1. Purpose: To ensure that appropriate respiratory protection is provided to faculty, staff and students who may be exposed to an atmosphere that is contaminated with harmful dusts, fibers, fumes, mists, gases, vapors, smoke, or biological agents for which engineering controls are not feasible or adequate to control employee exposures.

2. Scope / Applicability: This program applies to all faculty, staff and students who need to use a respirator to perform assigned work tasks or projects because of a potential exposure risk or as directed by IACUC/IBC or departmental protocol.

3. Background: The Occupational Safety and Health Administration’s (OSHA) Respiratory Protection Regulation requires that employers provide a respirator to each employee at no cost when effective engineering controls are not feasible. SRM-EHS is committed to assisting VCU faculty, staff and students with compliance to federal and state regulations and other applicable consensus standards regarding the use of respiratory protection.

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</tr>
</tbody>
</table>
5. Regulations, Consensus and Substance-Specific Respirator Standards:

a. Regulations: The following agencies have regulations applicable to the manufacturing or use of a respirator.
   - The Occupational Safety and Health Administration (OSHA), 29 CFR 1910.134
   - The National Institute for Occupational Safety and Health (NIOSH), 42 CFR 84
   - The Environmental Protection Agency (EPA), Worker Protection Standard
   - The Mine Safety and Health Administration (MSHA)
   - The Food and Drug Administration (FDA)

b. Consensus standards: Consensus standards are recommendations on the use or manufacture of respiratory protection devices that are written by participants of interest groups who have expertise in the subject of respiratory protection. The following are consensus organizations that write standards for respiratory protection.
   - The American National Standards Institute/American Society of Safety Engineers (ANSI/ASSE Z88.2 - 2015)
   - The American Society for Testing and Materials International (ASTM)

c. Substance-specific standards: OSHA also has substance-specific standards (asbestos, lead, ethylene oxide, cadmium, formaldehyde, vinyl chloride, and others) that provide more detailed guidelines for respiratory protection and cartridge change-out schedules. These regulations should be reviewed as well to ensure full compliance with OSHA regulations.

   Depending upon the nature of the exposure of concern and the respirator that is being used, compliance with one or more of these regulations and consensus standards may be required.

6. Program Guidelines

a. Assignment of Responsibilities:
   1) Respirator Program Administrator: The SRM-EHS Industrial Hygienist for the VCU Respiratory Protection Program is responsible for the following duties:

   • Assisting supervisors/principal investigators with the completion of the Respiratory Hazard Assessment (RHA – Appendix A) form and selection of the appropriate respirator and/or cartridge for the hazard.
Respiratory Protection Program

- Review of RHA forms to identify work areas, processes, and tasks that may require the use respirators.
- Conducting personal air monitoring in the workplace when necessary to determine the exposure potential.
- Coordinating the respirator medical evaluation process with Employee Health Services or Student Health Services.
- Providing online or classroom respiratory protection training.
- Assisting supervisors/principal investigators with coordinating training and fit testing.
- Maintaining applicable training, fit testing and exposure assessment records.
- Provide additional technical support and regulatory guidance as necessary.
- Updating this written program as necessary.

2) VCU Departments (Academic and Non-Academic): Each department is responsible for providing respirators free of charge when they are required for protecting employee or wage student health. Any expense associated with training, medical evaluations, and respiratory protection equipment will be at the cost of the department. The purchase of respiratory protection for non-wage undergraduate or graduate students will be at the discretion of the college or department.

3) Supervisors: Supervisors and principal investigators are responsible for ensuring that the respiratory protection program is implemented in their particular work or research areas where respirators are being used. They should be knowledgeable of the program requirements, and provide this information to employees and students under their charge. Their duties include:

- Designating a Respiratory Protection Program Coordinator within the work group to serve as a liaison between the work group/department and SRM-EHS.
- Develop a site-specific Respiratory Protection Plan with the assistance of SRM-EHS. The Plan is to be updated as respirator choices and changes in work operations occur and should be available for review. A Respiratory Protection Plan template can be found in Appendix B.
- Identifying potential exposure risks, (chemical, particulate, or biological) that may require respiratory protection; completing and submitting a RHA form to SRM-EHS for review.
- Ensure that all employees/students instructed to use respirators are enrolled in the VCU Respiratory Protection Program by contacting SRM-EHS to coordinate medical evaluations, training and fit testing of staff and students.
Respiratory Protection Program

