



## Saint Joseph's University Respirator Policy

### PURPOSE

Saint Joseph's University has determined that certain employees may be exposed to respiratory hazards during routine or emergency job activities. These hazards include, chemical vapors, particulates and certain biohazards. Some atmospheres, such as that created by asbestos abatement, may only be entered by certified employees or contractors, using respiratory equipment approved by applicable regulations. The purpose of this program is to ensure that Saint Joseph's University employees are protected from exposure to these respiratory hazards.

Engineering controls, such as ventilation, should be first considered at Saint Joseph's University as a way of correcting respiratory hazards. When engineering controls are not feasible, respirators and other protective equipment must be used. Respirators are also needed to protect employee health during emergencies. The work activities requiring respirator use at Saint Joseph's University are outlined in Table 1.

If employees request respiratory protection where not required, Saint Joseph's University will review each of these requests on a case-by case basis. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program.

### SCOPE and APPLICATION

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. This includes employees in HSE, Facilities, Public Safety and Student Health. All employees working in these areas and engaged in certain processes or tasks (as outlined in table that follows) must be enrolled in the SJU's respiratory protection program.

**Table 1: Work activities that require respirator protection.**

For more details please contact the HSE Department at 610-660-3037.

Work Process	Department	Approved Respirators
Chemical Hazards	Facilities, Security, Science personnel	Full face Air-purifying respirator(APR) Half-face Air-purifying Respirator N95 disposable or APR
Pandemic influenza response	Facilities, Security, Student Health	N95 disposable or APR
Emergency response	Facilities, Security, Science Personnel	Half, Full Face Air-purifying APR

## RESPONSIBILITIES

### Department of Health, Safety and Environmental Compliance (HSE)

HSE and/or its contractor is responsible for administering the respiratory protection program. Duties include the identification of work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.

- HSE will ::
  - Select respiratory protection options.
  - Monitor respirator use to ensure that respirators are used in accordance with their certifications.
  - Arrange for and/or conducting training.
  - Ensure proper storage and maintenance of respiratory protection equipment.
  - Conduct/ supervise qualitative fit testing
  - Administer the medical surveillance program.
  - Maintain records required by the program.
  - Evaluate the program.
  - Update written program, as needed.

### Supervisors

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing, and annual medical evaluation.
- Ensuring the availability of appropriate respirators and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

### Employees

Each employee has the responsibility to wear his or her respirator when and where required and in the manner in which they were trained. Employees must also:

- Only wear the respirator for the conditions specified in the **Fit Test Letter (see Appendix A)**
- Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
- Inform their supervisor or HSE if the respirator no longer fits well, and request a new one that fits properly.
- Inform their supervisor or HSE of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

## IMPLEMENTATION STRATEGY

All Saint Joseph's University employees, whose job activities have been designated by the HSE Department or employee supervisor as requiring respiratory protection, must immediately wear the equipment designated in Table 1.

These employees must meet all of the conditions required by OSHA for fit testing described in this procedure. Generally, Half-face cartridge respirators are acceptable if there is a good facial seal (this depends on facial structure and the absence of facial hair around the area of the facial seal). Otherwise, full face respirators may be necessary.

The determination of the **type** of respirator depends on the air quality in the work environment. Saint Joseph's University must meet the Permissible Exposure limits (PEL) published by OSHA and may require limits recommended by the American Conference of Governmental Industrial Hygienists (ACGIH) A determination of the applicable limit for each job activity will be made by HSE or employee supervisor.

A disposable respirator may be worn for dusty conditions or for some aerosol paint spraying, provided the PEL or ACGIH limit is not exceeded.

Fit testing is required for N-95 respirators prior to use. Job exposures which do not yet exist, such as the pandemic influenza epidemic, do not require fit testing advance. The SJU Emergency Response Committee will make the decision on the effective date of fit testing for the N-95 respirator approved for pandemic influenza response.

## PROGRAM ELEMENTS

### Selection Procedures

HSE or the employee supervisor will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with all OSHA standards. This will be accomplished by conducting a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

1. Identification and development of a list of hazardous substances used in the workplace, by department, or work process.
2. Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.

The hazard evaluation may include exposure monitoring to quantify potential hazardous exposures. Monitoring will be conducted if required.

### NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

### Voluntary Respirator Use

Employees may voluntarily wear respirators even if a job hazard assessment demonstrates that none is required to meet OSHA requirements. Disposable N95 respirators are the only Voluntary Use respirator permitted by Saint Joseph's University. Saint Joseph's University does not permit its employees to use their own respirators.

SJU will provide disposable N95 respirators at no charge to employees for voluntary use.

