LOCAL 1000
SEIU
Stronger Together

September 28, 2020

Christina Montserrat
California Department of Public Health
Email: Christina.Montserrat@cdph.ca.gov

RE: State Notice Response
Respiratory Protection Policy
SEIU Notice No.: C-2020-404-CDPH

Dear Christina Montserrat:

This letter is in response to the attached letter dated September 15, 2020, and received on September 15, 2020; regarding the respiratory protection policy.

This constitutes the Union's request to meet regarding any potential impacts on represented employees as outlined in Article 24.1 B of the MOU between SEIU Local 1000 and the State of California.

Mo Kashmiri in our Contract Department has been assigned to this issue and will be in contact with you shortly in order to schedule a meeting(s) to discuss any potential impacts. MO Kashmiri can be reached by calling (866) 471-7348.

Sincerely,

Lezlie Uko
Director
SEIU Local 1000 Resource Centers
Phone: (866) 471-7348
FAX: (916) 554-1349
LU/cr

Attachment

CC: Anica Walls, VP for Organizing/Representation
Tony Owens, VP for Bargaining
Anne Giese, Chief Counsel, SEIU Local 1000
Bargaining Unit Chairs, SEIU Local 1000
Brooke Pierman, Director of Contracts, SEIU Local 1000
Eloise Merrifield, Contract Department, SEIU Local 1000
Mo Kashmiri, Contract Department, SEIU Local 1000
Janeen Tang, Contract Department, SEIU Local 1000
Connie Vallas, Field Department, SEIU Local 1000
Ted Burnett, Field Department, SEIU Local 1000

SERVICE EMPLOYEES
INTERNATIONAL UNION
CTW, CLC

1808 14th Street
Sacramento, CA 95811

866.471.SEIU (7348)
www.seiu1000.org

DECLARATION OF PROOF OF SERVICE BY MAIL:
C.C.P. 1013A

I declare that I am a resident of or employed in the County of Sacramento, California. I am over the age of 18 years of age and not a party to the within entitled cause. The name and address of my place of business is SEIU Local 1000, 1808 14th. Street, Sacramento, CA 95811.

I am readily familiar with the ordinary practice of the business of collecting, processing and depositing correspondence in the United States Postal Service and that the correspondence will be deposited the same day with postage thereon fully prepaid.

On **September 28, 2020**, caused the following document(s) to be served:

State Notice Response

[] (BY MAIL) placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mail at Sacramento, California, addressed as follows:

[**X**] (BY E-MAIL) by causing the document to be sent to the person at the e-mail address shown below. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

Christina.Montserrat@cdph.ca.gov

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on **September 28, 2020**, in Sacramento, California.

9-28-2020
Date

O.B.O
Courtney Ragusa
Secretary, SEIU Local 1000

State of California—Health and Human Services Agency
California Department of Public Health

SANDRA SHEWRY, MPH, MSW
Acting Director

GAVIN NEWSOM
Governor

September 15, 2020

Yvonne Walker, President
Service Employees International Union
1808 14th Street
Sacramento, CA 95811

Dear Ms. Walker:

This letter is to provide notice that the California Department of Public Health (CDPH) has established a new Respiratory Protection Policy. This policy is being implemented to help minimize the spread of airborne infectious diseases and other respiratory hazards to employees, patients, and residents in compliance with health mandates, regulations and requirements as outlined in the policy. This policy affects all employees who conduct CDPH business in facilities or work in areas where use of personal protective equipment (PPE) is required under Cal/OSHA regulations, CDPH policies, or other policies pertaining to the location visited by employees.

The proposed implementation of this policy is September 21, 2020. A copy of the new policy and Repiratory Protection Program are attached to this notice. If you have any questions or wish to meet, please contact Christina Montserrat at (916) 440-7348.

Sincerely,

Kristanna Rivera, Deputy Director
Human Resources Division

cc: California Department of Human Resources
1515 S Street, North Building, Suite 400
Sacramento, CA 95811-1758

Attachment

RESPIRATORY PROTECTION POLICY 8-6100

It is the policy of the California Department of Public Health (CDPH) to minimize the spread of airborne infectious diseases and other respiratory hazards to employees, patients, and residents, through public health prevention measures by complying with health mandates, regulations and requirements as outlined in this policy.

Overall implementation of this policy is the responsibility of the Respirator Program Administrator (RPA). Centers/Divisions/Offices with their own Respiratory Protection Program (RPP) may assign their own RPA. The RPA shall be qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the RPP and conduct the required evaluations of program effectiveness. For Centers/Divisions/Offices without their own RPPs, the RPA is the Health and Safety Officer in the Program Support Branch. The RPA is responsible for:

1. Obtaining a list of employees that need to be included in the RPP.
2. Selecting the appropriate level of respiratory protection for each task and setting with exposure.
3. Setting up and delivering initial and annual respirator trainings for employees that meet requirements of the California Division of Occupational Safety and Health (Cal/OSHA) Respiratory Protection per the California Code of Regulations (CCR) Title 8 §5144, Aerosol Transmissible Diseases CCR §5199, and any other applicable Cal/OSHA regulations.
4. Helping to identify employees who need medical reevaluation and/or need to be re-fit tested for respirators.
5. Monitoring the contract for medical evaluation and fit testing to make sure services meet the contract specifications.
6. Keeping records of the status of each employee's respiratory protection training, medical clearance, and fit testing.
7. Routinely evaluating the effectiveness of the RPP, with employee input, and making any necessary changes to the program.
8. Reviewing the written RPP at least annually to ensure compliance with CCR §5144, including obtaining input from Centers/Divisions/Offices with respirator users, and update as needed.

During the COVID-19 pandemic, local health officers and individual healthcare facilities in California may impose requirements on healthcare workers who come into close contact with patients or residents. Such requirements may include mandates that healthcare workers wear respiratory protection equipment when in the proximity of patients or residents. CDPH expects employees to comply with applicable local and facility requirements.

Cal/OSHA regulations, General Industry Safety Orders (GISO), CCR §5144, and CCR §5199, along with good safety practice, require employers who use respirators to follow a RPP. The program components help to promote the health and safety of employees.

