Respiratory Protection Policy

August 2013 Revision

IMPORTANT NOTICE: NO ONE IS TO PURCHASE OR USE RESPIRATORY PROTECTION FOR POTENTIALLY HAZARDOUS AIRBORNE CONTAMINATES WITHOUT THE OVERSIGHT AND APPROVAL OF EHS. IF YOU HAVE CONCERNS OVER THE NEED FOR RESPIRATORY PROTECTION, READ THIS DOCUMENT AND CONTACT EHS FOR ASSISTANCE.  THANK YOU!

Prepared in compliance with 29 CFR 1910.134
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Scope of Policy

This policy is applicable to all areas of Dartmouth College where respiratory protection may be required. The Dartmouth College Respiratory Protection Policy (DCRPP) has been written in compliance with 29 CFR 1910.134. A complete copy of the OSHA standard can be found at the following address:


Respirators will only be issued by Environmental Safety and Health Department upon completion of a hazard assessment, medical clearance and fit testing is completed.

Exposure Reduction Strategy

Whenever feasible, consideration should be given to eliminating the use of the hazardous material or substituting a less hazardous material. When elimination or substitution is not possible, the use of engineering controls, such as local exhaust ventilation should be utilized. Work practice controls such as moving the task into a better-ventilated area or applying the material in a different manner is a third alternative to reduce exposure to airborne contaminants. The objectives of these methods are to remove the person from interaction with the chemical and/or the task. If this can be achieved, the need for a respirator is eliminated.

Medical Considerations

Prior to a Dartmouth College employee being issued a respirator, a licensed health care provider (LHCP) must medically clear that employee for respirator use.

Dartmouth College will provide the examining physician with the following information:

- Type of respiratory equipment to be used
- Type of work the individual will do while wearing the respirator
- Visual and audio requirements of the job
- Length of time the individual will wear the respirator
- Substances the individual will be exposed to.

The medical clearance procedure also requires the employee to complete the medical questionnaire in “Addendum E”.

Along with the above mentioned job information, EHS will submit the questionnaire to the LHCP (Either Dick’s House or DHMC Occupational Medicine) for review. Following the medical review, The LCHP will do one of the following:

- Return a “Fit for Duty Form” (Addendum F) to EHS as “medically able to wear a respirator”
- Return a “Fit for Duty Form” (Addendum F) to EHS as “not medically able to wear a respirator”
- Contact the employee for further medical evaluation. This may require an onsite medical exam. The extent of the onsite exam will depend upon an employee’s individual health conditions.

Employee’s who may wear respirators as part of their job are required to be medically cleared on an annual basis.
Selection of Respirators

Initial Assessment

Hazard Identification and Evaluation\(^1\). This typically involves a walk-through evaluation of the work environment or evaluation of the tasks/concerns posed by a given activity. The evaluation includes assessing the type of hazard (obvious or potential), the duration and frequency of use, and potential for acute or chronic exposures requiring the use of a respirator to control or limit potential exposures to within recognized, accepted occupational exposure limits\(^2\). Industrial Hygiene monitoring will be performed when necessary in the hazard ID and evaluation.

Hazard analyses have indicated that the following shops will be pre-screened for respirator use since their job duties MAY require them to use a respirator.

- Building Repair Shop
- Science Facilities Shop
- Heat/Power Plant
- Refrigeration technicians
- Welding Shop
- Ground Crew
- Animal Lab Technicians
- Environmental Safety & Health

Annual fit testing will be required for Painters, Masons, Heat/Power Plant and Animal Lab Technicians.

Since most jobs in the shops listed above may not use a respirator for a period of time (several years), fit testing will be conducted at the time a respirator is to be used.

Should respiratory protection be required—a preliminary determination by type is made. For example, air purifying (chemical or HEPA), etc.

Respirator Issuance

Control over the selection and purchase of respiratory protection rests with EHS. No one is to purchase or use any type of respiratory protection (exceptions for nuisance dust masks only) without the expressed permission of EHS.

Supplied Air Respirators

The only employees who may potentially be exposed to an IDLH atmosphere are EHS staff members. EHS staff members are trained to monitor and wear self contained breathing apparatus (SCBA)\(^3\) when necessary.

Members of the EHS staff are the only employees who may have a need to wear supplied air\(^4\) or SCBA's. (Quantitative fit testing is conducted every two years using a Portacount™ or similar instrument using a third party vendor.)

