids Hospital Occupational Health will determine whether the employee is physically able to wear a respirator. The medical evaluation shall be performed before the employee is initially fit-tested or required to use a respirator. Additional medical evaluations shall be provided if:

1. An employee reports medical signs or symptoms that are related to their ability to use a respirator; or
2. The physician, health care professional, supervisor, or SHERM personnel determines an employee needs to be reevaluated; or
3. Information from the Respiratory Protection Program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing use, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.

The medical examinations shall consist of using a medical questionnaire and/or a medical examination and/or spirometry.

Follow-up examinations shall be provided to employees whose initial medical examination demonstrates the need for a follow-up medical examination or as requested by the health care provider at Corewell Health Big Rapids Hospital Occupational Health.

The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures the employee understands its content.

Each employee will be given the opportunity to discuss the questionnaire and the examination results with the physician or licensed health care professional.

Employees must complete a medical questionnaire, submit it to Corewell Health Big Rapids Hospital Occupational Health for evaluation, and attend the follow-up medical evaluation (if applicable) before being allowed to participate in training, fit testing, or being allowed to wear a respirator.

RESPIRATOR FIT TESTING

SHERM shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate quantitative fit test (QNFT), for each type of respirator he/she may be required to use. Fit testing procedures will be in accordance with 1910.134 Appendix A: Fit Testing Procedures in MIOSHA Part 451.

Respirator fit testing shall be conducted prior to the time of initial use of a tight-fitting facepiece respirator, whenever a different respirator facepiece (size, style, model, or make) is used, and at least annually thereafter for as long as the employee may be required to wear a respirator. Additional fit testing shall be conducted whenever the employee reports or observations indicate changes in the employee's physical condition (e.g., facial scarring, dental changes, cosmetic surgery, or change in body weight) that could affect respirator fit.

If, after passing a QNFT, the employee notifies SHERM, their supervisor or a health care provider at Corewell Health Big Rapids Hospital Occupational Health that the respirator fit is unacceptable, the employee shall have the opportunity to select a different respirator facepiece and to be retested.

TRAINING

Employees will be trained such that they can demonstrate knowledge of at least:

1. Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect.
2. Proper selection and use.
3. Limitations and capabilities of the respirator.
4. Effective use in emergency situations or if it malfunctions.
5. How to inspect, put on and remove, use, and how to perform a user seal check.
6. Proper maintenance and storage.
7. Recognition of medical signs and symptoms that may limit or prevent effective use.
8. The general requirements of the MIOSHA standard.

RETRAINING

Retraining is required annually, and when:

1. Changes in the workplace or type of respirator render previous training obsolete.
2. Inadequacies are found in the employee's knowledge or use.
3. Other situations arise in which retraining appears necessary.

All training records shall be sent to SHERM.

RECORDKEEPING

1. Records of medical evaluations shall be retained in the individual's medical record at Corewell Health Big Rapids Hospital Occupation Health.
2. Training and fit testing records can be requested from SHERM office.

REFRENCES AND FURTHER INFORMATION

1. MIOSHA Part 451 Respiratory Protection
2. Occupational Safety and Health Administration
3. National Institute for Occupational Safety and Health
4. Selection Guide for 3M Reusable Respirators

APPENDIX A: Respiratory Protection Hazard Assessment

Respiratory Protection Hazard Assessment

The table below identifies tasks evaluated for respiratory hazards. ***Complete and return to SHERM.***

General Information:	
Department:	
Supervisor/ Manager/Director	
Email:	
Date of Review:	
SHERM Reviewer:	
Date of SHERM Review:	

	Hazard Assessment:					
TASK: Work Task description (include occasional tasks such as cleaning and maintenance)	**LOCATION:** Building/Room, Outdoors, etc.	**FREQUENCY:** Daily, weekly, monthly, quarterly, annually, etc.	**DURATION:** Average time to complete task	**HAZARDS:** Known or suspected during task (chemicals, vapor, fumes, biological aerosols, particulates, acids, caustics, etc.)	**CONTROLS:** Protective measures currently in use (ventilation, respirator, containment, none, etc.)	**REQUIRED (R) or VOLUNTARY USE (V):**