Employees should refer to the RPP for procedures necessary to meet the regulatory requirements for use of respiratory protection equipment. The RPP is a department program; however, if there are other RPPs that are specific to Centers/Divisions/Offices, such as Microbial Diseases Laboratory (MDL) and Occupational Health Branch (OHB), employees must follow those RPPs.

All CDPH employees must comply with respiratory protection and masking policies in facilities that are visited in the course of work duties. Respirators worn in facilities must be at least as protective to the wearer as those required by the facility and may, at the discretion of the wearer, be more protective.

Employees who are expected to wear tight-fitting respirators are expected to be clean-shaven in the area of the seal of the respirator to the face. Employees having facial hair in the sealing surface and who wear respirators only occasionally are expected to shave prior to wearing their respirator.

Managers and supervisors are responsible for ensuring compliance with the RPP, verifying training, medical clearance to wear a respirator, and fit testing is received by each respirator wearer, and record retention.

Personal Protective Equipment 8-6110

CDPH employees must use personal protective equipment (PPE) when required under Cal/OSHA regulations, CDPH policies, or other policies pertaining to the location visited by employees. Employees must use recommended respirators per Appendix A of the Respiratory Protection Program when exposure to persons with airborne infectious diseases cannot be avoided or exposure above the permissible exposure limits for airborne contaminants could occur.

Emergency Deployment 8-6120

Respirators may help protect CDPH employees deployed or redirected to a facility in an emergency, such as, but not limited to, when investigating an outbreak occurring during the COVID-19 pandemic. If a respirator is needed, before deployment, employees must:

(i) Receive training on respirator use based on the requirements of the Cal/OSHA Respiratory Protection Standard, Aerosol Transmissible Diseases Standard, Wildfire Smoke Standard, or other applicable standards.
(ii) Complete a medical evaluation to include completion of the Respirator Medical Evaluation Questionnaire, consistent with the requirements of the Cal/OSHA respirator standard, CCR §5144, and be medically cleared to wear a respirator, prior to fit testing.
(iii) Be fit tested for recommended respirators. Fit tests shall be performed by a person knowledgeable of Cal/OSHA-accepted fit test protocols per Appendix A of CCR §5144.

Facility Visits **8-6130**

For onsite visits (e.g., surveys, investigations, etc.) during the COVID-19 pandemic, CDPH employees should:

(i) Obtain information about contagious respiratory illnesses or other types of workplace hazards.
(ii) Avoid unnecessarily entering all areas with where persons or animals with contagious respiratory illnesses are likely located.
(iii) Avoid contact with persons who have or might have contagious respiratory illnesses.
(iv) Confirm the status of patients or residents in the area and use appropriate precautions identified by Appendix A of the Respiratory Protection Program and the facility's infection control staff if a CDPH employee must enter an area where persons with contagious respiratory illnesses are present or suspected to be present.

CDPH employees visiting or working at facilities must also comply with facility requirements for face coverings or surgical masks, in addition to use of respiratory protection where necessary.

California Department of Public Health

RESPIRATORY PROTECTION PROGRAM

ISSUED August 31, 2020

This document establishes the procedures necessary to meet the Respiratory Protection Policy of California Department of Public Health (CDPH) for use of respiratory protection. The purpose of this program is to minimize the spread of airborne infectious diseases to employees, patients, and residents through public health prevention measures as well as to minimize employee exposure to other chemical and particulate workplace hazards.

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INTRODUCTION

Cal/OSHA requires employers develop programs to monitor and control employee exposure to potentially harmful levels of airborne contaminants. Typically, an exposure assessment is performed by an insurance carrier or industrial hygienist. Respirators are required in atmospheres that could contain less than 19.5% or more than 23.5% oxygen, and in atmospheres that could contain dusts, fibers, mists, fumes, gases, or vapors at harmful concentrations. Any employer using a hazardous material that requires a respirator as a protective device in accordance with the Material Safety Data Sheets is also covered. Additional requirements apply to confined spaces and specific contaminants such as asbestos, cotton dust, and regulated carcinogens.

Purpose

The California Department of Public Health (CDPH) Respiratory Protection Program (RPP) promotes the health and safety of employees and protects employees from inhaling harmful airborne materials found in the workplace. **CDPH employees should refer to the RPP for procedures necessary to meet the regulatory requirements for use of respiratory protection equipment**. Control of hazardous exposures shall be accomplished when feasible by accepted engineering or administrative control measures. When effective engineering or administrative controls are not feasible, or while they are being instituted, appropriate respirators may be used pursuant to this plan.

The RPP is a department program; however, if there are other RPPs that are specific to Centers/Divisions/Offices, such as Microbial Diseases Laboratory (MDL) and Occupational Health Branch (OHB), employees must follow those RPPs.

For the purposes of this RPP, CDPH "staff" or "employees" means employees, contractors, trainees, Federal assignees, volunteers, and other staff working directly for CDPH.

Regulations

The California Division of Occupational Safety and Health (Cal/OSHA) regulations, General Industry Safety Orders (GISO), California Code of Regulations (CCR) Title 8 §5144, Respiratory Protection, along with good safety practice, require employers who use respirators to follow a RPP. The RPP components help to promote the health and safety of employees.

The information contained in this RPP is not a substitute for the California Occupational Safety and Health Act or any provisions of Cal/OSHA standards. It provides general guidance on some standard-related topics such as the Cal/OSHA Respiratory Protection Standard, Aerosol Transmissible Diseases Standard, and Wildfire Smoke Standard, but should not be considered a definitive interpretation for compliance with Cal/OSHA requirements other than CCR §5144. The reader should consult applicable Cal/OSHA standards in their entirety for specific compliance requirements.

POLICY OVERVIEW

CDPH is committed to maintaining an injury and illness free workplace, and protecting our employees from harmful airborne substances.

Centers/Divisions/Offices will secure internal staffing or contract with a vendor for engineering controls, such as maintenance of ventilation systems or substitution of a less harmful substance, and through administrative controls to limit the duration of exposure. When these methods are not adequate, or if the exposures are brief and intermittent, or simply to minimize employee exposure to airborne substances, CDPH's RPP is designed to: identify, evaluate, and control exposure to respiratory hazards; select and provide the appropriate respirators; describe the procedures for implementation of all components of a Cal/OSHA-compliant RPP; and coordinate all aspects required for proper use, care, and maintenance of the equipment.