- Ensure the purchase and availability of appropriate respirators and accessories with support from SRM-EHS Industrial Hygienist.
- Being knowledgeable of the proper use of respiratory protection assigned to the users, and informing SRM-EHS of any symptoms of illness reported by employees that may be related to respirator use.
- Providing employees with informal training on the health hazards associated with the contaminants of concern and why respiratory protection is necessary.
- Ensure that reusable respirators are properly cleaned, maintained, and stored in accordance with this program.

4) Respirator Users: Each user is responsible for wearing his or her respirator when and where required and in the manner in which they are trained. The user must also:

- Use the respirator in accordance with the manufacturer’s instructions and training guidelines.
- Complete the respirator evaluation questionnaire on an annual basis or as recommended by a Physician or Other Licensed Health Care Professional (PLHCP) for as long as the respirator may potentially be used.
- Care for the respirator as instructed, and in accordance with the manufacturer insert. Protect it from damage and store it in a clean, sanitary location.
- Immediately report any defects in the respirator and evacuate to a safe area when necessary.
- Promptly report to the supervisor any symptoms of illness that may be related to respirator usage or exposure to hazardous atmospheres.
- Report any health concerns related to respirator use and changes in health status to the occupational physician who conducts the medical evaluation for respirator use.
- Inform the supervisor or the Respirator Program Administrator of any respiratory hazards that the employee or student believes is not adequately addressed.

b. Respiratory Protection Program Enrollment Procedures

1) Respiratory Hazard Assessment and Respirator Selection. The Program Administrator will work with supervisors or principal investigators who have employees/students who are not currently in the Respiratory Protection Program to complete an RHA form. Upon review of the RHA, a respirator and/or cartridge selection will be made based on the following factors:
• Frequency and duration of use.
• Anticipated airborne concentrations.
• Environmental conditions and workloads.
• Chemical, physical, or biological properties of the agent.
• Assigned protection factors and maximum use concentrations.
• Known toxicity of the agent/s as noted in the Safety Data Sheet.
• Occupational exposure limits (OELs) and environments that may have the potential to have exposures that are immediately dangerous to life or health (IDLH).

The Program Administrator may request further observation of the work or research tasks being conducted before the respirator selection when necessary. The RHA form can be completed for an individual or a workgroup. Respiratory protection may not be recommended if engineering controls and personal protective equipment is sufficient. The RHA can be found in Appendix A.

All research involving the use of hazardous chemicals including antineoplastic drugs, particulates including engineered nanoparticles, and biological agents should be reviewed for the need of additional engineering controls or respiratory protection. SRM-EHS staff will work with principal investigators and the IACUC and IBC committees to make respirator recommendations and complete an RHA form.

2) Respirator Evaluation Questionnaire: All users who are required or choose to use a respirator must complete the respirator evaluation questionnaire to determine their ability to wear a respirator without it causing harm to their health. The RHA form and the questionnaire will be used by the PLHCP to make the determination of the employee/student ability to use a respirator. The Respirator Evaluation Questionnaire can be found in Appendix C.

3) Respirator Evaluation Questionnaire Review – Employees

Questionnaires will be completed by the employee or wage student and delivered to SRM-EHS in a sealed envelope for delivery to the Employee Health Services office in West Hospital. Employee Health Services or a third-party vendor having the qualifications of a PLHCP will complete the review of respirator questionnaires. This includes faculty, staff and undergraduate/graduate wage students.
4) Respirator Evaluation Questionnaire Review - Undergraduate or Non-wage students

Undergraduate students or any student who is not considered an employee of VCU who may be required to use a respirator for class, projects or field activities, or chooses to voluntarily use a respirator must determine their ability to wear a respirator without causing harm to themselves by using either of the following methods:

- Contact Student Health Services in the VMI building to have a respirator evaluation completed by a PLHCP if you are required to use a respirator.
- If you choose to voluntarily use a respirator, complete and sign an Informed Consent which can be found in Appendix E stating there are no pre-existing health conditions that may preclude use of respiratory protection.
- Provide a statement of clearance to use respiratory protection from a private health care provider.

