1.0 Introduction

Weill Cornell Medicine (WCM) recognizes the existence of chemical, particulate, or biological air contaminants, or areas that may have oxygen-deficient atmospheres, where respiratory protection is required. The Occupational Health and Safety Administration (OSHA) under its Respiratory Protection Standard (29CFR1910.134) mandates establishing policy and procedures for employees who must or choose to wear respiratory protection. This document shall serve as the formal written program for WCM, and Environmental Health and Safety (EHS) personnel will review it periodically to address its efficacy and maintain provisions as deemed necessary.

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DATE REVIEWED: June 11, 2020
DATE UPDATED: June 11, 2020
CLASSIFICATION & LOCATION: General Safety, Respiratory Protection
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### Objective

This program aims to ensure that all faculty, staff, students, patients, and visitors at WCM are adequately protected against workplace hazards through assessment, medical clearance, respirator assignment, and fit testing. Assessments are made based on the hazards present. Exposure monitoring may be performed depending on the hazards present. The determination on whether respiratory protection is necessary and what type is to be used will be made based on these assessments.

This program complies with the Occupational Safety and Health Administration’s (OSHA) Respiratory Protection Standard, 1910.134.

### Applicability

The Respiratory Protection Program applies to all members of the WCM community who need to use respiratory protection in the course of performing their duties.

The following departments have been identified as places where individuals need or may potentially need to use respiratory protection in the course of performing their work duties:

- Facilities Engineering and Maintenance personnel
- All BSL-3 and certain BSL-2 lab users
- Research Animal Resource Center staff
- Personnel in other laboratories identified as working with specified hazards where respiratory protection is needed
- Clinical personnel in areas where high-risk procedures are done or where work on high-risk patients is performed
- EHS Spill Team personnel

Employees in other departments may require respiratory protection as well, depending on their specific duties.

### Responsibilities

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

The Department of Environmental Health and Safety at WCM will:

- Act as the Program Administrator for the Respiratory Protection Program.
- Ensure the Medical College’s compliance with the Respirator Program.
- Develop, evaluate, and maintain the Respiratory Protection Program.
- Identify known work activities and exposures requiring respiratory protection.
- Conduct hazard and exposure assessments, addressing types of hazards and levels.
- Provide a variety of types of respiratory protection for selection and fit testing.
- Recommend to users and supervisors the types of respiratory protection that need to be purchased.
- Obtain medical evaluation clearances conducted by Workforce Health and Safety (WHS) from employees.
- Provide yearly fit testing, training, and resource documents for all respirator users.
- Maintain training and fit testing records.
- Evaluate this Program as necessary.

#### PRINCIPAL INVESTIGATORS AND DEPARTMENT CHAIRS

Principal Investigators and Department Administrators must:

- Ensure their departments and personnel comply with the requirements of this Program.
- Provide respirators as recommended by the Program Administrator.
Alert EHS of new chemical usage or new procedures where hazard assessments are necessary to determine exposure.

5.3 FACILITIES MANAGEMENT / MAINTENANCE

The Department of Engineering and Maintenance must:
- Ensure the department and its employees comply with the requirements of this Program.
- Provide respirators as recommended by the Program Administrator.
- Alert EHS of new chemical usage or new procedures where hazard assessments are necessary to determine exposure.
- Inform outside contractors on which areas respiratory protection is required, and ensure they comply with their program.

5.4 WORKFORCE HEALTH AND SAFETY (WHS)

The Department of Workforce Health and Safety will:
- Conduct initial medical evaluations.
- Request medical tests, consultations or diagnostic tests.
- Administer the OSHA Medical Questionnaire.
- Develop written procedures for managing medical evaluations.
- Provide employees, upon request, with written documentation of the results of medical evaluations.

5.5 STUDENT HEALTH SERVICES

WCM Student Health Services must:
- Conduct initial medical evaluations.
- Request medical test, consultation or diagnostic tests.
- Administer the OSHA Medical Questionnaire.
- Develop written procedures for managing medical evaluations.