Accomplishing these goals requires a cooperative effort on the part of employees and management.

RESPONSIBILITY

Management will lead by example and demonstrate support of the policy by ensuring that adequate resources are available for effective implementation of the RPP.

CDPH expects all employees to work conscientiously to carry out the RPP, which is an element of the Injury and Illness Prevention Plan.

To reinforce CDPH's commitment, an RPP Administrator will be assigned to have the authority and responsibility for overall management and administration of the RPP. The current RPP Administrator is the Health and Safety Officer in the Program Support Branch. Some Centers/Divisions/Offices may have implemented their own RPPs under the direction of a different RPP Administrator within their programs.

To assist the RPP Administrator, certain aspects of the program will be delegated to others according to the *Organizational Responsibility Chart*. All supervisors are responsible for carrying out the RPP for employees under their supervision.

RPP ELEMENTS

RPP Administration

The RPP describes the procedures that CDPH practices for respiratory protection. CDPH will conduct an annual review of the entire program. The *Respirator Program Evaluation Worksheet* is used to document the evaluation and to record recommended changes.

Workplace Exposure Assessment and Ongoing Surveillance

An exposure assessment in the workplace is used to identify which employees are at risk of harmful airborne contaminants, their extent and magnitude, and how to control them.

An employee exposure may not exceed the permissible concentrations specified in the CCR §5155. Only a person who is professionally trained to evaluate the processes and procedures may conduct exposure monitoring. CDPH will secure internal staffing or a contract with a vendor to complete the exposure assessment and evaluate the exposure.

Results of these assessments and evaluations will be summarized on the *Identification and Location of Airborne Contaminant Exposures form.* Additional evaluations are necessary if exposures change due to new materials, process changes, or other conditions increasing the degree of employee exposure or stress, and these evaluations will be added to the form.

Respirator Selection

In those instances where engineering and administrative means do not achieve the desired control, or in the case of an emergency, respirators **must** be worn. Different types of respirators are available for a variety of applications (see *Types of Respirators*), and employees must confirm with their supervisor/manager that the proper NIOSH/MSHA-approved respirator is selected and used for the kind of work being performed and hazards involved.

The *Respirator Selection Information form* is to be completed to document the selection process and record the choices. If respirator selection is complex and when cartridge respirators are needed for protection from chemical exposures, the RPP Administrator or other industrial hygienist must be consulted for advice on the appropriate cartridge and to determine the cartridge change-out frequency.

Evaluating Respirator Wearer Health Status

An employee's health status must be considered before allowing respirator use. The wearer's physical and medical condition, duration and difficulty of the tasks, toxicity of the contaminant, and type of respirator all affect an employee's ability to wear a respirator while working. Respirators are uncomfortable and may reduce the wearer's field of vision. CDPH has contracted with Concentra to provide medical evaluations.

The steps for obtaining a medical clearance for respirator use are the following:

1. After receiving respirator training, the CDPH employee gets an authorization form from the RPP Administrator and makes an appointment with the Concentra office closest to their workplace. Find a location here: https://www.concentra.com/urgent-care-centers/#g=&gtext=&glevel=&gstate=
   Request a respirator evaluation and qualitative respirator fit test. The respirator fit test will begin with a review of the employee's completed medical evaluation questionnaire.
2. Employee completes the Concentra form, *Authorization for Examination or Treatment*, with name, social security number, and date of birth. Please do not change the pre-filled "Employer name" or "Employer Address".

3. Employee also completes the *OSHA Respirator Medical Evaluation Questionnaire*. Employee will bring this completed questionnaire to their medical evaluation and respirator fit test appointment as it must be reviewed by the physician or other licensed health care provider. **On the first page, check both item 7a and 7b in case in the future you need to wear an elastomeric (rubber-type) half mask respirator or a powered air purifying respirator (PAPR).**
4. Employee must take the following with them to their medical evaluation and fit test:
    a. The completed medical evaluation questionnaire and the authorization form.
    b. Any eyewear employee will wear during on-site visits. During your fit test you want to wear the eye glasses, goggles and/or face shield you plan to wear in facilities to ensure all PPE are compatible with the respirator and don't interfere with the seal of the respirator.
    c. At least two models of respirators. If employee has previously been fit tested on one model, they should bring that one. They should also bring a second respirator in case the first one doesn't fit adequately.
5. Male employees need to be clean-shaven for their respirator fit test (and anytime a respirator is worn) because facial hair can interfere with a respirator's fit.
6. Reports of medical evaluation and fit testing will be provided by Concentra to each employee and to the RPP Administrator.
7. Questions about the medical questionnaire will be answered by the physician or other licensed health care professional during the examination.

If employees have any questions, they should contact the RPP Administrator.

The *Concentra Authorization Form*, along with the questionnaire and *Respirator Selection Information* form, are sent to the board-certified occupational medicine Physician or other Licensed Health Care Professional (PLHCP) for prompt review. Before any employee is fit tested for a respirator, the employee must obtain written medical authorization from the PLHCP to wear a respirator through the process described above. After review of the *OSHA Respirator Medical Evaluation Questionnaire*, the PLHCP may request a physical exam or other tests prior to determining clearance for respirator use; these additional tests will be provided by CDPH as necessary. Copies of medical clearance determinations, which do not contain confidential medical information, will be provided to and retained by the RPP Administrator.

Respirator Fit Testing and Assignment

The fit test promotes proper fit of the respirator on the user's face. Face size, gender, and bone structure all affect the face seal and fit. The effectiveness of a tight-fitting facepiece respirator is dependent on a proper face-to-facepiece seal. Employees shall be fit tested before initial use of a tight-fitting facepiece respirator or whenever a different respirator facepiece (size, style, model or make) is used. Fit testing shall be performed by internal staffing or via a vendor contract who is knowledgeable of Cal/OSHA-accepted fit test protocols per Appendix A of CCR §5144 (or see in this document *Appendix D: Fit Test Protocol*).