Air Purifying Respirators

Air purifying respirators include negative pressure half or full face (cartridge respirators), Disposable N-95 particulate respirators, and powered air purifying respirators (PAPR).

As required, employees will be fitted with equipment that is specific to their needs. A determination will be made based upon the exposure, the environment where it will be used, the duration of exposure employee comfort and fit factor requirements.
Respirator cartridges are designed to filter against specific hazards. Selection of the proper cartridge is essential for proper protection against air contaminants. EHS is responsible to insure that employees received the proper filtering cartridge.

Whenever feasible filter cartridges with an end of service life indicator will be used.

Filter cartridges that have been used will be replaced on an annual basis or more often as use requires. Respirator cartridges with an end of service life will be replaced just prior to reaching the end of their service life.

**Voluntary Use of Respirators**

Individuals may use a respirator on a voluntary basis under the following conditions:

- The employee must be medically cleared to wear a respirator in accordance with this policy.
- The respirator must be appropriate for the hazard.
- EHS will issue the respirator to the employee for voluntary use.
- The employee must read and sign “Addendum A” of this policy. (Appendix D of 29 CFR1910.134). This form must be given to EHS prior to respirator issuance.
- Fit testing is not required, however, EHS will fit test if requested by the employee.

**Training**

At a minimum this training will include:

- The proper fit, use and limitations of the respirator they have been given (what it can and cannot do). In particular, what to do in the event of a potentially dangerous atmosphere that may overwhelm the respirator or be oxygen deficient.
- Appropriate instruction on the inspection, care, maintenance, cleaning and storage of the respirator they have been issued.
- Annual retraining is required. The curriculum is updated on an on-going basis to reflect additions in content, training materials and product improvements.
- Appendix B will be used as a training guide.

**Responsibilities**

Once issued, the employee (and their supervisor) is responsible for ensuring that the respirator is worn when required and used in accordance with the manufacturer’s and EHS’s requirements.

**Program Audit**

On an on-going basis the program is evaluated for compliance and effectiveness. A formal review of the program is conducted periodically by EHS.

**References**

1 At Dartmouth, few tasks require the routine use of a respirator for personal protection. Please refer to the College’s Hazard Communication and Chemical Hygiene Plans for additional information on chemical related safety and the use of respirators.
2 OSHA PELs, ACGIH TLV-TWAs, NIOSH RELs, etc. For purposes of OSHA compliance, the PELs are the enforceable standards.
3 This equipment is routinely inspected by the Hanover Fire Dept. in accordance with NFPA standards
4 A specific Standard Operating Procedure (SOP) for this equipment is followed by the users at the Heating Plant.
Addendum A: Sec. 1910.134

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

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

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators 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 designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

Signed: ________________________________ Date: ________

Please return to EHS. HB 6216
Addendum B : Respirator Training Checklist

_____ Review selection process of respirator
_____ Inspection of respirators

Valves Rubber/neoprene Straps &
fasteners Cleanliness
Filter assembly
Filter changes and expiration dates
Proper storage of respirators

_____ Discard faulty respirators or replace defective parts
_____ Issue new respirators to those that need one
_____ Review straps and adjustment capabilities
_____ Discuss comfort concerns
_____ Review filter capabilities
_____ Review change-out schedule or end of service life indicators
_____ Don Respirator
_____ Perform User seal check procedures
_____ Review need to do this check every time respirator is worn
_____ Make adjustments if necessary

_____ Fit test using isoamyl acetate or stannic chloride while standing and:

□ Breathing normally
□ Breathing deeply
□ Turning head from side to side
□ Move head up and down – inhale in up position
□ Talking - read Rainbow passage, count backward from 100, or recite something
□ Bending over or jogging in place
□ Breathing normally
(Each test exercise shall be performed for one minute)

_____ Fill out paperwork
_____ Question and answer period
_____ File forms in employee’s folder

Signature of Trainer: _______________________________________________ Date: ____________________

Signature of Trainee: ______________________________________________ Date: ____________________
Addendum C : Filtering Face Piece Training Checklist

Filtering Face Piece Training Checklist

_____ Inspection of respirators

Valves (if appropriate) Rubber/neoprene (if appropriate) Straps & fasteners
Cleanliness

_____ Discard faulty respirators
_____ Issue new respirators to those that need one
_____ Review straps and adjustment capabilities
_____ Discuss comfort concerns
_____ Review filter capabilities
_____ Review change-out schedule, when to discard & replace
_____ Review proper storage of respirators
_____ Don Respirator
_____ Review user seal check per mfg. instructions
_____ Review need to conduct this check every time respirator is worn
_____ Make adjustments to mask placement if necessary
_____ Fit test using Bitrex or Saccharin: follow all directions in Kit.