In addition, the following services may be provided by the PLHCP as necessary during the respirator evaluation process:

- Follow-up medical exams will be recommended to employees as deemed necessary by the evaluating PLHCP.
- All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
- A written recommendation on the employee’s ability to wear a respirator will be received electronically from the PLHCP in order to begin the fit test process.
- While using a respirator, additional evaluations may be necessary under the following circumstances:
  - The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
  - The supervisor informs the Program Administrator that the employee needs to be re-evaluated.
  - A change occurs in the use of chemicals in the workplace that may require additional medical surveillance.
c. Training. Supervisors, principal investigators, employees, and students who are required to wear a respirator must receive initial training in the proper use, care, and limitations of the respirator assigned for their protection. This training will be required on an annual basis as long as the user has the potential to use the respirator. Online training is available through Blackboard and may be scheduled in the classroom for large workgroups. As a minimum, the following subject matter will be covered during the training:

- Respirator use in emergency situations.
- Limitations and capabilities of respirator types.
- Procedures for cleaning, maintenance and storage.
- How to inspect, put on, remove, and perform user seal checks.
- Why the respirator was assigned and how improper fit, use, or maintenance can compromise the protective effect of the respirator.
- Recognition of signs that limit or prevent the effective use of the respirator.
- General requirements of the OSHA respirator standard.

d. Fit Testing

- There are several different brands and models of respirators, and one type and size does not fit every user. For this reason, no one should share their respirator with another person unless they have been fit tested with the same make, model and size respirator, and a cleaning and disinfection process is in place for shared use.

- Fit tests are an annual requirement for all users in the program except those who use Powered Air Purifying Respirators (PAPR). A fit test must be conducted before an employee/student can wear a respirator, when there is a change in the users’ physical condition that may affect the fit of the respirator, and annually thereafter.

- Respirator fit tests at VCU are conducted using quantitative fit testing (particle number inside the mask verses particles outside of the mask) techniques as outlined in the OSHA Respiratory Protection Standard. Once the fit test is successfully completed, the user will receive a fit test record with the size, make and model of the respirator to be purchased AFTER the fit test.

- Respirators should not be purchased before a fit test. If you have a respirator, please inform SRM-EHS of the respirator type, bring it to the fit test session, and we may be able to fit test the respirator for your continued use. Respirator fit testing must be scheduled, and respirator
use cannot begin until all other program requirements are met (completion of the RHA, respirator evaluation questionnaire, and online or classroom training). Fit testing will be conducted at the Fit Test Trailer on the top level of the D Deck Parking Facility, 515 N. 13th Street. Fit testing may also be done at your work site (for large workgroups only) and to accommodate shift workers. When necessary, fit testing may be done by contractor personnel. Before arriving for your fit test, be sure that you are **CLEAN SHAVEN and DO NOT EAT OR SMOKE WITHIN 30 MINUTES** of your scheduled appointment.

- **Facial Hair and Respirator Use:** OSHA prohibits the use of tight-fitting respirators when facial hair comes between the seal of the respirator and the users face. Facial hair can interfere with inlet or outlet valve functions and severely compromise the effectiveness of the respirator. Supervisors should not allow the use of tight-fitting respirators when the user has facial hair. All users of tight-fitting respirators must be clean shaven during the fit test procedure. Employees who are required to use a respirator and refuse to shave, must discuss alternative respiratory protection with their supervisor such as a loose-fitting Powered Air Purifying Respirator (PAPR) which does not require fit testing.

e. **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. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while the respirator is in use.

f. **Voluntary Respirator Use:** Employees may wish to use respirators for their own comfort or well-being even when an exposure hazard does not exist. This would be considered voluntary use, and many elements of the OSHA respirator standard would not apply. Voluntary users of filtering facepiece respirators (N95, N100) require one-time completion of the respirator questionnaire. Fit testing for employees of VCU is optional.