Employees with facial hair that interferes with the facepiece-to-face seal will not be fit tested and will not be allowed to wear a respirator with a tight-fitting facepiece.

During fit testing, the employee should wear their prescription eyeglasses and any eye protection they expect to wear in the field to ensure the respirator and eye protection are compatible and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide protection for eyes, but fogging is common.

All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed, see "**Evaluating Respirator Wearer Health Status**". Fit tests will be provided at the time of initial assignment and annually thereafter. Additional fit tests will be provided whenever the employee experiences a change or the supervisor or RPP Administrator observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Employees who will be using only a loose-fitting Powered Air-Purifying Respirator (PAPR) with hood or helmet will not be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting facepiece respirator will be assigned a PAPR with a hood or helmet for all tasks requiring a respirator.

Employees will be offered a selection of several models and sizes of respirators from which they may choose the one that correctly fits and is most acceptable/comfortable. Programs must arrange to have sufficient respirator supplies available before scheduling fit testing.

Training

Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.

Initial and annual respirator training will be provided for all CDPH staff. The training will be conducted by a person knowledgeable of Cal/OSHA-accepted fit test protocols and will include the following:

- The general requirements of the Cal/OSHA Respiratory Protection Standard.
- The specific circumstances under which respirators are to be used.
- Why the respirator is necessary and how proper fit, usage, or maintenance can ensure the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators.
- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95s).
- The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs shall be instructed in

procedures for charging and maintaining the batteries, and for checking the air flow rate.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- How to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous biological materials.

Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill. The form *Respirator User Training and Education form* will be used as the employee training record. The training record must be retained for three years.

For more information on training, please contact the RPP Administrator.

Respirator Use

Employees will use their respirators under conditions specified by this RPP and in accordance with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in *Appendix A: Respirator Assignments by Task/Setting*.

Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, and sometimes temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece. Employees who are expected to wear respirators are expected to be clean-shaven in the area of the seal of the respirator to the face. Employees having facial hair in the sealing surface and who wear respirators only occasionally are expected to shave prior to wearing their respirators.

Employees and supervisors are expected to be diligent in observing policies to ensure the safe use of respirators. To assure proper protection, the wearer will perform a user seal check each time the wearer puts on the respirator in accordance with manufacturer's instructions and the training provided at the time of fit testing. Employees who wear corrective glasses or other personal protective equipment must be sure that such equipment is worn in a manner that does not interfere with the facepiece seal (see *Appendix E: User Seal Check Procedures*).

Employees shall leave the work area to change or adjust their respirator for the following reasons:
- If the respirator is impeding their ability to work.
- To wash their face, if the respirator is causing discomfort or rash.
- To change filters or cartridges, replace parts, or to inspect the respirator, if it stops functioning as intended, or if there is a noticeable increased resistance to breathing.

Storage, Maintenance, and Care of Respirators

Storage

All respirators will be stored by the user to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals and not stored inside hot cars.

Inspection, Maintenance, and Repairs

All respirators will be inspected by the user prior to each use. Inspections should include a check of:

- Condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.
- All rubber or plastic parts, for pliability and signs of deterioration.
- PAPR connecting tubes or hoses, air flow, and batteries.

Any defective respirators shall be removed from service. Defective disposable respirators will be returned to the Center/Division/Office that issued the equipment to be properly inventoried out, discarded, and replaced.

Filters on reusable particulate respirators will be changed by the wearer whenever it becomes difficult to breathe. Replacement filters can be secured from the applicable Center/Division/Office. When chemical cartridge respirators are worn, staff must contact the respirator program administrator to determine the appropriate cartridge and change-out schedule. Replacement cartridges may be secured from the applicable Center/Division/Office.

Lost, Damaged, or Stolen Respirators

State-owned equipment that is lost, damaged, or stolen must be reported by the employee assigned the equipment to the designated manager/supervisor. STD 152 must be completed and follow current Asset Management protocols in PHAM Chapter 1. The applicable Center/Division/Office will replace lost, damaged, or stolen respirators for employees.

Cleaning and Disinfection

Reusable respirators will be cleaned by the user with mild soap and water, disinfected if splashed or sprayed with biological material, and air dried before storing in plastic bag for reuse, as described in *Appendix F: Respirator Cleaning Procedures*.

Reusable respirators issued for the exclusive use of an employee will be cleaned and disinfected by the user as often as necessary to maintain a sanitary condition. Employees must practice good hand hygiene immediately after touching a potentially contaminated respirator.

Reusable respirators used in fit testing and training will be cleaned and disinfected after each use by the person (employee or contractor) conducting the fit testing or training.

Voluntary Usage

When respiratory protective equipment is not required, CDPH may provide respirators to employees for voluntary usage if the manager or supervisor of the employee determines the respirator will not pose a hazard to the employee.

For employees voluntarily wearing a tight-fitting respirator, employees shall adhere to guidelines set forth in CCR §5144, Appendix D in addition to the guidelines set forth in this plan including medical evaluations, fit testing and training.

For employees who voluntarily choose to wear a filtering facepiece (e.g. N95 or P100 disposable respirator), see *Appendix B: Information for Voluntary Users* for usage guidelines.

Recordkeeping
CDPH documents each major component of the RPP to:

- Verify that each activity has occurred.
- Evaluate the success of the plan.
- Satisfy regulatory requirements.

The RPP written plan, exposure determination, respirator selection, medical clearance determination, fit testing record, respirator assignment, training form, and program assessment are retained by the RPP Administrator. Exposure records are required to be maintained for at least thirty (30) years. Examples of exposure records are records concerning an employee's work-related exposure to SARS-CoV-2 and the protection worn to minimize exposures. Medical records, including a medical clearance determination must be reserved and maintained for at least the duration of employment plus thirty (30) years. Respirator Training records need to be kept for 3 years. Respirator fit testing records needs to be retained until the next fit testing occurs (and fit testing is required annually for employees who remain in the respirator program). There is no regulatory requirement for duration of record on program assessment record.