5.6 RESPIRATOR USERS / EMPLOYEES

All WCM employees whose duties require respiratory equipment must:
- Wear appropriate respiratory protection when performing work that involves respirable hazards.
- Use respirators in accordance with instructions and training received.
- Store and maintain respiratory equipment as required by manufacturers’ instructions and training received.
- Clean respiratory equipment according to training received for reusable respirators.
- Limit facial hair growth to lengths/patterns that will not interfere with proper respiratory device fit and seal (see Appendix D).
- Evacuate contaminated areas during any respirator malfunction or change in conditions that render the respirator ineffective for the hazards present.
- Perform a proper check as demonstrated during training whenever donning the respirator.
- Change out filters and cartridges as per training received.
- Inform supervisors of any significant weight gain or loss, dental surgery, or other changes in facial structure that would require additional fit testing.

6.0 Respirator Types and Filters / Cartridges

A variety of respiratory protection options are available based on the hazards present. Examples of respirators and equipment that apply to this program include the items detailed below.

6.1 RESPIRATORS
- N-95 respirators
- P-95 respirators
- Half-face negative air respirators
- Full-face negative air respirators
CONTINUED: Respiratory Protection Program

- Powered Air Purifying Respirator (PAPR) (positive air respirator)
- Self-Contained Breathing Apparatus (SCBA) (positive air respirator)
- Other types of NIOSH-approved respirators identified as part of this program

6.2 FILTERS, CARTRIDGES AND OTHER ACCESSORIES
- N-95, P-95, N-99 particulate filters
- P-100 (HEPA) 99.97% particulate filters
- Organic vapor, acid gas, ammonia/amines cartridges
- Formaldehyde, mercury cartridges
- Spectacle kits for full face-piece
- Other types of NIOSH-approved filters, cartridges, and accessories identified as part of this program

6.3 SURGICAL MASKS
As a surgical mask will not protect a user against inhaled hazards, a surgical mask is not considered a respirator. Therefore, it cannot be used in place of a respirator in areas where respiratory protection is required. A NIOSH-approved respirator appropriate for the hazards present must be used in these areas.

7.0 Duties That May Require Respiratory Protection
EHS evaluates various duties to determine if they require respiratory protection. Some of the tasks performed at WCM that need respiratory protection are as described in the sections to follow.

7.1 LABORATORY WORK
- Research under all Biosafety Level 3 or certain Biosafety Level 2, where an evaluation has determined that respiratory protection is necessary.
- Technical procedures, such as pressuring liquids, sonicating, and grinding or sawing primate tissue that present a high rate of aerosolizing materials.
- Procedures with infectious materials that are generally handled inside biological safety cabinets and cannot be performed inside the cabinet (i.e., microscopy).
- Handling regulated medical or chemical waste.
- Work with certain hazardous chemicals with or without a chemical hood.

7.2 CLINICAL WORK
- Entering the room of a patient on respiratory isolation or providing ER consultations.
- Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV).
- Performing or assisting at a procedure on a patient with known or suspected tuberculosis or other communicable respiratory infections. Clinical areas with reasonably anticipated exposure to patients with contagious respiratory infections should have a sufficient number of personnel who are trained and fitted for respirator use to be able to administer the necessary care.

Note: Employees in non-WCM owned/operated spaces must comply with the host institution’s Respiratory Protection Policy.

7.3 FACILITIES
- Chemical fume hood repair.
- Filter changes on HVAC systems.
- Painting and working with paint products.
- Welding.
- Grinding, sanding, and cutting.
- Maintaining and treating water systems.
7.4 OUTSIDE CONTRACTING
- Asbestos abatement activities.
- Lead abatement activities.
- Mold abatement activities.
- Any work where the contractor determines respiratory protection is required.

7.5 OTHER
- Chemical waste collection and consolidation.
- Emergency response.
- Anything that constitutes an “Immediately Dangerous to Life or Health” (IDLH) situation.

Note: Air-purifying respirators [APR] are not effective in IDLH situations. Anybody working in IDLH conditions must utilize atmosphere-supplying respirators, such as self-contained breathing apparatus (SCBA).