- The Program Administrator will authorize voluntary use of respirators as requested on a case-by-case basis, depending on specific workplace conditions and the results of respirator questionnaire evaluations. The OSHA Respiratory Protection Standard requirements for voluntary use of respirators for employees can be found in Appendix D of this program.
Respiratory Protection Program

- Voluntary use of all other respirators requires the completion and submission of the respirator evaluation questionnaire to Employee Health Services and respirator training, including proper maintenance and storage of respirators.

g. Respirator Use and Care. Respirator users should take the time to read the manufacturer insert of the respirator they are assigned to wear. This insert has information on use limitations, putting on and taking off the facepiece, user seal checks, proper disinfection, cleaning and storage, replacement parts, etc. Although much of this will generally be covered in a respirator training class, details specific to the use of your assigned respirator may prove to be invaluable in emergency situations. The following precautions should be considered for the use of all respirators:

- Inspect the respirator, straps, and valves for cracks, tears, holes, or distortions that may interfere with the face to mask seal of the respirator.

- Perform a user seal check every time the respirator is put on and before you enter into a potentially hazardous work area.

- Users should only wear tight-fitting respirators that have been successfully fit tested.

- Supervisors who have PAPRs or other elastomeric respirators that are approved for multiple users must establish a cleaning and disinfection program to ensure that the respirator is properly cleaned and disinfected in a manner which prevents damage to the respirator and does not cause harm to the user. Review of the respirator insert will have information on disinfection products and solutions recommended for assigned respirators. Alternatively, mandatory cleaning and disinfection procedures are established in the OSHA Respiratory Protection Standard, Appendix B-2.

- All cleaned reusable elastomeric respirators should be dry before storage, and shall be stored in a clean, dry, and sanitary environment away from direct sunlight or sources of extreme, cold, heat, or damaging chemicals.

- Respirators should be stored in a closable container or bag to minimize contamination. Store respirators so that the face piece, straps and valves are not distorted or damaged.

- If eye glasses must be worn by the user, spectacle inserts that require the user’s prescription must be purchased to ensure their will be no vision impairment to the user. SRM-EHS can assist with contacting a vendor to provide these services.
• All damaged and unusable respirators that cannot be repaired should be removed from the work area and labeled as “damaged”, “not for use”, or any such label that will deem the respirator out of service.

• Supervisors/principal investigators shall inform SRM-EHS of any changes in chemical usage, processes, or environmental conditions that may increase the inhalation hazard or physiological stress of the respirator user.

• Cartridges or canisters that are used with reusable respirators shall be changed out in the following manner:
  
  o In accordance with established OSHA standards that are specific to the chemical use.
  o An end of service life indicator that can be found on some cartridges with low warning properties.
  o A frequency as determined by objective data, work conditions, known chemical or particulate concentrations in the workplace.

  Note: In the absence of a specific change-out schedule for chemical exposures, cartridges should be changed at the end of each shift. All High Efficiency Particulate Air (HEPA) cartridges should be changed when the user notices an appreciable resistance to breathing through the respirator.

h. Filtering Facepiece Respirator (OSHA Dust Mask)

• Filtering facepiece disposable dust masks should not be shared with other users. If they are being used for protection against biological agents, the user should pay careful attention when removing the facepiece to prevent skin contact with the outer filter media. These respirators should be disposed immediately after use in accordance with established IACUC or IBC protocol.

• Filtering facepiece respirators are used for protection against particulates ONLY. However, there are disposables that are manufactured to provide nuisance level organic vapor and acid gas protection. Nuisance level infers that the contaminant concentration of concern is lower than OSHA established permissible exposure limits. When purchasing disposable respirators requiring this level of protection, all users should consult with SRM-EHS to ensure adequate protection.
Filtering facepiece respirators have the NIOSH certification categories N, R, or P with percent efficiency levels 95, 99, and 100. These categories should be used as follows:

- N Category respirators should be used only when NO OIL mist is present in the air. If oil is present, it can break down the filtration media and cause the respirator to be ineffective.
- R Category respirators should be used when OIL MIST IS PRESENT. It should only be used for a single shift, or 8 hours of continuous or intermittent use when stored and maintained properly.
- P Category respirators can be used when oil is present and can typically be used for more than one shift. The manufacturer insert should be consulted for time use limitations.

