Northwestern Respiratory Protection Environmental Health and Safety

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I. Purpose

Thisprogram establishes procedur**tes** reduceinhalation exposure to hazardous materials through the

- vi. Ensuremployeesare properly using maintaining and inspecting their respirators according Respirator Care and Uguidelines and remove respirators from service when any unsatendition is identified
- vii. ContactEHSo evaluate any safety concer**os** changes in workplace conditions or hazards.

C. Employees

- i. Adhere to the requirements of this prographe Respirator Care and Use guidelines, and all respirator manufacturer guidelines
- ii. Prior to wearing a respirator, if required:
 - a. Complete amedicalclearance questionnaire and participate in a medical evaluation, as required;
 - b. Attend all required training and fit teistg; and
 - c. Remove all facial hair that comes between the sealing surface of the facepiece and the face
- iii. Report all respiratomaintenance issues to supervisæmd removethe respirator from sempioed.17J EMC /0 gT2 (s)6.5 (o1e0413131)1e04144

- iii. Medical questionnaires will be provided in a manner that ensures the employee understands its content during the employee mormal working hours or at a time and place convenient to the employee.
- iv. Employees must provide the following information in **the**dical questionnaire:
 - a. The type of respirator to be used;
 - b. The duration and frequency of respirator use (including use for rescue and escape);
 - c. The expected physical work effort;
 - d. Additional protective clothing and equipment to be worn; and
 - e. Temperature and humidity extremes that may be encountered.

B. Medical Evaluations

- i. Medical clearance questionnaires will be reviewed by qualifleys in iars or other licensed health care professionals (PLHCP) to provide one or more of the following:
 - a. Clearance to wear a respirator.
 - A recommendation for any medical tests (e.g., pulmonary function,test) consultations, and/or diagnostic procedures necessary to make a final medical clearance
 - c. Any other recommendations (e.g., increased frequency of medical evaluations).
- ii. Medical tests, consultations, and/or diagnostic procedures performed by PLHCPsil/wbe administered confidentially during themployee's normal working hours or at a time and place convenient to the employee
 - a. Evanston Campus
 NorthShore University Health Systems OME2640 Ridge Avenue,
 Suite 4225Evanston, IL 6020847-657-1700
 - b. Chicago Campus Concentra, 614 W. Monroe Street, 3228-0700
- iii. Additional medical evaluations may be required when:
 - a. An employeereports medications or symptoms that are related to the employee's ability to use a respirator (e.g., significant weight lost/gain, pregnancy, respiratory conditions)
 - b. A PLHCP, supervisor, or Ede&rmines the employeeeds to be reevaluated
 - c. Information from this program, including observations made during fit testing and program evaluation, indicate a need for reevaluation; or
 - d. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on the employee

C. Medical Clearance

- i. Based on the medical clearance questionnaire and medical evalufationgs the PLHCP will provide a written recommendation the employee's ability to use the respirator, including:
 - Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee medically able to use the respirator;

- b. The need, if any, for followp medical evaluations; and
- c. A statement that they have provided the user ith a copy of their recommendation.
- ii. If desired, the employee will have the opportunity to discuss the medical evaluation results with the PLHCP.

D.

IX. Recordkeeping

- A. Medical clearances, training records, and fit testing records are maintained bysEHS follows:
 - i. Medical clearanceecordsmust be maintained for the length of employment, plus 30 years
 - ii. Trainingand fit testing records wibe maintained the myHR Learsystem or other means if necessary for at least 3 years.
- B. The following records ust be maintained by departments, as applicable
 - i. SCBAs must be inspected monthasing the <u>SCBA Maintenance</u> long equivalent meansRecords must be maintain four at least 3 years.
 - ii. Departments are responsible for monthlynergency escapenly respirator inspectionsmonthly using the Emergency Escaptese Breathing Apparatus

 Maintenance Logr equivalent means. Records must be maintained least 3 years.

X. Regulatory Authority and Related Information

Northwestern will comply with Occupational Safety and Health Administration's (OSHA) standards and any other applicable codes and standards, including:

OSHA 2 CFRPart 1910.134-Respiratory Protection

RespiratorSelection Guide

Cartridge Selection Guide

Respirator Care and Use

SCBA Maintenance Log

Emergency Escardese Breathing Apparatulation ance Log

Voluntary Use of RespiratorRequestForm

XI. Contact

For questionscontactEnvironmental Health and Safety at ehs@northwestern.inchonresearch areas and Research Safety@northwestern.edn research areas.