A copy of this RPP and records of program evaluations and revisions shall be made available to all affected employees, their representatives, and representatives of the Chief of the Division of Occupational Safety and Health (Cal/OSHA) upon request.

ORGANIZATIONAL RESPONSIBILITY CHART

Personnel	Program Function	Records (Forms) Maintained
_____ name _____ job title	Administration of program • preparation • evaluation • modification	• Organizational Responsibility Chart • Respirator Program Evaluation Worksheet • Identification and Location of Airborne Contaminant Exposures and Results of Ongoing Surveillance • Referral for Medical Evaluation • Respirator Selection Summary
_____ name _____ job title	Workplace evaluation • hazard identification • measurements • continual surveillance	• Identification and Location of Airborne Contaminant Exposures and Results of Ongoing Surveillance • Respirator Selection Information • Respirator Fit Testing and Assignment
_____ name _____ physician or occupational medicine clinic	Medical evaluation of workers requiring use of respirators	• OSHA Respirator Medical Evaluation Questionnaire for Intended Respirator Users • Referral for Medical Evaluation
_____ name _____ job title	Respirator • selection and issuance • training and fit testing • inventory and stocking	• Referral for Medical Evaluation • Respirator Fit Testing and Assignment • Respirator Selection Summary • Respirator User Training and Education

RESPIRATORY PROTECTION PROGRAM EVALUATION CHECKLIST & INSTRUCTIONS FOR USE

1. Y N Is there a written policy which acknowledges employer responsibility for providing a safe and healthful workplace?

2. Y N Has a suitably trained individual been designated as the respiratory protection program administrator (RPA) with overall responsibility for development and implementation of the respiratory protection program?

Does the written respiratory protection program include the following required elements? (items 3-12)

3. Y N written designation of a program administrator;

4. Y N an evaluation of hazards and identification of appropriate respirators for specific job classifications and/or tasks;

5. Y N procedures for medical evaluations of employees required to use respirators;

6. Y N fit testing procedures for tight-fitting respirators;

7. Y N procedures for proper use of respirators;

8. Y N procedures and schedules for storage, inspection, and maintenance of respirators;

9. Y N procedures for training employees regarding the respiratory protection program;

10. Y N a description of the training curriculum;

11. Y N procedures for voluntary use of respirators; and

12. Y N procedures for regular evaluation of the program.

13. Y N Is the written program readily available to any employee included in the program?

14. Y N Is there a record of medical clearance for each employee required to wear a respirator?

15. Y N Is there a record of a fit test or fit test screening for each respirator user from within the last year?

16. Y N Have users been trained in the proper use, maintenance, and inspection of respirators?

17. Y N Have workers been trained on the respiratory hazards to which they are potentially exposed during routine and emergency situations?

18. Y N Are workers prohibited from wearing respirators with a tight-fitting facepiece if

they have facial hair or other characteristics which may cause face seal leakage?

19. Y N Are respirators stored appropriately so as to prevent them from becoming damaged or deformed?

20. Y N Are the users wearing the respirator for which they have passed a fit test?

21. Y N Are N95, or more protective, respirators always worn by employees in areas occupied by a suspected or confirmed case of airborne infectious disease?

22. Y N Are PAPRs always worn by employees in areas where a high hazard procedure is being performed on a suspected or confirmed case of airborne infectious disease?

23. Y N Are N95, or more protective, respirators always worn by employees in areas where a high hazard procedure is being performed on a suspected or confirmed case of seasonal influenza?

24. Y N Are respirators inspected by the users before each use?

25. Y N Are respirators being donned and doffed correctly?

26. Y N Are PAPRs and any other reusable respirators cleaned and disinfected as often as necessary, including before being worn by a different individual?

27. Y N Is there a mechanism for users to report problems with respirator use?

28. Y N Is there a mechanism for users to provide feedback about the effectiveness of the program?

CDPH California Department of Public Health

Concentra™

(Patient Must Present Photo ID at Time of Service)

AUTHORIZATION FOR EXAMINATION OR TREATMENT

Patient Name: _____ Social Security Number: _____

Employer: California Department of Public Health Date of Birth: _____

Address: 1616 Capitol Ave., MS3202, Sacramento, CA 95814-7402 Location Number: _____

YOUR COMPANY: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

☐ Regulated drug screen ☐ Breath alcohol

Substance Abuse Testing★ (check all that apply)

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☑ Respirator ☐ Audiogram

☐ Human Performance Evaluation★ HAZMAT

☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

Special instructions/comments: Respiratory questionnaire evaluation, and qualitative fit test

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by James Elmore Title: Respiratory Administrator

Phone: (916) 869-5567 or (916) 650-0229 Date: _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

IDENTIFICATION AND LOCATION OF AIRBORNE CONTAMINANT EXPOSURES AND RESULTS OF ONGOING SURVEILLANCE

Location / Program / Operation	Job Title	Airborne Contaminants	Exposure	Date Determined

Signature: _____

Date: _____

TYPES OF RESPIRATORS

1. **Disposable filtering facepiece respirators**, (typically designated as N95, N100, or P100), are paper-type respirators with two straps for protection against aerosol transmissible diseases or other workplace hazards present as dusts or mists. N95 or P100 respirators do not protect against gases or vapors and they do not provide oxygen. The "N" designation means the respirator is not resistant to the effect of oil mists. They are easy to wear and provide the lowest level of protection among the different types of respirators. They must have NIOSH approval and display a Testing and Certification (TC) number. The filtering facepiece respirator is a type of tight-fitting respirator.

2. **Half-face filter or cartridge respirators** have rubber or silicone facepieces that hold the filters/cartridges and fit over the nose and under the chin. They provide moderate protection and are adequate for most minimal exposure situations. They **do not** protect the eyes. Half-face respirators are available as reusable or disposable models with a variety of cartridges. This is a type of tight-fitting respirator.

3. **Full-face filter or cartridge respirators** cover from roughly the hairline to below the chin. The seal is more reliable and provides greater protection, including some eye protection. Full-face respirators are available with a variety of cartridges and filters. This is a type of tight-fitting respirator.

