EUHSD Respiratory Protection Program

2020-2021
Plan Document
This plan addresses respiratory protection for the employees of the Escondido Union High School District

Date Prepared: October 1, 2020
Last Reviewed/Updated: Andrea Perreault, Risk Manager
Escondido Union High School District
Respiratory Protection Program for Disposable Particulate Respirators
Policy

The purpose of this program is to ensure that all employees that are offered to wear respiratory protection are protected from respiratory hazards through the proper use of respirators. All respirator use will occur within the context of a comprehensive program as per the standards set forth by OSHA. This requires a written program, medical evaluation, training, and fit testing. See OSHA standard 29 CFR 1910.134 or www.osha.gov for additional information. Resources on pandemic flu planning are available at https://www.osha.gov/dsg/topics/pandemicflu/index.html

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Program Scope and Application

This program applies to all employees who may prefer respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations. This program is limited to the use of disposable particulate respirators (minimum N95). EUHSD has incorporated the N95 respirator as a PPE option for select staff, to administer patient/student care and/or as a public health emergency response protection from infectious diseases such as measles, varicella, smallpox, tuberculosis, SARS, or pandemic influenza. The types of work activities at which an employee may choose to wear disposable N95 respirators are outlined below:

<table>
<thead>
<tr>
<th>Work Activity to be Performed</th>
<th>Where, When, Other Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and Healthcare Specialist Staff</td>
<td>As needed/determined by healthcare personnel. On school grounds, during school hours, while performing direct patient care (patients in isolation).</td>
</tr>
</tbody>
</table>
Special Education Staff (Instructional Aides IV & V) and Special Education Teachers for moderate to severe physical and mental handicaps. This may include medically fragile students.

When working with students in and outside of the classroom and when riding on the bus.

Custodial Staff

When performing deep cleaning of room or area that was occupied by student or staff that has tested positive for COVID-19

Program Administration
Respiratory Program Administrator (RPA)
Andrea Perreault, Risk Manager, will be responsible for the administration of the Respiratory Protection Program Plan and thus is called the Respiratory Protection Program Administrator.

Roles and Responsibilities

The Respiratory Program Administrator is responsible for:

- Identifying work areas, processes, or tasks that require respiratory protection.
- Monitoring OSHA standards for changes and revise policy as needed.
- Monitoring CDC and DOH recommendations and guidelines as they relate to respiratory protection and other recommended infection control measures.
- Assisting in the selection of respiratory protection products. Involve users in selection whenever possible.
- Monitoring respirator use to ensure that respirators are used in accordance with this program, training received, and manufacturer’s instructions.
- Assisting with the coordination of medical evaluations with licensed healthcare professional.
- Evaluating any feedback information or surveys.
- Assisting with the coordination of for and/or conduct trainings and fit testing.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Conducting periodic evaluation of the program and revising as needed.

Supervisors are responsible for ensuring that the Respiratory Protection Program is implemented at their school sites.
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:
  - Knowing the hazards in the area in which they work.
  - Knowing types of respirators that need to be used.
  - Ensuring the respirator program and worksite procedures are followed.
  - Ensuring employees receive medical evaluations.
  - Ensuring employees receive annual training and fit testing.
  - Ensuring staff use respirators, as required.
  - Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact the program.
  - Ensuring proper storage and maintenance of respirators in their unit.

Employees are responsible for:
• Participating in all trainings and fit testing
• Wearing respirator as indicated the table on page 2 of this plan
• Maintaining equipment and informing supervisor when additional stock is low/needed
• Inspecting respirator and performing user seal checks before every use
• Reporting malfunctions or concerns

Identifying Work Hazards

The respirators selected will be used as personal protection as part of an overall infection control plan.

This District will follow the current CDC and CDPH recommendations on appropriate infection control practices.

Routine infection control and isolation practices for typical work situations are well known and tend to remain consistent over time. However, during an outbreak of a new virus type or pandemic flu, infection control guidance may change as the situation unfolds, based on available epidemiological data. In these situations, it will be the responsibility of the Respiratory Protection Program Administrator to keep current with CDC/CDPH recommendations. **The program will be adjusted and employees will be kept informed as changes occur.**

Respirator Selection

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. In making the determination of which respirators to select, the RPA will consider the type of settings and job activities employees will perform, the capabilities and limitations of the respirator, and duration of respirator use. The Respirator currently used:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Work Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>BYD Precision Manufacture Co. Ltd.</td>
<td>DE2322</td>
<td>Instructional Support or Medical Treatment or Medical Evaluation, sanitizing/deep cleaning</td>
</tr>
<tr>
<td>Louis M. Gerson Company, Inc.</td>
<td>2130 (FDA)</td>
<td>Instructional Support, Medical Treatment or Medical Evaluation, sanitizing/deep cleaning</td>
</tr>
</tbody>
</table>