All filtering facepiece respirators should be discarded and replaced when they are soiled, wet, deformed, or the user experiences resistance when breathing through the filter media.

i. Program Evaluation. The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented by supervisors, principle investigators, lab managers, or their designated respirator program coordinators. The evaluations may include periodic consultations, site visits, air monitoring, training records review, respirator maintenance evaluations, and validation of the worksite-specific respiratory protection plans. The contents of this respiratory protection program will be reviewed on an annual basis and updated as necessary.
Appendix A
Respiratory Hazard Assessment

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Supervisor Email: Click here to enter text.</th>
<th>Department: Click or tap here to enter text.</th>
<th>Phone number: Click here to enter text.</th>
<th>Date completed: Click or tap to enter a date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHA applies to: Choose an item.</td>
<td>Status: Choose an item.</td>
<td>If individual enter name: Click or tap here to enter text.</td>
<td>Email Address: Click or tap here to enter text.</td>
<td>Location of Work: Choose an item.</td>
</tr>
</tbody>
</table>

If this RHA applies to a Trade, Workgroup, Research or Student Team, enter all names here separated by a comma (First, Last):

Click or tap here to enter text.

Provide a brief description of work or research task being performed:

Click here to enter text.

Check all substances or conditions that are applicable to this RHA:

<table>
<thead>
<tr>
<th>CHEMICALS:</th>
<th>PARTICULATES, DUST, FUMES, MISTS:</th>
<th>Frequency:</th>
<th>Duration:</th>
<th>PPE Used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Organic Vapors</td>
<td>☐ Animal Dander/bedding materials</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
<td>Choose an item.</td>
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<tr>
<td>☐ Acid Gases</td>
<td>☐ Asbestos Dust/Fibers</td>
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<td>☐ Ammonia</td>
<td>☐ Biological (bacteria, virus, fungi)</td>
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<td>☐ Formaldehyde/Formalin</td>
<td>☐ Concrete/Sand Mixing Operations</td>
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<tr>
<td>☐ Other Aldehydes</td>
<td>☐ Foundry Operations (mold making)</td>
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<td>☐ Mercury vapors</td>
<td>☐ Grain Dust</td>
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<tr>
<td>☐ Methylene Chloride</td>
<td>☐ Lead Dust</td>
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<td>☐ Paints</td>
<td>☐ Organic/Agricultural dust</td>
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<tr>
<td>☐ Pesticides</td>
<td>☐ Metal/Ceramic Powders</td>
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<tr>
<td>☐ Is AP for condition or requirement</td>
<td>☐ Mechanically generated dust (grinding, sanding, drilling)</td>
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<tr>
<td>☐ Multiple Chemical Sensitivities</td>
<td>☐ Nanomaterials (SWCNT, MWCNT, Other)</td>
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<tr>
<td>☐ Known Allergies</td>
<td>☐ Powdered Pigments</td>
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<td>☐ Required by IBC or IACUC</td>
<td>☐ Welding, Soldering</td>
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<td>☐ Required by Supervisor or Department</td>
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Engineering Controls: Choose an item. Respirator currently used: Choose an item.

Please expand on any sections where the word other was chosen and any additional Comments: Click or tap here to enter text.

The following respirator has been recommended based on the information provided: Choose an item. with the following cartridge: Choose an item.

☐ Based on the information submitted, respiratory protection is NOT necessary for the task being performed in the frequency, duration and severity of exposure as determined by this RHA.