4. **Powered air-purifying respirators (PAPRs)** have a battery-powered fan to draw air through a filter(s) and blow it into a hood, helmet or facepiece. Hoods are generally soft, loose fitting types. However, helmet-type hard hoods are available. Full-face or half-face facepieces can also be used. PAPRs provide moderate protection, are comfortable to wear, and loose-fitting PAPRs can be worn with beards since they do not require fit testing.

5. **Atmosphere-supplying respirators** use external air supplies (air compressor with hoses or carried air tanks) and have tight-fitting full facepieces. These include SCBA and airline respirators and each maintains a positive pressure inside the facepiece and provides the highest level of protection.

RESPIRATOR SELECTION INFORMATION

Identification Number: _____

Hazard Information

1. Oxygen content (%): _____ _____ _____ _____
Most of the following obtained from Material Safety Data Sheet

2. Air contaminants:
   - Chemical name _____ _____ _____ _____
   - Trade name _____ _____ _____ _____
   - Physical state _____ _____ _____ _____
   - (dust, fume, mist, gas, vapor)

3. Exposure limit:
   - OSHA 8-hour TWA _____ _____ _____ _____
   - OSHA ceiling _____ _____ _____ _____
   - ACGIH ceiling _____ _____ _____ _____
   - NIOSH 8-hour TWA _____ _____ _____ _____
   - NIOSH ceiling _____ _____ _____ _____
   - Other

     _____ _____ _____ _____

4. Warning properties:
   - Eye irritation concentration _____ _____ _____ _____
   - Respiratory irritation concentration _____ _____ _____ _____
   - Odor threshold concentration

     _____ _____ _____ _____

5. IDLH concentration: _____ _____ _____ _____
6. Can substance be absorbed through skin? _____ _____ _____ _____
7. Can substance cause skin irritation? _____ _____ _____ _____
8. Chemical properties:
   - Vapor pressure _____ _____ _____ _____
   - Lower flammable limit _____ _____ _____ _____
   - Upper flammable limit _____ _____ _____ _____
9. Minimum protection factor needed: _____ _____ _____ _____

Process/Operation Information

1. Work description/operation: _____
2. Anticipated use time: _____
3. Worker activity level: _____
4. Work area location: _____
5. Work area characteristics: _____
6. Location of hazardous area relative to safe area: _____

Recommended NIOSH/MSHA Approved Respiratory Protection

1._____TC#_____2._____TC#_____3._____TC# _____
Date:_____ Signature: _____

Make additional copies of this form as needed.

RESPIRATOR SELECTION SUMMARY

Location / Program / Operation	**User Name**	**Respirator** manufacturer, model, size, type	**Air Contaminants**	**Respirator Selection Criteria** from Respirator Selection Information form enter criteria & identification #

Make additional copies of this form as needed.

RESPIRATOR USER TRAINING AND EDUCATION

1. The respirator user will be instructed in the nature of the hazards for which the respiratory protection is being provided, and informed of possible consequences that may occur if exposed to the hazard without adequate protection. Health hazard guidelines are contained in the training program and Material Safety Data Sheets. The respirator user will also be made aware that every reasonable effort is being made to reduce or eliminate the hazard.

2. Instruction will cover the respirator's capabilities and limitations, and the function and possible malfunction of each part of the respirator.

3. The respirator user will be instructed in his/her responsibility for equipment inspection prior to use. Appropriate points of inspection will be included. Each respirator user will use his/her respirator during this part of the training, and learn how to obtain replacement parts or new equipment.

4. Instruction will be given on donning methods, proper fitting, and adjustment of the equipment.

5. Instruction and training will cover proper respirator storage, cleaning and maintenance, and methods to assure adequate fit and function of the respirator each time it is donned.

Training Record

Name	Department	Respirator Type	Use	Date	Initial

Trainer's Signature—and initial all dates: _____

Make additional copies of this form as needed

Appendix A: Respirator Assignments by Task/Setting

(Specifies minimum level of respiratory protection required)

Task/Setting	Potential Exposure	Respirator Type	Staff Included
Performing high hazard (aerosol-generating) procedures on cases with confirmed or suspected airborne infectious disease (AirID), including COVID-19, **or present when such procedures are performed** and it is not possible to view this procedure from outside the room. **[see ATD Standard Appendix A for list of diseases]**, including: **Sputum induction** **Bronchoscopy** **Aerosolized admin of meds** **Pulmonary function testing** **Other clinical procedures that may aerosolize infectious agents**	Infectious aerosols	PAPR	**[Specify names of staff members or type of personnel, e.g. by job title (all rows)]**
Performing high hazard procedures on confirmed or suspected influenza cases or present during such procedures	Infectious influenza aerosols	N95	
Entry into airborne infection isolation room or other area occupied by confirmed or suspected case of AirID	Infectious aerosols	N95	
Performing patient care or present during performance of procedures on an AirID confirmed or suspected case	Infectious aerosols	N95	
Cleaning/decontaminating area occupied by AirID confirmed or suspected case, or after patient has left if space has not yet been adequately ventilated	Infectious aerosols	N95	
Transport of an AirID confirmed or suspected case when the patient is not masked	Infectious aerosols	N95	

Laboratory operations involving aerosol transmissible pathogens (laboratory) **[see list in ATD standard Appendix D]** for which the biosafety plan requires respiratory protection During COVID-19 pandemic, clinical laboratory (hospital, physician's office, independent, etc.) inspections, interviews, tours.	Infectious aerosols	As specified in biosafety plan and additionally, a fit-tested N95 respirator, when needed for specified lab areas or inspection conditions.	
Long term care setting, COVID-19 outbreak scenario: Walking around, interviewing administrator or staff in administrative areas well outside of patient care areas and wings with residents in isolation.	SARS-CoV-2 aerosols	Procedure or surgical mask; N95 optional	
Long term care setting, COVID-19 outbreak scenario: Entering any patient care areas or wings with residents in isolation.	SARS-CoV-2 aerosols	N95	
Hospital setting during COVID-19 pandemic: Walking around, interviewing staff in administrative areas well outside of patient rooms or patient care areas.	SARS-CoV-2 aerosols	Procedure or surgical mask; N95 optional	
Hospital setting during COVID-19 pandemic: Entering patient care areas, or entering an isolation room or area, or emergency room.	SARS-CoV-2 aerosols	N95	
Ambulatory care areas during COVID-19 pandemic: Patient Areas	SARS-CoV-2 aerosols	N95	
Dental care settings during COVID-19 pandemic: Patient Areas	SARS-CoV-2 aerosols	N95, elastomeric or PAPR preferred for procedure	
Corrections, homeless shelters, hotels with patients, COVID-19 outbreak or care scenario: Interviewing administrator or staff members in administrative areas.	SARS-CoV-2 aerosols	N95	
Corrections, homeless shelters, hotels with patients, COVID-19 outbreak or patient care	SARS-CoV-2 aerosols	N95 or elastomeric respirator	