8.0 Program Administration

8.1 DETERMINING RESPIRATOR USAGE
EHS has several methods for determining if a work duty requires the use of a respirator. These include:
- Hazard Assessment through personal exposure monitoring when the chemical hazard is known, but the exposure levels need to be determined.
- Identification of job functions requiring respiratory protection based on the types of hazards present. In addition to duties previously listed, other job functions may be identified as needing respiratory protection.
- Performing an environmental or safety assessment based on physical or other hazards present that would constitute the need for using respiratory protection.

8.2 HEALTH HAZARD EVALUATION
WHS will perform a health evaluation before the assignment of respirator usage.
- A questionnaire (Appendix B) will be given to the employee to be completed. An evaluation regarding the employee’s ability to utilize a respirator will be made based on the information supplied in the questionnaire.
- WHS will review the questionnaire and follow up with a physical exam. On the passing of the exam, the employee will receive a signed copy of the respiratory clearance form.

8.3 FIT TESTING
Once the medical clearance is issued, Environmental Health and Safety will review the medical clearance form and perform the following:
- Fit test the employee for the respiratory protection needed, based on the criteria in Section 8.1 (Determining Respirator Usage)
- Offer a selection of sizes and brands for the particular type of respirator needed. All respirators, filters, and cartridges must be NIOSH approved.
- Fit test the employee based on the OSHA fit test protocols for that particular type of respirator and filtering media (Appendix C). Qualitative fit testing may be performed for any respirator with an assigned protection factor (APF) of 10 or less, but any respirator with an APF greater than 10 requires quantitative fit testing in order for it to be used accounting for the higher APF.
- Train the employee on the functionality, limitations; and proper donning, doffing, care, cleaning, and fit checking of the respirator.
- Complete the fit test record (Appendix A) and have the employee sign it. Employees who are using respirators on a voluntary basis and do not meet the criteria in section 8.1 need to complete the form and check the box in the section at the bottom of the form. They must receive medical clearance, be fit tested, and receive the standard training for respiratory protection.
- Require those employees with excessive facial hair to trim it to acceptable levels (examples of which can be found in Appendix D) and return to be retested.
- Work with supervisors to provide a spectacle kit to insert in the respirator for any employee who requires corrective eyewear and who must be able to wear full-face respiratory protection. The employee will have their prescription made up for the spec insert at no cost to them.
In case of failure to pass the fit test or inability for the employee to be fit tested, notify the employee, Workforce Health and Safety, and the employee’s supervisor of failure to pass a fit test, and ensure a Powered Air Purifying Respirator (PAPR) is available for the employee while performing any duties requiring a respirator.

8.4 RE-EVALUATION AND ANNUAL FIT TESTING
- Annual fit testing and training are required for all personnel assigned respiratory protection.
- Any condition changes in the person’s health, facial structure, job activities or hazards they are working with must be reported for a new evaluation and fit test prior to the scheduled annual test.

9.0 User Responsibilities

9.1 FIT CHECK PROTOCOLS

When putting on respiratory protection, the first thing the wearer must do is perform a positive and negative pressure fit (seal) check procedure. This procedure helps ensure that the respirator has been put on correctly and that there are no leaks where contaminants can enter.

9.1.1 Disposable Respirators

Gently cup both hands and place them along the edges of the respirator. Inhale and exhale a few times. Feel if any air is entering or escaping along the edges of the respirator, particularly around the nose and chin areas.

9.1.2 Positive Pressure Checks

Close off the exhalation valve with the palm of your hand and exhale gently into the face-piece. The face-mask is considered satisfactory if a slight positive pressure can be built up inside the face-piece, without any evidence of outward leakage of air at the seal. For some respirators, this method of leak testing requires the wearer to remove the exhalation valve cover before closing off the exhalation valve, and then carefully replacing it after the test.