Employees assigned to work tasks indicated above, that would like to use additional respiratory protection must be physically able to perform the tasks while wearing a respirator. Work Partners Occupational Health will provide a medical evaluation to determine the employee’s ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. A physician or other licensed health care professional (PLHCP) will perform the medical evaluations using the OSHA mandatory medical questionnaire (see Appendix A) and/or performing an initial medical examination that obtains the same information as the medical questionnaire.

A follow-up medical examination will be provided for any employee who gives a positive response to any question among questions 1 through 8 in the questionnaire or whose initial medical examination demonstrates the need for a follow-up examination. Following a medical examination, Escondido Union High School District shall be provided a written recommendation regarding the employee’s ability to use a respirator and any
restrictions indicated. Employees may fulfill this requirement by providing Risk Management with a copy of their Respiratory Fit Test Card.

All medical questionnaires and examinations shall be administered in a confidential manner during the employee’s normal working hours (or at a time and place convenient to the employee). The employee will also be provided the opportunity to discuss the questionnaire and/or results of the examination with the PLHCP. Questionnaires are available in Spanish and English (see Appendix A).

Re-evaluation will be conducted every two years or under these circumstances:

- Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.) or
- It is identified that an employee is having a medical problem during respirator use or observations made during fit testing or
- The healthcare professional performing the evaluation determines an employee needs to be reevaluated and the frequency of the evaluation or
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee or
- Employee facial size/shape/structure has changed significantly.

**Fit Testing**
Fit testing is conducted to determine how well the seal of a respirator “fits” on an individual’s face and that a good seal can be obtained. Respirators that do not seal, do not offer adequate protection.

Employees offered to wear a respirator shall be fit-tested using the Qualitative method. QLFT is a pass/fail test. Employees shall be fit-tested with a respirator of the same make, model, style and size as that of the respirator that will be used by the employee. If, based on the fit-test, it is determined that the employee needs a different style or size of tight-fitting face piece, employees shall be given a reasonable opportunity to select a different face piece, and be re-tested.

Fit testing will be conducted every two years AND:

Prior to being allowed to wear any respirator or
- If the model of respirator available for use changes or
- If the employee changes weight by 10% or more or
- If the employee has any changes in facial structure or scarring.

Records of fit testing shall be maintained by the Respiratory Protection Administrator, Andrea Perreault, for at least 3 years.

**Proper Respirator Use**

**General Use**
Employees will use their respirators under the conditions specified by this program and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a
manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct user seal checks according to manufacturer recommendations each time they wear a respirator.

Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.

All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)

Cleaning and Disinfecting
A disposable particulate respirator can not be cleaned or disinfected. There is no specific time limit for how long an N95 respirator can be used. Per CDC recommendations, employees may use each N95 respirator up to five uses, per device (so long as the respirator is not damaged, soiled, etc.). See below.

If the medical condition requires only airborne isolation precautions (e.g., TB):
- Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.

If condition also requires contact and/or droplet precautions:
- The respirator should be discarded after a single use. All PPE should be removed and disposed of in a receptacle prior to or upon exiting the work area and hand hygiene performed immediately.
- However, in times of shortage, employees may cover the respirator with a conventional/surgical mask and discard the mask after use but storing the respirator properly for reuse. This decision is made by the Respiratory Protection Program Administrator based on the available supply and current epidemiological data and will be communicated clearly to staff. If respirators need to be reused, they will be stored in paper bags.

Storage and Inspection
Employees will inspect the respirator prior to use.

- Examine the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
- Check the respirator straps to be sure they are not cut or otherwise damaged.
- Make sure the metal nose clip is in place and functions properly (if applicable).

Employees shall treat reused N95 respirators as if they are contaminated. Respirators must be stored in a clean, dry area away from direct sunlight and extreme heat. To reduce the risk of contact transfer of pathogens from the N95 to the wearer during reuse, each designated employee will be issued five N95s and five paper bags for storing each respirator separately. The designated employee can wear one N95 each day and store it in a breathable paper bag at the end of the end of each shift with a minimum of five days between each N95 use, rotating the use each day between N95 respirators.