APPENDIX B: Authorized Respirator Users

Authorized Respirator Users

The table below lists employee names, their job classification, type of respirator, and the work task where respirator use is required or recommended, and change out frequency. ***Complete and return to SHERM.***

General Information:						
Department:						
Supervisor/Manager/Director:						
Email:						
Date of Review:						
SHERM Reviewer:						
Date of SHERM Review:						
Respirators Stocked in Department:						
Respirator 1:	Manufacturer and Model					
Respirator 2:	Manufacturer and Model					
Respirator 3:	Manufacturer and Model					
Respirator 4:	Manufacturer and Model					
Respirator 5:	Manufacturer and Model					
Respirator 6:	Manufacturer and Model					
Employee Information:						
EMPLOYEE NAME:	**EMAIL or Employee ID #:**	**WORK TASK DESCRIPTION(S):** from Appendix A	**RESPIRATOR TYPE(S)**: ex. disposable N95, half face or full face	**CARTRIDGE TYPE:**	**CARTRIDGE CHANGE OUT or DISPOSAL FREQUENCY:**	

APPENDIX C: Program Evaluation

The OSHA standard is performance-oriented and states the program shall be updated as necessary to reflect changes in workplace conditions and respirator use. The Supervisor/Manager/Director is responsible for evaluation of respirator use in the workplace to ensure the provisions of this program are being implemented.

Frequency of program evaluation is based on the complexity and factors such as the hazard, types of respirator in use, variability of processes and operations, numbers of users, and worker experience. Program evaluation must be completed at least annually.

Person Completing Evaluation and Date of Evaluation:_____

Program Element	Evaluation Criteria	Criteria Met?	Corrections Made (date, initials, explanation of correction)
Hazard Assessment Verification	1. Hazard Assessment (Appendix A) up-to-date 2. Significant changes to operations, processes, and materials must be evaluated by SHERM.	Y / N	
Respirator Use	1. Any problems with use were corrected. 2. Device is inspected before putting on. 3. User seal checks performed when put on. 4. Filters/cartridges/canisters appropriate for hazard. 5. Each employee demonstrated proper care and use of respirator(s)	Y / N	
Respirators Maintained	1. Device is cleaned and sanitized. 2. Device and accessories stored correctly. 3. Filters/cartridges/canisters properly labeled. 4. Filters/cartridges/canisters are not expired.	Y / N	
Supplies are Adequate	1. Inventory of respirators, spare parts, filters/cartridges, and cleaning materials adequate in number. 2. Department stocks respirators and supplies that match the respirator each employee is fit tested in.	Y / N	
Respirator Clearance Evaluations are Current	1. Each employee has current medical clearance to wear a respirator. 2. Medical clearance documentation is kept on file for each employee.	Y / N	
Fit Tests are Current	1. Each employee is fit tested annually for each respirator used. 2. Fit test documentation is kept on file for each employee.	Y / N	
Training is Current	1. Training is performed on an annual basis. 2. Each employee is trained for each type of respirator they use. 3. The written program and OSHA rule are (29 CFR 1910.134) available for employee review. 4. Training is documented.	Y / N	

APPENDIX D: Guide for Using and Maintaining a Reusable Air Purifying Respirator

The following are general procedures for use and maintenance of reusable air purifying respirators. Departments can use these procedures provided they supplement them with more specific information provided by the manufacturer of the respirator that will be used.

Inspection

1. Inspect facepiece for:
    a. cracks, tears, or holes
    b. distortion (place the respirator "nose down" ("face seal up") on a clean surface and examine the face seal and face piece to determine if distortion has occurred)
    c. cracked or broken air purifying element holders, badly worn threads, or worn or missing gaskets
    d. cracked, scratched, or loose-fitting lens on full face models
2. Inspect head straps for:
    a. breaks or tears
    b. loss of elasticity
    c. broken or malfunctioning buckles or attachments
3. Inspect inhalation and exhalation valves for:
    a. cracks, tears, or distortion in valve material or valve seat
    b. defects in exhalation valve cover
4. Inspect air purifying filters/cartridges for:
    a. adequacy to protect against the hazard
    b. worn filter and facepiece threads
    c. cracks or dents in filter housing
    d. end of service life indicator (if applicable)
    e. legible NIOSH approved labels and color codes

Putting On (Donning)

1. Inspect respirator (see above)
2. Confirm that air purifying elements are those required to protect against air contaminants expected and that they are installed properly.
3. Place respirator facepiece on face with the chin properly located in chin

4. Position straps or harness on head per manufacturer's instructions and tighten straps to hold facepiece in place.
5. Adjust face piece for comfort and retighten straps/harness if required.