The HSE Department will provide all employees who voluntarily choose to wear respirators with a copy of **Appendix E** of this policy..

The HSE Department or employee supervisor shall authorize voluntary use of respiratory protective equipment requested by SJU employees on a case-by case basis, depending on specific workplace conditions and the results of the medical evaluations.

## Medical Evaluation

Employees who are **required** to wear respirators, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a medical professional has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use. Medical evaluations are provided by a physician or other licensed healthcare professional under supervision or contract by SJU

Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in **Appendix C** of the respiratory protection policy, or a similar form. Saint Joseph's University will provide a copy of this questionnaire to all employees requiring medical evaluations.
- All affected employees will be given a copy of the medical questionnaire to fill out and they will bring the completed questionnaire to the medical practitioner. Employees will be permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by the policy, and/or as deemed necessary by the medical practitioner.
- All employees will be granted the opportunity to speak with the medical practitioner about their medical evaluation, if they so request.

The HSE Department will provide the following information for each employee requesting a medical evaluation (see **Appendix B**):

- a summary of the employee's exposure to a hazardous substance
- his or her work area or job title
- proposed respirator type and weight
- length of time required to wear respirator
- expected physical work load (light, moderate, or heavy)
- potential temperature and humidity extremes
- any additional protective clothing required

After an employee has received clearance and starts to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- A physician informs the Program Administrator that the employee needs to be reevaluated;
- Information from the program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and the physician.

## Fit Testing

Fit testing is required for all SJU employees who are **required** to wear respirators of any type. Fit testing is conducted:

- Prior to being allowed to wear any respirator with a tight fitting facepiece.
- Annually.

- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.

### General Use Procedures:

Employees will use their respirators under conditions specified by this policy and in accordance with the training they receive on each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer or for an exposure or work activity that is not approved by Department of Health, Safety and Environmental Compliance.

All employees, except those disposable N95 respirators, shall conduct user seal checks each time that they wear their respirator. Employees shall use either the positive or negative pressure check, depending on which test works best for them.

All employees shall be permitted to leave the work area to maintain their respirator for the following reasons: to clean their respirator if the respirator is impeding their ability to work, change filters or cartridges, replace parts, or to inspect respirator if it stops functioning as intended. Employees should notify their supervisor before leaving the area.

### Cleaning

Respirators are to be regularly cleaned and disinfected at a suitable location.

Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary.

Atmosphere supplying and emergency use respirators are to be cleaned and disinfected after each use.

#### The following procedure is to be used when cleaning and disinfecting respirators:

- Disassemble respirator, removing any filters, canisters, or cartridges.
- Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
- Rinse completely in clean warm water.
- Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.
- Air dry in a clean area.
- Reassemble the respirator and replace any defective parts.
- Place in a clean, dry plastic bag or other air tight container.

**Note:** The employee's supervisor will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor who will order the needed supplies.

### Maintenance

Non-disposable respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer.

Inspection of the respirator must be conducted before every use. The following checklist will be used when inspecting respirators:

#### Facepiece:

cracks, tears, or holes  
facemask distortion

cracked or loose lenses/faceshield

**Headstraps:**

breaks or tears  
broken buckles

**Valves:**

residue or dirt  
cracks or tears in valve material

**Filters/Cartridges:**

approval designation  
gaskets  
cracks or dents in housing  
proper cartridge for hazard

**Storage**

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag in their own emergency response bag or other suitable location.

The supervisor will supply respirators and respirator components in their original manufacturer's packaging to the employee.

**Training**

The fit-testing professional will provide training to respirator users based on the OSHA Respiratory Protection standard. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.

The training course will cover the following topics:

- The Saint Joseph's University Respiratory Protection Program
- The OSHA Respiratory Protection standard
- Respiratory hazards encountered at Saint Joseph's University and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures (if applicable)
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained annually or as needed (e.g., if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises, i.e. correctly donning and doffing the respirator. Respirator training will be documented by the HSE Department and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

**DOCUMENTATION and RECORDKEEPING**

A written copy of this program and the **OSHA standard** is kept by the Department of Health, Safety and Environmental

Compliance and is available to all employees who wish to review it.

Also maintained in the Health, Safety and Environmental Compliance Department are copies of training and fit test records. These records will be updated as new employees are trained as existing employees receive refresher training, and as new fit tests are conducted.

The completed medical questionnaire and documented findings are confidential and will remain with the appropriate medical practitioner.