_____ Fill out training form
_____ Question and answer period

_____ Forward Medical evaluation forms to Diane Cook @ Dicks House (HB 6143)
_____ Forward a copy of the training record (Addendum "A") to EHS

Signature of Trainer: ___________________________________________ Date: ____________________

Signature of Trainee: ___________________________________________ Date: ____________________
RESPIRATOR ISSUANCE AND TRAINING

Employee Name: ________________________________ Employee ID Number: ________________

Title: ________________________________________

Filter Selection: Organic Vapor/Acid Gas Dust/Mist Filter HEPA Filter
Fume/Dust/Mist Filter Paint Spray/Pesticide Other: ______________

Respirator Selection: Full Face Half Face Filtering face piece: N95 or P100 or N100
Self Contained Supplied Air Powered Air (PAPR)

Model: ________________________________ Size: S M M/L L Regular none specified

Limitations: Beard Dentures Glasses None

Fitting: Negative/Positive Pressure test

☐ Pass ☐ Fail

☐ Isoamyl Acetate Test

☐ Stannic Chloride

☐ Bitrex/Saccharin

{# of squeezes ________} sensitivity solution

RESPIRATOR SPECIFICATION FORM

Job Description: ___________________________________________

(job while wearing mask)

Contaminant: ________________________________ Concentration level: ________________ ppm or mg/m3

Recommended Respiratory Protection (based on contaminant & fit test results)

NIOSH Approval Numbers: TC____________________

Employee Signature: ____________________________ Date: ____________________________

Instructors Name: ________________________________

☐ Medical Eval. to Dick’s House ☐ Voucher to Dicks House ☐ Employee seen at Occ. Med/DHMC
Respiratory Protection Program, OSHA Mandatory Medical Questionnaire

1. Today's date: _____/____/______

2. Name (last, first, MI)

3. Age (to nearest year)

4. Sex

5. Height ______ ft ______ in

6. Weight Lbs.

7. Job title

8. Phone number where you can be reached by the health care professional who will review this questionnaire (include area code)

9. Best time to phone you at this number:

10. Has your employer told you how to contact the health care provider who will review this questionnaire? ______ yes ______ no

11. Type(s) of respirator you will use (mark all that apply):
   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? ______ yes ______ no
   If yes, what type(s)

Medical History

1. Do you currently smoke tobacco, or have you smoked tobacco during the past month?

2. Have you ever had any of the following conditions?
   a. seizures (fits, convulsions, epilepsy)
   b. diabetes (high blood sugar disease)
   c. allergic reactions that interfere with your breathing
   d. claustrophobia (fear of closed-in places)
   e. trouble smelling odors
   f. latex (rubber) allergy

3. Have you ever had any of the following pulmonary (lung) conditions?
   a. asbestosis
   b. asthma
   c. chronic bronchitis
   d. emphysema
   e. pneumonia
   f. tuberculosis
   g. silicosis
   h. beryllium disease
   i. sarcoidosis
   j. pneumoconiosis (collapsed lung)
   k. lung cancer
   l. broken ribs
   m. any chest injury or surgeries
   n. any other lung problem that you've told about

4. Do you currently have any of the following symptoms of pulmonary or lung disease?
   a. shortness of breath
   b. shortness of breath when walking fast on level ground or walking normal speed up a slight hill or incline
   c. shortness of breath when walking with other people at an ordinary pace on level ground
   d. have to stop for breath when walking at your own pace on level ground
   e. shortness of breath when washing or dressing yourself
   f. shortness of breath that interferes with your job

Medical History continued

3. Have you ever had any of the following pulmonary (lung) conditions?
   a. asbestosis
   b. asthma
   c. chronic bronchitis
   d. emphysema
   e. pneumonia
   f. tuberculosis
   g. silicosis
   h. beryllium disease
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   d. have to stop for breath when walking at your own pace on level ground
   e. shortness of breath when washing or dressing yourself
   f. shortness of breath that interferes with your job