9.1.3 Negative Pressure Checks

Close off the inlet opening of the canister or cartridge(s) by covering with the palms of the hands or by replacing the filter seal(s), inhale gently so that the face-piece collapses slightly, and hold breath for ten seconds. Note that the design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. In these cases, the test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the face-piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

9.1.4 Manufacturer’s Recommended User Seal Check Procedures

The respirator manufacturer’s recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedure; provided that the employer demonstrates that the manufacturer’s procedure is equally effective. Consult the OSHA website for more information.

9.2 RESPIRATOR INSPECTION

Non-disposable, air purifying, and supplied-air respirators need to be checked prior to donning to ensure proper working order. The respirators and their assemblies must be cleaned and stored properly after each use to ensure that the wearer receives the maximum protection. Follow the inspection steps below to inspect respiratory equipment properly.

1. Examine the rubber or silicone face-piece for the following:
   - Excessive dirt or debris
   - Cracks, holes or tears
   - Inflexibility or distortion in rubber
   - Scratched or cracked lenses (for full-face)
2. Examine straps or harness for:
   - Tears or breaks
   - Loss of elasticity
   - Broken buckles or clips

3. Examine inhalation/exhalation valves for:
   - Foreign matter
   - Missing gaskets
   - Cracks and tears
   - Improper installation of valves in body

4. Examine air-purifying elements for:
   - Correct cartridge, canister or filter for hazard
   - Appropriate brand of filter/cartridge with the brand of respirator
   - Adequately threaded on the mask
   - Expired, laden, or depleted filters, cartridges, etc.

9.3 RESPIRATOR MAINTENANCE AND CARE

The following steps must be taken to clean the respiratory equipment properly:

1. Remove filters/cartridges or canisters. Disassemble face-pieces 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. For simple cleaning, use one of the available wipe pads specifically designed for respirator cleaning. This will disinfect the respirator and clean it after use while helping preserve its integrity.

3. For a more thorough cleaning, wash components in warm (43°C [110°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.

4. Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain.

5. 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 chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43°C [110°F];
   - An aqueous solution of iodine (50 ppm) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide /100cc of 45% alcohol) to one liter of water at 43°C [110°F]; or
   - Another commercially available cleanser of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

6. Rinse components thoroughly in clean, warm (43°C or 110°F maximum), preferably running water into a drain. The importance of thorough rising cannot be overemphasized. Detergents or disinfectants that dry on pieces that come into direct contact with the face may cause dermatitis. In addition, some disinfectant may cause deterioration of rubber or corrosion of metal parts if not completely removed.

7. Components should be hand-dried with a clean lint-free cloth or air-dried.

8. Reassemble face-piece, replacing filters, cartridges, and canisters when necessary.

9. Fit check the respirator to ensure that all components work properly.

OSHA Procedures for Cleaning Non-Disposable Respirators are available on the OSHA website.

10.0 Training

EHS provides initial and annual respiratory training and fit testing to WCM employees. The training shall be appropriate to the level of protection needed to perform tasks without risk of personal exposure. All training shall be conducted in a manner that is understandable by all employees, regardless of educational level or language ability.
WCM employees in the Respiratory Protection Program shall be trained to demonstrate knowledge of:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- What the limitations and capabilities of the respirator are;
- How to put on, inspect, use, remove, and check for seals of the respirator;
- How to clean, maintain and store the respirator;
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
- Understanding of the general requirements of OSHA’s Respiratory Protection Standard.

Respiratory protection retraining is required annually and must be conducted when the following situations arise:

- Changes in the types of hazards used in the workplace.
- Changes in the model, size, or type of respirator the employee uses.
- There are inadequacies in the employee’s knowledge, or use of the respirator indicates that the employee has not retained the understanding or skill.
- Any other situation arises in which retraining appears to be necessary.

11.0 Record Retention, Availability, and Revisions

Training records, completed fit testing forms, and medical clearance forms are kept in the Office of Environmental Health and Safety and digitally on the EHS shared drive.

The fit testing form, which serves as the respirator training record as well, includes the individual’s name, department, ID number (CWID), and signature; as well as brand, size, and type of respirator. These forms also include the trainer/fit tester’s name and the date(s) of training/fit testing.