Name: Valerie S. Pegues Signature: Date: 3/13/2018
SITE SPECIFIC RESPIRATORY PROTECTION PLAN TEMPLATE

Purpose:

This worksite-specific procedure describes the process for compliance with the Virginia Commonwealth University’s (VCU) Respiratory Protection Program. It is not intended to substitute the complete Respiratory Protection Program. This program applies to ____________________________ (laboratory, department, division, etc.).

Scope and Respirator Selection:

This program applies to all employees who are required to wear tight-fitting respirators to limit exposure to airborne impurities which may include biological, chemical, particulate dusts, or allergen contaminants. This program does not cover the use of air supplying respirators in oxygen-deficient atmospheres.

Use the SRM-EHS Respiratory Hazard Assessment form (Appendix B) to identify the work process, location, and type of respirator/s used for operations requiring the use of a tight-fitting respirator. Once this form is reviewed by SRM-EHS, include it as an appendix to your worksite respiratory protection plan.

For additional information on respirator selection for chemical, biological or particulate exposures, contact the Industrial Hygiene Section of SRM-EHS at 804-828-2953.

Designated Respiratory Program Coordinator:

___________________________ (insert name of responsible individual e.g., principal investigator, laboratory supervisor, post-doctoral fellow, etc.) will be responsible for the administration of this worksite respiratory protection program and thus is called the Respiratory Program Coordinator (RPC). The RPC will be responsible for updating this program as changes develop for the use of respiratory protection within this worksite.
SITE-SPECIFIC RESPIRATORY PROTECTION PLAN TEMPLATE

Program Elements:

Fill in the specific program elements below.

A. Respiratory Hazard Assessment completion date:

B. Respirator Evaluation Questionnaire:

Complete the following table to document that your employees/students have been evaluated by a Physician or other Licensed Health Care Professional (PLHCP) on an annual basis or as requested by the PLHCP. The designated PLHCP at VCU is Employee Health Services for employees or wage students. University Student Health Services provides respirator evaluations for undergraduate and graduate non-wage students.

Annual Respirator Evaluation Confirmations

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date Evaluated</th>
<th>PLHCP Name</th>
<th>Approved to wear a respirator? (Y/N)</th>
<th>Supervisor Initials</th>
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</table>
SITE SPECIFIC RESPIRATORY PROTECTION PLAN TEMPLATE

C. Respiratory Protection Training:

Training will be provided by SRM-EHS annually via Blackboard or as requested on a case-by-case basis for large department groups. Elements associated with respiratory protection training can be referenced in VCU’s Respiratory Protection Program. Documentation of training must be maintained for each employee. Training documents are stored here: ________________________.

D. Fit testing:

SRM-EHS will conduct all fit testing after all prerequisites have been satisfied, (completed RHA, completed respirator evaluation, and training). Fit testing must be completed annually for all users of tight-fitting respirators including NIOSH-approved disposable respirators. If the respirator user experiences a change in their physical condition that may interfere with a mask to face seal, they must be retested before the use of the respirator. A fit test record will be given to all users and should be maintained with this written program.

E. Respirator Storage, Cleaning and Maintenance:

Review Section g. (Respirator Use and Care) of VCU’s Respiratory Protection Program for guidelines on the care of your respirator. In addition, you should always consult with the user insert from the manufacturer of your respirator for more specific details on the care of your respirator. Please fill in the required elements below:

1. Non-disposable respirators are stored in the following clean locations:
   (a) __________________________
   (b) __________________________
   (c) __________________________

2. Non-disposable respirators will be cleaned and sanitized every (____) days or whenever they are visibly dirty.
SITE SPECIFIC RESPIRATORY PROTECTION PLAN TEMPLATE

3. Repairs and adjustments to respirators are conducted by ________________.

F. Records and Documentation:

1. A complete copy of the respiratory protection plan is stored here: ________________.

2. The employees’ latest fit test results are stored here: ________________.

3. Employee training records are stored here: ________________.

4. Written recommendations from the medical provider are stored here: ________________.
Appendix C
Respirator Evaluation Questionnaire