Rotating respirators will provide some time for pathogens on it to “die off” during storage. This strategy required a minimum of five N95 respirators per staff member. Hand hygiene with soap and water or an alcohol-
based hand sanitizer with at least 60% alcohol should be performed before donning and after touching or adjusting the N95 respirator while in use or after doffing. Employees are encouraged to keep a tally of respirator use (dates/how many uses on the paper bag, for tracking). When new are received, new paper bags should be used for storing and tracking. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

Respirator Training

Employees shall be provided respiratory protection training upon initial medical clearance and fit testing and at least annually thereafter unless it is determined through a workplace re-evaluation that respiratory protection is no longer necessary. The Respiratory Protection Program Administrator shall be responsible for ensuring completion of training.

Workers will be trained prior to the use of a respirator. Training will include:

- Why the respirator is necessary
- Identify hazards, potential exposure to these hazards, and health effects of hazards
- Other required PPE if needed
- Respirator fit, improper fit, usage, limitations, and capabilities
- Usage and storage
- Inspecting, donning, removal, seal check and troubleshooting
- Explaining respirator program (policies, procedures, OSHA standard, resources)

Evaluating/Updating Program

The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program.

- Evaluate any employee feedback.
- Review any new hazards or changes in CDC/DOH recommendations that would affect respirator use.
- The Respiratory Program Administrator will make recommendations and implement any changes needed in the respiratory protection program.

Documentation and Record-keeping

A copy of this program can be found in the Risk Department at the District Service Center as well as online at: [https://www.euhsd.org/departments/business-services/risk-management-safety/](https://www.euhsd.org/departments/business-services/risk-management-safety/) The Respiratory Protection Program Administrator maintains the medical information for all employees covered under the Respiratory Protection Program. The completed medical forms and documented medical recommendations are confidential. All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.

Appendix

Appendix A: OSHA Respirator Medical Evaluation Questionnaire (Spanish / English)
Appendix B: Employee Training and Fit Test Procedure for Qualitative Fit Test
Appendix C: Respirator Training and Fit-Testing Record for Qualitative Fit Test (this is to be completed by the employee, employees will be asked to complete at Work Partners)
Appendix D: Respirator Data Sheets, Donning/Doffing PPE
Respirator Medical Evaluation Questionnaire
Part A, Section 1 and 2 (for non-full-face and non-SCBA respirators)

To the employee:

This questionnaire is only to be distributed to and completed by individuals who are proficient in reading and writing English.

Your supervisor must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. Your supervisor is not permitted to look at or review your answers. To maintain your confidentiality, please send your responses directly to the licensed health care professional listed below.

This evaluation is mandatory to help determine your ability to wear a respirator. Your answers will remain confidential. After a review of your responses, the licensed health care professional may in some cases recommend that you receive a physical exam to complete your evaluation. Once you have received medical clearance to wear a respirator, you and your supervisor will receive notification of your approval to be fitted for a respirator.

PART A. SECTION 1. (please print)

Today's Date: _______________________
Company: __________________________________________________

Last Name: ____________________________ First Name: ________________________ Social Security #: ___________
Mailing Address: ___________________________________________________________ Zip Code: ________________

Your Age: _____________ Date of Birth: __________________________ Gender: □ Male □ Female

Your Height: __________ ft.__________ in. Your Weight: __________ lbs.

Your Job Title: _________________________________________________________________________

A phone number where you can be reached by the health care professional who reviews this questionnaire: ____________________________________________________________________________

The best time to phone you at this number: ______________________________________________________________________

Your e-mail address: _____________________________________________________________________________

Has your employer told you how to contact the health care professional who will review this questionnaire (check one): __________ Yes □ No □

Check the type of respirator you will use (you can 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 (circle one): __________ Yes □ No □

If "yes," what type(s): ____________________________________________________________________________
PART A. SECTION 2. (MANDATORY)

1. Do you CURRENTLY smoke tobacco, or have you smoked tobacco in the last month? □ No □ Yes
   ▪ If YES, how many cigarettes per day do you smoke? _____
   ▪ How many years have you been smoking? _____

2. Have you ever had any of the following conditions?
   a. Seizures (fits)………………………………………………………………………………………………… □ No □ Yes
      ▪ If YES, list the year you were diagnosed: __________
      ▪ Are you still experiencing any difficulties because of this condition? □ No □ Yes
      ▪ If YES, please explain: _______________________________________________________________

   b. Diabetes (sugar disease)…………………………………………………………………………………….. □ No □ Yes
      ▪ If YES, list the year you were diagnosed: __________
      ▪ Are you still experiencing any difficulties because of this condition? □ No □ Yes
      ▪ If YES, please explain: _______________________________________________________________

   c. Allergic reactions that interfere with your breathing……………………………………………… □ No □ Yes
   d. Claustrophobia (fear of closed-in places)………………………………………………………….. □ No □ Yes
   e. Trouble smelling odors…………………………………………………………………………………… □ No □ Yes