Training and fit testing records shall be retained in compliance with 29 CFR 1910.134(m). Medical Records shall be retained as required by 29 CFR 1910.1020.

12.0 Voluntary Respirator Usage

Respirators are an effective method of protection against designated hazards when appropriately selected and worn. Use of respirators is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. If, however, a respirator is used improperly or not kept clean, the respirator itself can become a hazard, even if the amount of hazardous substance does not exceed the limits set by OSHA or ACGIH standards. If an employee’s department provides respirators for voluntary use, or if they provide their own respirator, the employee needs to take certain precautions to be sure that the respirator itself does not present a hazard.

Employees engaging in voluntary respirator usage are subject to all of the requirements of the Respiratory Protection Program. As such, they are required to be trained, medically cleared, and fit tested annually. They are also required to wear respirators properly, with all necessary considerations of respirator use such as not having excessive facial hair that would block the seal of the respirator, using respirators in a safe manner, and complying with all annual requirements of this program.

Employees who choose to don respirators voluntarily should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator 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 packaging. It will indicate what the respirator is designed for, and how much it will protect the user.
3. Avoid wearing respirators in atmospheres containing contaminants that the respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect users against gases, vapors, or very small solid particles of fume or smoke.
4. Keep track of their respirator so that they do not mistakenly use someone else’s respirator.

For more information, please consult the OSHA website.
13.0 Definitions

- **Aerosol:** Particles, solid or liquid, suspended in air.
- **Air–Purifying respirator:** A respirator that passes ambient air through an air-purifying element that removes the contaminant(s), either by means of breathing action or by a blower.
- **Assigned protection factor (APF):** The expected workplace level of respiratory protection that a properly functioning respirator or a class of respirators would provide to properly fitted and trained users. Half-mask air-purifying respirators have an APF of 10; full-face have an APF of 50.
- **Atmosphere-supplying respirator:** A class of respirators that supply a respirable atmosphere, independent of the workplace atmosphere.
- **Canister/cartridge:** A container with a filter, sorbent, catalyst, or combination of these items; which removes specific contaminants from the air passed through the container.
- **Demand respirator:** An atmosphere-supplying respirator that admits breathing air to the face-piece only when a negative pressure is created inside the face-piece by inhalation.
- **Disposable respirator:** A respirator that is designed to be discarded after a single use.
- **Dust:** An aerosol consisting of mechanically-produced solid particles derived from the breaking up of larger particles. Dusts generally have a larger particle size when compared to fumes.
- **Employee exposure:** Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.
- **End-of-service-life indicator (ESLI):** A system that warns the respirators user of the approach of the end of adequate respiratory protection; e.g., that the sorbent is approaching saturation or is no longer effective.
- **Filtering face-piece (respirator mask):** A negative pressure particulate respirator with a filter as an integral part of the face-piece, or with the entire face-piece 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 and Quantitative fit test)
- **Fume:** Solid aerosols formed by condensation of a gas or vapor.
- **Gas:** A fluid that has neither independent shape nor volume and tends to expand indefinitely.
- **Hazardous atmosphere:** An atmosphere that contains a contaminant(s) in excess of the exposure limit, or that is oxygen deficient.
- **Hazard ratio:** A number obtained by dividing the concentration of a contaminant by its exposure limit.
- **Immediately Dangerous to Life and 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.
- **Loose-fitting face-piece:** A respiratory inlet covering that is designed to form a partial seal with the face.
- **Mist:** An aerosol composed of liquid.
- **Negative pressure respirator (tight-fitting respirator):** A respirator in which the air pressure inside the repertory inlet covering is negative during inhalation with respect to the ambient air pressure and forms a complete seal with the face.
- **Oxygen deficient atmosphere:** An atmosphere with an oxygen content below 19.5% by volume.
- **Positive pressure respirator (loose-fitting respirator):** A respirator in which the pressure inside the respiratory inlet covering is normally positive with respect to ambient air pressure.
- **Powered air-purifying respirator:** An air-purifying respirator that uses a blower to force the ambient atmosphere through air-purifying elements to the inlet covering.
- **Pressure demand respirator:** A positive pressure, atmosphere-supplying respirator that admits respirable gas to the face-piece when the positive pressure is reduced inside the face-piece by inhalation.
CONTINUED: Respiratory Protection Program