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

<table>
<thead>
<tr>
<th>Can you read?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your employer told you how to contact the health care professional who will review this questionnaire?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date: Click or tap to enter a date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. Click or tap here to enter text.</td>
</tr>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>Sex:</td>
</tr>
<tr>
<td>Name: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Job Title: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Phone: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Best time to call: Choose an item.</td>
</tr>
<tr>
<td>Email: Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

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

- ☐ Don’t Know
- ☐ N, R, or P disposable respirator (filtering facepiece/dust mask)
- ☐ Other (Elastomeric half or full-facepiece type reusable; powered-air purifying – PAPR; Supplied-air Respirator - SAR; Self-contained Breathing Apparatus SCBA)

Have you worn a respirator in the past year? ☐ Yes ☐ No
If yes, what type(s): Choose an item.

Part A. Section 2. Questions 1 through 9 below must be answered by everyone who has been selected to use any type of respirator.

1. Do you currently smoke tobacco, have you smoked tobacco in the last month? ☐ Yes ☐ No

2. Have you ever had any of the following conditions? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Seizures</th>
<th>Diabetes</th>
<th>Claustrophobia</th>
<th>Trouble smelling odors</th>
<th>Allergic reactions that affect breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>Asthma</td>
<td>Chronic Bronchitis</td>
<td>Emphysema</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Silicosis</td>
<td>Collapsed Lung</td>
<td>Lung Cancer</td>
<td>Broken Ribs</td>
<td>Chest Injuries or Surgeries</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Other lung problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Check the box below ONLY if you have had any of the following pulmonary or lung problems?

- Asbestos
- Silicosis
- Collapsed Lung
- Chronic Bronchitis
- Lung Cancer
- Emphysema
- Broken Ribs
- Pneumonia
- Chest Injuries or Surgeries
- Tuberculosis
- Other lung problems

4. Do you currently have any of the following symptoms of pulmonary or lung illnesses below?

- Shortness of breath (SOB)
- SOB when walking fast on level ground or walking up a slight hill or incline
- SOB when walking with other people at an ordinary pace on level ground
- Have to stop for breath when walking at your own pace on level ground
- When washing or dressing yourself
- SOB that interferes with your job
- Cough that produces phlegm (thick sputum)
- Wheezing
- Cough that wakes you early in morning
- Wheezing that interferes with your job
- Cough that occurs mostly when lying down
- Chest pain when you breathe deeply
- Coughed up blood in the last month
- Any other symptoms related to lung problems

<table>
<thead>
<tr>
<th>PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL ONLY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further Medical Review Required?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Date: Click or tap to enter a date.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature:
## Appendix C
### Respirator Evaluation Questionnaire

- **5. Have you ever had any of the following cardiovascular or heart problems?**
  - [ ] Heart attack
  - [ ] Stroke
  - [ ] Angina (chest pain or discomfort)
  - [ ] Heart failure
  - [ ] Swell in legs or feet, not caused by walking
  - [ ] Heart arrhythmia (irregular heart beat)
  - [ ] High blood pressure
  - [ ] Any other heart problem you’ve been told

- **6. Have you ever had any of the following cardiovascular or heart symptoms?**
  - [ ] Frequent pain or tightness in your chest
  - [ ] Pain or tightness in your chest during physical activity
  - [ ] Pain or tightness in your chest that interferes with your job
  - [ ] In the past two years, have you noticed your heart skipping or missing a beat
  - [ ] Heartburn or indigestion that is not related to eating
  - [ ] Any other conditions you think may be related to heart or circulation problems

- **7. Do you currently take medication for any of the following problems?**
  - [ ] Breathing or lung problems
  - [ ] Heart trouble
  - [ ] Blood pressure
  - [ ] Seizures (fits)

- **8. If you have used a respirator, have you ever had any of the following problems?**
  - [ ] Eye irritation
  - [ ] Skin allergies
  - [ ] General weakness or fatigue
  - [ ] Any other problem that interferes with your use of a respirator? [ ] NA
  - Please describe:

- **9. Would you like to talk to the health care professional who will review this questionnaire about your answers?**
  - [ ] Yes
  - [ ] No

---

**Answer the following questions ONLY if you wear either a FULL FACEPIECE respirator or SELF-CONTAINED BREATHING APPARATUS (SCBA)**

**Which type of respirator do you use?**  [ ] Full Facepiece  [ ] SCBA

- **Please check the condition below that applies to you:**

  - **1. Have you ever lost vision in either eye (temporarily or permanent)?**
  - **2. Do you currently have any of the following vision problems?**
    - [ ] Wear contact lenses
    - [ ] Wear glasses
    - [ ] Color Blind
    - [ ] Any other eye or vision problem?

