Northwestern Respiratory Protection Environmental Health and Safety

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I. Purpose

Thisprogram establishes procedurtes reduce inhalation exposure to hazardous materials through the

- vi. Ensuremployees are properly using maintaining and inspecting their respirators according Respirator Care and Uge idelines and remove respirators from service when any unsetendition is identified
- vii. ContactEHSo evaluate any safety conceros changes in workplace conditions or hazards.
- C. Employees
 - i. Adhere to the requirements of this prograthe <u>Respirator Care and Use</u> 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 superviscand remove the respirator from seppince.17J EMC /0 gT2 (s)6.5 (o1e0413131)1e04144

- iii. Medical questionnaires will be rovided in a manner that ensures the employee understands its content during the employee ormal 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 qualified size 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 PLHCPs ill/be administered confidentially during themployee's normal working hours or at a time and place convenient to the employee
 - Evanston Campus
 NorthShore University Health Systems OME2550 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 medicabigns 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 EdelSermines the employeeeeds 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 evalutiations, the PLHCP will provide a written recommendation EtdS egarding the employee's ability to use the respirator, including:
 - a. 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 follow p medical evaluations; and
- c. A statement that hey 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 basEHS 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 recordenust be maintained by departments, as applicable
 - i. SCBAs must be inspected montaling the <u>SCBA Maintenance</u> long equivalent meansRecords must be maintaine for at least 3 years.
 - Departments are responsible for monthlynergency escapenly respirator inspectionsmonthly using the <u>Emergency Escaptese Breathing Apparatus</u> <u>Maintenance Loo</u>r equivalent means. Records must be maintainer teast 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 <u>RespiratorSelection Guide</u> <u>Cartridge Selection Gui</u>de <u>Respirator Care and Use</u> <u>SCBA Maintenance Log</u> <u>Emergency Escaplese Breathing Apparatulationtenance Log</u> <u>Voluntary Use of RespiratorReguestForm</u>

XI. Contact

For questionscontactEnvironmental Health and Safety <u>at ehs@northwestern</u>iechonresearch areas and Research Safety@northwestern.edm research areas.