- Qualitative fit test: A pass/fail fit test that relies on the subject’s sensory response to detect the challenge agent.
- Quantitative fit test: An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage of potential contaminants into the respirator.
- Respirator: A personal device designed to protect the wearer from the inhalation of hazardous atmospheres.
- Respiratory inlet covering: The part of a respirator that connects the wearer’s respiratory tract to an air-purifying device, a respirable gas source, or both. It may be a face-piece, helmet, hood, suit, or mouthpiece/nose clamp.
- Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator in which the respirable gas source is designed to be carried by the wearer.
- Service life: The length of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.
- Tight-fitting face-piece: A respiratory inlet covering that forms a complete seal with the face.
- User seal check: An action conducted by the respirator user to determine if the respirator is correctly positioned on the face.
- Vapor: The gaseous phase of matter that normally exists in a liquid or solid state at room temperature.

14.0 References

14.1 APPLICABLE REGULATIONS AND STANDARDS

- Occupational Safety and Health Administration (OSHA). Respiratory Protection Standard, 29 CFR 1910.134


14.2 ADDITIONAL REFERENCES


Appendix A – WCM Fit Test Record

Respirator Training and Fit Test

The following form verifies your completion of Respirator Use training and the corresponding Respirator Fit Test. This respiratory fit test is in adherence to the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard, 29 CFR 1910.134 and American National Standards Institute Standard for Respiratory Protection, ANSI Z88.2.

<table>
<thead>
<tr>
<th>Fit Test Administrator/Trainer:</th>
<th>WCMC Email/OID:</th>
<th>Department:</th>
</tr>
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**RESPIRATOR INFORMATION**

Please select one from the below:

- **HALF FACE**
  - Kimberly-Clark Technol FluidShield (N95)
  - 3M 9210 Aura (N95)
  - 3M 1860 (N95)
  - 3M 1860S (N95)
  - Other: ____________________________

- **FULL FACE**
  - 3M 6700
  - 3M 6000
  - 3M 6000
  - 3M Ultra Elite (Full Face), Size: Large Medium Small
  - Other: ____________________________

**Fit Test Method:**

- Saccharin
- Bitrex
- Portacount

**Fit Test Filter / Cartridge:**

- N9P95
- N9P99
- N9P100
- Other: ____________________________

**FIT TEST RESULTS**

☐ PASSED  ☐ FAILED

I certify that I have been trained in the use and care of respirators and fit tested with the respirator listed above. I also understand that the fit test is voided if the respirator is worn in conditions which prevent a good face seal (e.g., growth of a beard, significant weight fluctuation, or major dental work). If the Voluntary Respirator Use Agreement is checked “Yes” below, I understand and agree to all corresponding statements above it.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
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<table>
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<tr>
<th>Instructor and Fit Tester:</th>
<th>Date:</th>
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**EHS USE ONLY - VOLUNTARY RESPIRATORY USE AGREEMENT**

By checking the “Yes” box below, the respirator user is agreeing to the following:

I understand that the respirator which I am using in the performance of my duties at Weill Cornell Medical College is strictly intended to be used as protection against nuisance levels and that I am NOT using it in order to provide protection in a situation where there are hazardous concentrations or permissible exposure levels (PELs) of vapors, particles, fumes or mists set by the Occupation Health and Safety Administration (OSHA).

I further understand that all employees who risk exposure to hazardous concentrations of vapors, particles, fumes, or mists in the performance of their duties at WCMC are required to obtain mandatory respiratory safety training, medical evaluations, fit testing, and the appropriate respiratory protection equipment.

☐ Yes, the respirator user agrees to the Voluntary Respirator Use Agreement.