  - **3. Have you ever had an injury to your ears, including a broken ear drum?**

  - **4. Do you currently have any of the following hearing problems?**
    - [ ] Difficulty hearing
    - [ ] Wear a hearing aid
    - [ ] Any other hearing or ear problem

  - **5. Have you ever had a back injury?**

  - **6. Do you currently have any of the following musculoskeletal problems?**
    - [ ] Weakness in any of your arms, hands, legs, or feet
    - [ ] Back pain
    - [ ] Pain or stiffness when you lean forward or backward at the waist
    - [ ] Difficulty fully moving your arms and legs
    - [ ] Difficulty fully moving your head up and down
    - [ ] Difficulty bending at your knees
    - [ ] Difficulty fully moving your head side to side
    - [ ] Climbing a flight of stairs or ladder carrying 25 lbs.

  - Any other muscle or skeletal problem that interferes with using a respirator? [ ] NA
  - Please describe: [Click here to enter text.]
Appendix D

Voluntary Use Agreement - EMPLOYEES
Information for Employees Using Respirators
When Not Required Under the Standard
OSHA 29 CFR 1910.134 Appendix D

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.

Environmental Health & Safety recommends fit testing of your respirator to ensure a proper face to mask seal although it is not required as a voluntary user. Please be sure to make one of the selections for fit testing below.

I would like to be fit tested with my respirator ☐
I decline fit testing with my respirator ☐

Name: ______________________________ Signature: ____________________________
(please print)
Date: ______________________________

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Voluntary Use Agreement – Students

Informed Consent

This form is to be completed if you have chosen to voluntarily use a respirator for protection although a respirator is not required for your research, lab class, academic/clinical program, project, or assigned tasks. If you choose not to complete this form, you must be evaluated by VCU Student Health Services or another licensed healthcare professional to get medically cleared to use a respirator. If you are a wage student, please complete the Respiratory Evaluation Questionnaire in Appendix C.

Your advisor, principal investigator or designated class representative is also responsible for providing you with the following information:

- The specific chemicals, microorganisms, or particulates that you may be potentially exposed to; how to protect yourself from these substances; what to do if you think you are exposed or develop symptoms;
- Personal protective equipment – clothing, gloves and eye-wear selection;

EHS - SRM will provide you with information about:

- Respirator selection and fit-testing requirements;
- Medical limitations of tight-fitting respirator use (a person with asthma or a heart condition is strongly advised to consult a doctor before the respirator fit test takes place);

By signing this form, you indicate that you were given the opportunity to attend classroom or on-line respirator training; you understand the nature of potential health hazards associated with the research or project that you are participating in, you understand the limitations of respirator use, you have read the attached OSHA Appendix D to the Respiratory Protection Standard, and had the opportunity to ask any questions.

Name: ___________________________________________ Signature: ___________________________________________ Date: ___________________________________________

Please check the boxes that apply:

☐ I am not aware of any medical limitations that will prevent me from wearing a tight-fitting respirator. I can proceed to the fit-test.

☐ I would like to take the time and talk to a doctor about my ability to wear a tight fitting respirator. (Please have your doctor provide a written note indicating you have been medically cleared to use a respirator and then contact SRM-EHS to schedule your fit test).

☐ I have read and understand the requirements of 29 CFR 1910.134 Appendix D for voluntary use of my respirator.

Fit testing

I would like to be fit tested with my respirator ☐

I decline fit testing with my respirator ☐
OSHA Appendix D
29 CFR 1910.134

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when concentrations 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. You need to take certain precautions to be sure that your respirator itself does not present a hazard during use.

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 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.