

RESPIRATOR FIT TESTING AND TRAINING

For all N-95 Particulate Respirators

Why do I need to wear a respirator?

- Your job duties may require you to be in contact with persons infected with a communicable disease that can damage a person's body and cause serious illness.
- These diseases, such as TB and SARS, spread when an infectious person coughs, sneezes or speaks, sending their germs into the air. If another person inhales air containing the infectious agent, they may become infected.
- These patients are placed in isolation precautions in a negative pressure room such as B354 or a room with a portable negative pressure machine.
- Wearing a NIOSH approved, N-95 particulate respirator is another means to protect a healthcare worker from breathing these infectious agents.

How does the respirator work?

- The respirator is designed to filter the air before it is inhaled by the person wearing the respirator.
- The fabric of the respirator has an electrostatic charge that acts to trap particles preventing filter penetration.

What can this respirator NOT be used for?

The primary function for this respirator is for protection against TB/SARS exposure. It is **not** meant for the following exposures:

- Oxygen deficient atmospheres
- Chemical spills
- For protection against hazardous concentrations of gases or vapors
- For sandblasting, painting, asbestos removal

Who can wear an N-95 respirator?

- An N-95 respirator should be used by healthcare workers entering specially marked isolation rooms and treatment rooms when care is being provided to infectious communicable disease patients such as TB/SARS.
- This includes, but is not limited to physicians, nurses, and any other healthcare worker that may have patient contact.
- Any healthcare worker that has been passed a fit test and has been not been restricted from doing so.

Who should NOT wear an N-95 respirator?

- Any healthcare worker that is restricted from doing so based on the decision of the physician reviewing your medical questionnaire or fit testing technician.
- Patients and visitors are **not** permitted to wear the respirators. If a patient is to be transported or must remain in an open area, the patient should be given a surgical mask to wear.

Employee Name _____

How do I put on my respirator?

- Place the respirator to your face. Holding against the face, place the lower head strap around the neck below the ears and the top head strap above the ears.
- Mold the nose area to the shape of the nose by starting at the bridge of the nose and pushing along both sides of the nose. Do **not** pinch at the bridge of the nose. This will cause a leak.
- Take a deep breath and blow out slowly through your mouth.

How do I know if I am getting a good seal?

- If you do not feel a lot of air outside the mask (especially under the eyes) you have a good seal.
- If you feel air outside the mask, reposition the mask and mold along the nose area again.

Where should the respirators be kept when not in use?

- Respirators are stored in department specific areas.
- Keep respirators in a place that is easily accessible in an emergency type situation.
- Store the respirator currently being used inside a paper bag, if possible, until service life expires.
- Be sure to label your respirator if stored.

When should the respirator be disposed?

End of useful service life for particulate respirators may be indicated if one or more of the following conditions occur:

- Do **NOT** wear your respirator for more than 8 hours
- If your respirator becomes wet or damaged

Where should the respirator be disposed?

Dispose in regular trash. It is not necessary to consider the respirator as biohazardous waste, **unless** the respirator is dripping with contaminant such as blood.

To be completed by Employee Health

I **cannot** maintain a seal; therefore I cannot wear a respirator at this time.

I have been fit tested, and can only wear the mask listed below.

Brand _____ Model _____ Size _____

Overall Fit Factor _____ Date Tested _____

Technician Signature _____

I have read the above respirator information and have had all my questions answered. I understand that this fit testing must be done on an annual basis. I understand that the respirator fit at other times will vary. The fit factor value is no intended for use in estimating an individual's actual exposure.

Employee Signature _____ Date _____

Medical Questionnaire N-95 Disposable Respirator

Date: _____

Name: _____

SS# _____

Work Phone: _____

Work Area: _____

Supervisor: _____

Age: _____ Height: _____ Weight: _____ Male _____ Female _____

Have you ever worn a respirator (including during fit testing) Yes/No
If yes, what brand and size? _____

Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes/No

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 |

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 |

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 ground level: | 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 |

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 |

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 |

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 |

If you've worn a respirator, have you ever had any of the following problems?

(If you've never worn a respirator, go to the next question).

- | | |
|---|--------|
| 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 problems that interferes with the use of a respirator: | Yes/No |

Would you like to talk to the health care professional who will review this questionnaire? Yes/No

**Marietta Memorial Hospital
Employee Respirator Program**

To be completed by Employee Health Professional

Medical Release to Wear Respirator

- This employee has no apparent abnormal findings or medical history responses that would prevent him/her from wearing an N-95 respirator or PAPR.

- This employee has significant abnormal medical findings or medical history responses, which prevent him/her from wearing a respirator.

- This employee has significant abnormal medical findings or medical history responses, which will require approval from his/her attending physician stating he/she is able to wear a respirator.

Comments:

Signature Employee Health Professional

Date

MEDICAL CLEARANCE

- Written medical clearance provided on _____
Date

- Approved to wear respirator

- Medically unable to wear respirator

Signature Employee Health Professional

Date