W. J. Cornell Medicine

Updated 11/17

Documentation\Forms\Labels\Sign-In-Registrar\RespiratoryFitTest.docx
Appendix B – OSHA Respirator Medical Evaluation Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Today's date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Age (to nearest year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sex                       Male          Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Height: R (in)            Weight: lbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Job title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Department:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. A daytime phone no. where you can be reached by the health care professional who reviews this questionnaire (including Area Code):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The best time to phone you at this number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Check the type of respirator you will use (you can circle more than one category):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. N, R, or P disposable respirator (surgical/valved mask, non-cartridge type only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Other type (e.g. half or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Unknown:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you worn a respirator:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. If yes* what type(s) (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Particulate respirator (valved mask/filter mask)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Full-face mask</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Self-contained breathing apparatus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Other (explain):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you currently smoke tobacco, or have you smoked tobacco in the last month?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Have you ever had any of the following conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Seizures (fits)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Diabetes (sugar disease)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Allergic reactions that interfere with your breathing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Claustrophobia (fear of closed-in places)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Trouble smelling odors</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Have you ever had any of the following pulmonary or lung problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Asbestosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Chronic bronchitis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Emphysema</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Pneumonia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>f. Tuberculosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>g. Silicosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>h. Pneumonothorax (collapsed lung)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>i. Lung cancer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>j. Broken ribs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>k. Any chest injuries or surgeries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>l. Any other lung problem you've been told about</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Do you currently have any of the following symptoms of pulmonary or lung illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Shortness of breath</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Shortness of breath when walking with other people at an ordinary pace on level ground</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Have to stop for breath when walking at your own pace on level ground</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Shortness of breath when washing or cleaning yourself</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>f. Shortness of breath that interferes with your job</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>g. Coughing that produces phlegm (thick sputum)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>h. Coughing that wakes you early in the morning</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>i. Coughing that occurs mostly when you are lying down</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>j. Coughing up blood in the last month</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

OCCUPATIONAL HEALTH SERVICE

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

17. 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 (heartbeat irregularly)
      yes no
   g. High blood pressure
      yes no
   h. Any other heart problem you've been told about
      yes no

18. 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 2 years, have you noticed your heart skipping
      yes no
   e. Heartburn or indigestion that is not related to eating
      yes no
   f. Any other symptoms you think may be related to heart
      yes no
   g. Circulation problems

19. 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

20. 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 21 ___ X)
   a. Eye irritation
      yes no
   b. Anxiety
      yes no
   c. Skin allergies or rashes
      yes no
   d. General weakness or fatigue
      yes no
   e. Any other problem that interferes with your use of a respirator
      yes no

21. Would you like to talk to the health care professionals in OHS who will review this questionnaire about your answers to this questionnaire?
    yes no

STOP HERE UNLESS INSTRUCTED TO CONTINUE

22. Have you ever lost vision in either eye (temporarily or permanently)?
    yes no

23. 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

24. Have you ever had an injury to your ears, including a broken ear drum
    yes no

25. 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

26. Have you ever had a back injury
    yes no

27. 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. Difficulty climbing a flight of stairs or ladder carrying more than 25 lbs
      yes no
   j. Any other muscle or skeletal problem that interferes with using a respirator
      yes no
Appendix C – OSHA Fit Test Protocols
More information available in the OSHA website.

1. Breathe normally
2. Breathe deeply
3. Head side to side
4. Head up and down
5. Talking
6. Bent over at waist
7. Breathe normally
Appendix D – Facial Hair Styles and Respiratory Protection

Facial Hairstyles and Filtering Facepiece Respirators

If your respirator has a filter that seals, some of these styles may interfere with the filter's seal and result in contact with it. This graphic may not include all types of facial hair styles. For any style, hair should not cross the respirator's seal area.

Source: NIOSH Respiratory Protection Standard
https://www.cdc.gov/niosh/topics/respiratory/npptl/npptl_62714.html

Facial Hair Chart: WH1102012233213

If you have any questions or concerns regarding this information, please contact your local EHS Office.