**APPENDIX A**

**Example Fit Test Letter**

To: Name  
From:  
Date:  
Re: Respirator use

This is to confirm that you received training and passed a qualitative respirator fit test with the following equipment:

Respirator Manufacturer:  
Model:  
Type:  
Size:

You may only use this respirator for the following tasks:

Specify conditions and tasks

You should not use this respirator for any chemical or biological exposure or activity not listed above without approval from this office. This fit test must be repeated before Date.

In addition to the respirator you must wear list other PPE if applicable

You were also provided with list other hazard awareness information such as MSDS or other literature provided to the employee if applicable

Please contact me if you have any questions.

Encl. File: Respirator Program/emp. fit test



**APPENDIX B**

**Example Medical evaluation MEMO**

To: To whom it may concern  
From:  
Date:  
Re: Medical evaluation for respirator use.

NAME, a Saint Joseph's University employee, is required to wear a respirator at work. The Saint Joseph's University requests that you provide this employee with a medical evaluation that meets the requirements outlined in the Occupation Health and Safety Administration's Respirator Standard, 1910.134 paragraph (e). Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use.

- A. The type and weight of the respirator that will be used:
- B. The duration and frequency of the respirator use:
- C. The expected physical work effort:
- D. Additional protective clothing and equipment that will be worn:
- E. Temperature and humidity extremes experienced during work:

We request that you provide the SJU Health, Safety and Environmental Director with a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

Encl.: 1910.134 (e) and OSHA Respirator Medical Evaluation Questionnaire  
File: Respirator Program/emp. fit test



Appendix C

RESPIRATOR FITNESS QUESTIONNAIRE

Date: \_\_\_\_\_ Employee job title: \_\_\_\_\_
Employee name: \_\_\_\_\_ Day time phone #: \_\_\_\_\_
Employee age: \_\_\_\_\_ Sex: Male/Female Height: \_\_\_\_\_ft. \_\_\_\_\_in. Weight: \_\_\_\_\_lbs.

Check the type of respirator you will use (you may check more than one category):
\_\_\_ N, R, or P disposable respirator (filter mask, non-cartridge type only)
\_\_\_ Other type (for example, half-or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus)

Have you worn a respirator? No/Yes If yes, what type? \_\_\_\_\_

CIRCLE APPROPRIATE ANSWERS (No/Yes and circle corresponding letters)

- 1. Do you currently smoke tobacco or have you smoked tobacco in the last month? No/Yes
2. Have you ever had any of the following conditions? No/Yes
a. Seizures (fits)
b. Diabetes (sugar disease)
c. Allergic reactions that interfere with your breathing
d. Claustrophobia (fear of closed-in places)
e. Trouble smelling odors
3. Do you currently take medication for any of the following problems? No/Yes
a. Breathing or lung problems
b. Heart trouble
c. Blood pressure
d. Seizures (fits)
4. Have you ever had any of the following pulmonary or lung problems? No/Yes
a. Asbestosis
b. Asthma
c. Chronic bronchitis
d. Emphysema
e. Pneumonia
f. Tuberculosis
g. Silicosis
h. Pneumothorax (collapsed lung)
i. Lung cancer
j. Broken ribs
k. Any chest injuries or surgeries
l. Any other lung problem that you've been told about

5. Do you **currently** have any of the following symptoms of pulmonary or lung illness? No/Yes
- a. Shortness of breath
  - b. Shortness of breath when walking fast on level ground or walking 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
  - g. Coughing that produces phlegm (thick sputum)
  - h. Coughing that wakes you early in the morning
  - i. Coughing that occurs mostly when you are lying down
  - j. Coughing up blood in the last month
  - k. Wheezing
  - l. Wheezing that interferes with your job
  - m. Chest pain when you breathe deeply
  - n. Any other symptoms that you think may be related to lung problems
6. Have you **ever had** any of the following cardiovascular or heart problems? No/Yes
- a. Heart attack
  - b. Stroke
  - c. Angina
  - d. Heart failure
  - e. Swelling in your legs or feet (not caused by walking)
  - f. Heart arrhythmia (heart beating irregularly)
  - g. Any other heart problem that you've been told about
  - h. Have you ever had any treatment for any of the above in the past 10 years?
7. Have you **ever had** any of the following cardiovascular or heart symptoms? No/Yes
- 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
8. If you've used a respirator, have you **ever had** any of the following problems? No/Yes (If you've never used a respirator, check the following space and go to question
- a. Eye irritation
  - b. Skin allergies or rashes
  - c. Anxiety
  - d. General weakness or fatigue
  - e. Any other problem that interferes with your use of a respirator

Would you like to talk about the answers to this questionnaire with the health care professional reviewing it? Yes/No

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_



## APPENDIX E

### Information for Employees who Voluntarily Use Respirators

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

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

#### **You 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.

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