5. Have you ever had any of the following cardiovascular (heart) problems?
   a. heart attack
   b. stroke
   c. angina (heart pain)
   d. heart failure
   e. swelling in your legs or feet (not caused by walking)
   f. heart arrhythmia (irregular heart beat)
   g. high blood pressure
   h. abnormal stress test – approximate date:
   i. cardiac (heart) catheterization – approximate date:
   j. any other heart problem about which you have been told

6. Have you ever had any of the following cardiovascular (heart) symptoms?
   a. frequent pain or tightness in your chest
   b. pain or tightness in your chest during physical activity
   c. pain or tightness in your chest that interferes with your job
   d. chest pain when you breathe deeply
   e. chest pain when you stand up quickly
   f. chest pain when you exercise
   g. chest pain when you walk on level ground
   h. chest pain when you do strenuous exercise
   i. chest pain when you laugh
   j. chest pain when you cough
   k. chest pain when you bend over
   l. chest pain when you move your arms
   m. chest pain when you lie down
   n. any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take any medication for any of the following problems?
   a. breathing
   b. heart trouble
   c. blood pressure
   d. seizures (fits, convulsions, epilepsy)

Continued on page 2.
Respiratory Protection Program, OSHA Mandatory Medical Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Today’s date:</td>
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<tr>
<td>2. Name (last, first, MI)</td>
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<tr>
<td>3. Age (to nearest year)</td>
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<td>4. Sex</td>
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<td>5. Height (ft in)</td>
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<td>6. Weight (Lbs.)</td>
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<td>12. Have you worn a respirator?</td>
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<tr>
<td>a. Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. No</td>
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Medical History

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2. Have you ever had any of the following conditions?
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   c. allergic reactions that interfere with your breathing
   d. claustrophobia (fear of closed-in places)
   e. trouble smelling odors
   f. latex (rubber) allergy

3. Have you ever had any of the following pulmonary (lung) conditions?
   a. asbestosis
   b. asthma
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   c. shortness of breath when walking with other people at an ordinary pace on level ground
   d. have to stop for breath when walking at your own pace on level ground
   e. shortness of breath when washing or dressing yourself
   f. shortness of breath that interferes with your job

5. Have you ever had any of the following cardiovascular (heart) problems?
   a. heart attack
   b. stroke
   c. angina (heart pain)
   d. heart failure
   e. swelling in your legs or feet (not caused by walking)
   f. heart arrhythmia (irregular heart beat)
   g. high blood pressure
   h. abnormal stress test -- approximate date:
   i. cardiac (heart) catheterization -- approximate date:
   j. any other heart problem about which you have been told

6. Have you ever had any of the following cardiovascular (heart) symptoms?
   a. frequent pain or tightness in your chest
   b. pain or tightness in your chest during physical activity
   c. pain or tightness in your chest that interferes with your job
   d. in the past two years, have you noticed your heart skipping or missing a beat
   e. heartburn or indigestion that is not related to eating
   f. any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take any medication for any of the following problems?
   a. breathing
   b. heart trouble
   c. blood pressure
   d. seizures (fits, convulsions, epilepsy)

Continued on page 2.
Addendum F : Fit For Duty Form

EMPLOYEE -- Respirator Medical Evaluation Questionnaire
Adapted from Appendix C to Sec. 1910.134: OSHA

In order to meet the requirements in the Dartmouth College Respiratory Protection Program, you must complete the following questionnaire annually, after which it will be reviewed by a licensed clinical provider at Dick's House (646-9400) and then put into your Medical Record. Thank you.

INSTRUCTIONS: Complete Section A below as well as the attached medical questionnaire.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Section A

Employee Name: _______________________________________________________

Employee ID Number: __________________________________________________

Dept: ___________________________ Supervisor: ___________________________

Email: ___________________________ Phone: _______________________________

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A licensed healthcare provider at Dick’s House will review the completed medical questionnaire. If you have questions or wish to discuss this evaluation with Dick’s House, please call (603) 646-9400.

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EHS Use Only (Please return this form to EHS prior to fit test)

___ This individual is medically able to wear a respiratory device at this time.

___ This individual is NOT medically able to wear a respiratory device at this time for the following reason. ________________________________

Health Service Provider signature: ______________________________________

Date of Review: __________________

revised 4/29/131