User Seal Checks

1. Perform positive user seal check by lightly placing the palm of the hand over exhalation valve cover and gently exhaling. A slight positive pressure should build up inside respirator. If any leakage is detected, readjust straps and repeat test until no leakage occurs.
2. Perform negative user seal check by placing the palms of the hands over the cartridges and gently inhaling. A slight negative pressure (suction) should occur inside respirator. If any leakage is detected, readjust straps and repeat test until no leakage occurs.

Removing (Doffing) Respirator

1. Loosen or unhook respirator straps/harness.
2. Remove facepiece from face.

Cleaning and Sanitizing

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here.

1. Remove filters, cartridges, or canisters. Disassemble facepiece by removing speaking diaphragms, demand and pressure-demand valve assemblies, or any components recommended by the manufacturer. Discard or repair any defective parts.
2. Wash components in warm water with a mild detergent or with a cleaner recommended by the manufacturer. A brush or cloth may be used to facilitate the removal of dirt.
3. Rinse components thoroughly in clean, warm, 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 warm water,
    b. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine to one liter of warm water; 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, 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 before next use, when necessary.
8. Test the respirator to ensure all components work properly.

Respirator Repairs

Adjust, repair, or discard respirators using the following procedures:

1. Respirators failing inspection or found defective will be removed from service. Discard respirators permanently removed from service so they do not return to service.
2. Employees must inform their supervisor/manager/director when they identify a defective respirator or part. The supervisor/manager/director will decide if the respirator can be repaired or must be disposed of due to an irreparable problem or defect.
3. Respirator repairs or adjustments are only done by properly trained personnel using NIOSH approved parts designed for the respirator and; repairs are made according to manufacturer's recommendations and specifications for type and extent of repairs to be performed; and when required, repairs are made by manufacturer or manufacturer trained technician.
4. If the employee is not given a replacement of the same make, model and size, then the employee must be fit tested in the new respirator prior to use.

Respirator Storage

1. Store respirators in a clean sealed container labeled with the employee name while not in use. Clean nylon duffel bags, large Ziploc plastic bags, or plastic totes are examples of acceptable storage containers.
2. Store in a clean, dry place. Do not distort rubber facepiece during storage.

APPENDIX E: Voluntary Respirator Use

Scope and Purpose

Where respirator use is not required or recommended for protection of employee health, the work unit may choose to allow voluntary use of respirators for employees who wish to wear them for additional health protection. Where voluntary respirator use is allowed, the department must be certain that overexposure to air contaminants is not likely to occur under normal working conditions. Voluntary respirator use focuses on the ability to wear a respirator without aggravating a medical condition and keeping the respirator clean to prevent dermatitis and other skin hazards. *Please note that to assure the safe use of respirators across campus, a respiratory protection hazard assessment (**Appendix A**) and Authorized user list (**Appendix B**) must be completed for all respirator users.*

It is the University's position that if an individual is wearing a disposable N-95 respirator voluntarily, they should be medically cleared and fit tested annually. If an employee is wearing a reusable tight fitting rubber/ silicone face piece respirator, they must be medically cleared and fit tested annually.

Periodic Evaluation

Department Supervisor/Manager/Director must periodically evaluate performance of voluntary respirator use. OSHA does not have a specified annual review. Rather, through frequent observation, if exposure conditions change, additional work area respiratory hazard surveys will be done as needed or required.

Departments must provide to each voluntary user the mandatory awareness information in Appendix D of the OSHA respirator standard , as included below.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You shall do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

1. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
2. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

SHERM should be contacted prior to the use of a respirator. By signing this form, you are acknowledging that you have read and understand all of its content.

Printed Name	Signature	Date

APPENDIX F: Selection Guide for 3M Reusable Respirators

reusable-resp-cartridge-and-filter-selection-poster-english.pdf

https://multimedia.3m.com/mws/media/40744O/reusable-resp-cartridge-and-filter-selection-poster-english.pdf