scenario: Entering any living, isolation, or care areas.			
Correctional facilities (non-health care settings) during COVID-19 non-outbreak scenario: Facility inspections, staff interviews, touring facility.	SARS-CoV-2 aerosols	N95 respirator, if distancing is not possible.	
Healthcare or dental facilities, mortuaries, morgues, transfer stations: Equipment inspection (e.g., X-ray machines), no patients present.	SARS-CoV-2 aerosols	N95 respirator, if distancing is not possible.	
Healthcare or dental facilities, mortuaries, morgues, transfer stations: Any inspection; staff and/or patients are present.	SARS-CoV-2 aerosols	N95 respirator	
COVID-19 testing site: Nasopharyngeal swab; contact with patients.	SARS-CoV-2 and other infectious aerosols	N95 or elastomeric respirator	
Non-healthcare workplace (production facility, office setting, etc.), outbreak scenario: interviewing employer or employees, touring facility.	SARS-CoV-2 aerosols	N95. For outbreaks in food processing, elastomeric respirator preferred.	
Non-healthcare workplace (production facility, office setting, etc.)	SARS-CoV-2 aerosols	N95 respirator, if distancing is not possible and others are not wearing cloth face coverings.	
Home visit (e.g., environmental inspection)	SARS-CoV-2 aerosols	Fit-tested N95 respirator, if distancing is not possible and others are not wearing cloth face coverings.	
Community interactions	SARS-CoV-2 aerosols	Fit-tested N95 respirator, if distancing is not possible and others are not wearing cloth face coverings.	

Appendix B: Information for Voluntary Users

Voluntary use of a respirator occurs when an employee requests a respirator even though the use of one is not required by a CDPH respirator program or policy or Cal/OSHA regulation and the RPA has determined that its use is not necessary to protect the health of the employee. For example, the RPA might implement a voluntary program for a staff member who prefers to use a respirator instead of a face covering in a non-health care, office setting.

Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Guide to Respiratory Protection at Work

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 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'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.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated 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.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Appendix C: Medical Evaluation Questionnaires

Appendix C to Section 5144 OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

Before being assigned to work in an area where respirators are required, each employee will complete a medical clearance questionnaire provided by the contracted occupational health clinic. Another questionnaire may also be used, as long as it includes the same information as one of the two Cal/OSHA-provided questionnaires shown here.

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

To the employee:

Can you read (circle): Yes/No

Your employer must allow you to answer the 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.

Part A Section 1 (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____ am/ _____ pm.
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
    a. ____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
    b. ____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No

    If "yes," what type(s): _____

Part A Section 2 (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you ever had any of the following conditions?
   a. Seizures (fits): Yes/No
   b. Diabetes (sugar disease): Yes/No
   c. Allergic reactions that interfere with your breathing: Yes/No
   d. Claustrophobia (fear of closed-in places): Yes/No
   e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis: Yes/No
   b. Asthma: Yes/No
   c. Chronic bronchitis: Yes/No
   d. Emphysema: Yes/No
   e. Pneumonia: Yes/No
   f. Tuberculosis: Yes/No
   g. Silicosis: Yes/No
   h. Pneumothorax (collapsed lung): Yes/No
   i. Lung cancer: Yes/No
   j. Broken ribs: Yes/No
   k. Any chest injuries or surgeries: Yes/No
   l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
   d. Have to stop for breath when walking at your own pace on level ground: Yes/No
   e. Shortness of breath when washing or dressing yourself: Yes/No
   f. Shortness of breath that interferes with your job: Yes/No
   g. Coughing that produces phlegm (thick sputum): Yes/No
   h. Coughing that wakes you early in the morning: Yes/No
   i. Coughing that occurs mostly when you are lying down: Yes/No
   j. Coughing up blood in the last month: Yes/No

k. Wheezing: Yes/No
l. Wheezing that interferes with your job: Yes/No
m. Chest pain when you breathe deeply: Yes/No
n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack: Yes/No
   b. Stroke: Yes/No
   c. Angina: Yes/No
   d. Heart failure: Yes/No
   e. Swelling in your legs or feet (not caused by walking): Yes/No
   f. Heart arrhythmia (heart beating irregularly): Yes/No
   g. High blood pressure: Yes/No
   h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: Yes/No
   b. Pain or tightness in your chest during physical activity: Yes/No
   c. Pain or tightness in your chest that interferes with your job: Yes/No
   d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
   e. Heartburn or indigestion that is not related to eating: Yes/No
   f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
   a. Breathing or lung problems: Yes/No
   b. Heart trouble: Yes/No
   c. Blood pressure: Yes/No
   d. Seizures (fits): Yes/No
8. If you've ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
   a. Eye irritation: Yes/No
   b. Skin allergies or rashes: Yes/No
   c. Anxiety: Yes/No
   d. General weakness or fatigue: Yes/No
   e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
    a. Wear contact lenses: Yes/No
    b. Wear glasses: Yes/No
    c. Color blind: Yes/No
    d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?
    a. Difficulty hearing: Yes/No
    b. Wear a hearing aid: Yes/No
    c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
    a. Weakness in any of your arms, hands, legs, or feet: Yes/No
    b. Back pain: Yes/No
    c. Difficulty fully moving your arms and legs: Yes/No
    d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
    e. Difficulty fully moving your head up or down: Yes/No
    f. Difficulty fully moving your head side to side: Yes/No
    g. Difficulty bending at your knees: Yes/No
    h. Difficulty squatting to the ground: Yes/No
    i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
    j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B. Any of the following questions and other questions not listed may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
   If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous

airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them:_____, _____, _____.

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
   a. Asbestos: Yes/No
   b. Silica (e.g., in sandblasting): Yes/No
   c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
   d. Beryllium: Yes/No
   e. Aluminum: Yes/No
   f. Coal (for example, mining): Yes/No
   g. Iron: Yes/No
   h. Tin: Yes/No
   i. Dusty environments: Yes/No
   j. Any other hazardous exposures: Yes/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 been in the military services? Yes/No

   If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No
8. Have you ever worked on a HAZMAT team? Yes/No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

   If "yes," name the medications if you know them:
10. Will you be using any of the following items with your respirator(s)?
    a. HEPA Filters: Yes/No
    b. Canisters (for example, gas masks): Yes/No
    c. Cartridges: Yes/No
11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:
    a. Escape only (no rescue): Yes/No
    b. Emergency rescue only: Yes/No
    c. Less than 5 hours per week: Yes/No

d. Less than 2 hours per day: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: ___ hrs. ____ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: ____ hrs. ____ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: ____ hrs. ____ mins.

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

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator: Yes/No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

a. Name of first toxic substance:

b. Estimated maximum exposure level per shift:

c. Duration of exposure per shift:

d. Name of second toxic substance:

e. Estimated maximum exposure level per shift:

f. Duration of exposure per shift:

g. Name of third toxic substance:

h. Estimated maximum exposure level per shift:

i. Duration of exposure per shift:

j. The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

Appendix B to Section 5199, Aerosol Transmissible Diseases – Alternate Respirator Medical Evaluation Questionnaire

(This Appendix is Mandatory if the Employer chooses to use a Respirator Medical Evaluation Questionnaire other than the Questionnaire in Section 5144 Appendix C and may be used when respirators are used only for protection from aerosol transmissible diseases)

To the PLHCP: Answers to questions in Section 1, and to question 6 in Section 2 do not require a medical examination. Employees must be provided with a confidential means of contacting the health care professional who will review this questionnaire.

To the employee: Can you read and understand this questionnaire (circle one): Yes No

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

Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print).

Today's date: _____

Name: _____ **Job Title**: _____

Your age (to nearest year): _____ **Sex** (circle one): Male Female

Height: _____ ft. _____ in. **Weight**: _____ lbs.

Phone number where you can be reached (include the Area Code): ( ) _____

The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one) : Yes No

Check the type of respirator you will use (you can check more than one category):

☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
☐ Other type (ex,o half- or full-facepiece type, PAPR, supplied-air, SCBA**). (fill in type here)**_____

Have you worn a respirator (circle one): Yes No
If "yes," what type(s): _____

Section 2. Questions 1 through 6 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Have you ever had any of the following conditions?

Allergic reactions that interfere with your breathing: Yes No What did you react to? _____

Claustrophobia (fear of closed-in places) Yes No

2. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	Yes	No	Coughing that produces phlegm (thick sputum):	Yes	No
			Coughing up blood in the last month:	Yes	No
Have to stop for breath when walking at your own pace on level ground:	Yes	No	Wheezing that interferes with your job:	Yes	No
			Chest pain when you breathe deeply:	Yes	No
Shortness of breath that interferes with your job:	Yes	No			

Any other symptoms that you think may be related to lung problems: Yes No

3. Do you currently have any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest: Yes No

Pain or tightness in your chest during physical activity: Yes No

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

Any other symptoms that you think may be related to heart or circulation problems: Yes No

4. Do you currently take medication for any of the following problems?

Breathing or lung problems: Yes No

Heart trouble: Yes No

Nose, throat or sinuses Yes No

Are your problems under control with these medications? Yes No

5. If you've used a respirator, have you ever had any of the following problems while respirator is being used?

*(If you've never used a respirator, check the following space and go to question 6:)*_____

Skin allergies or rashes: Yes No

Anxiety: Yes No

General weakness or fatigue: Yes No

Any other problem that interferes with your use of a respirator: Yes No

6. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Employee Signature	Date	PLHCP Signature	Date

Appendix D: Fit Test Protocol

Appendix A to Section 5144: Fit Testing Procedures (Mandatory)

Part I. OSHA-Accepted Fit Test Protocols

A. Fit Testing Procedures--General Requirements. The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator.

(a) Position of the mask on the nose
(b) Room for eye protection
(c) Room to talk
(d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

(a) Chin properly placed;
(b) Adequate strap tension, not overly tightened;
(c) Fit across nose bridge;
(d) Respirator of proper size to span distance from nose to chin;
(e) Tendency of respirator to slip;
(f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 or those recommended by the respirator manufacturer which provide

equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, they shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which would interfere with respirator fit.

14. Test Exercises.

(a) The following test exercises are to be performed for all fit testing methods prescribed in this appendix, except for the CNP method. A separate fit testing exercise regimen is contained in the CNP protocol. The test subject shall perform exercises, in the test environment, in the following manner:

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

(6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(7) Bending over. The test subject shall bend at the waist as if to touch their toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

3. Saccharin Solution Aerosol Protocol. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when a sweet taste is detected.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

Note to subsection 3. (a): If the test subject eats or drinks something sweet before the screening test, the test subject may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall get thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except for plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 ml of warm water.

(6) As before, the test subject shall breathe through the slightly open mouth with the tongue extended, and report if the sweet tastes of saccharin is detected.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10, or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed. (11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

4. BitrexTM (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol. The BitrexTM (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening. The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(1(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts #14 and #15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when they detect a bitter taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor 3) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall not be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if the bitter taste of Bitrex is detected.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30

squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

Appendix E: User Seal Check Procedures

Appendix B-1. to Section 5144: User Seal Check Procedures (Mandatory)

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks.

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

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

II. 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 procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

Appendix F: Respirator Cleaning Procedures

Appendix B-2. to Section 5144: Respirator Cleaning Procedures (Mandatory)

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 in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators.

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

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

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

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

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.