3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis ................................................................................................................................. □ No □ Yes
   b. Asthma................................................................................................................................. □ No □ Yes
   c. Chronic bronchitis............................................................................................................... □ No □ Yes
   d. Emphysema .......................................................................................................................... □ No □ Yes
   e. Pneumonia............................................................................................................................ □ No □ Yes
   f. Tuberculosis........................................................................................................................ □ No □ Yes
   g. Silicosis ................................................................................................................................... □ No □ Yes
   h. Pneumothorax (collapsed lung) ............................................................................................ □ No □ Yes
   i. Lung cancer .......................................................................................................................... □ No □ Yes
   j. Broken ribs ........................................................................................................................... □ No □ Yes
   k. Any chest injuries or surgeries ............................................................................................ □ No □ Yes
   l. Any other lung problem that you've been told about ........................................................ □ No □ Yes

   ▪ If YES to any condition above, list the condition and year you were diagnosed:
     CONDITION___________________________ YEAR________________
   ▪ Are you still experiencing any difficulties because of this condition? □ No □ Yes
   ▪ If YES, please explain: _______________________________________________________________
4. Do you **CURRENTLY** have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath…………………………………………………………………………………………… ☐ No ☐ Yes
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline …………………………………………………………………………………………… ☐ No ☐ Yes
   c. Shortness of breath when walking with other people at an ordinary pace on level ground………………………………………………………………………………………… ☐ No ☐ Yes
   d. Have to stop for breath when walking at your own pace on level ground……………………… ☐ No ☐ Yes
   e. Shortness of breath when washing or dressing yourself…………………………………………… ☐ No ☐ Yes
   f. Shortness of breath that interferes with your job……………………………………………………… ☐ No ☐ Yes
   g. Coughing that produces phlegm (thick sputum) ………………………………………………………… ☐ No ☐ Yes
   h. Coughing that wakes you early in the morning ………………………………………………………… ☐ No ☐ Yes
   i. Coughing that occurs mostly when you are lying down………………………………………………… ☐ No ☐ Yes
   j. Coughing up blood in the last month……………………………………………………………………… ☐ No ☐ Yes
   k. Wheezing…………………………………………………………………………………………………… ☐ No ☐ Yes
   l. Wheezing that interferes with your job…………………………………………………………………… ☐ No ☐ Yes
   m. Chest pain when you breathe deeply…………………………………………………………………… ☐ No ☐ Yes
   n. Any other symptoms that you think may be related to lung problems………………………………… ☐ No ☐ Yes

   ▪ Have you seen a physician for any of the above pulmonary/lung conditions?
     ☐ No ☐ Yes
   ▪ If **YES**, when did you last see the physician? ____________________________

5. Have you **ever had** any of the following cardiovascular or heart problems?
   a. Heart attack………………………………………………………………………………………………… ☐ No ☐ Yes
   b. Stroke………………………………………………………………………………………………………… ☐ No ☐ Yes
   c. Angina ………………………………………………………………………………………………………… ☐ No ☐ Yes
   d. Heart failure …………………………………………………………………………………………………… ☐ No ☐ Yes
   e. Swelling in your legs or feet (not caused by walking)……………………………………………………… ☐ No ☐ Yes
   f. Heart arrhythmia (heart beating irregularly)………………………………………………………………… ☐ No ☐ Yes
   g. High blood pressure ………………………………………………………………………………………….. ☐ No ☐ Yes
   h. Any other heart problem that you've been told about……………………………………………………… ☐ No ☐ Yes

   ▪ If **YES** to any condition above, list the condition and year you were diagnosed:
     CONDITION ___________________________ YEAR ____________________________
   ▪ Are you still experiencing any difficulties because of this condition? ☐ No ☐ Yes
   ▪ If **YES**, please explain: ________________________________________________________________
PART A. SECTION 2. CONTINUED (MANDATORY)

6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest ................................................................. □ No □ Yes
   b. Pain or tightness in your chest during physical activity ........................................ □ No □ Yes
   c. Pain or tightness in your chest that interferes with your job .................................. □ No □ Yes
   d. In the past two years, have you noticed your heart skipping or missing a beat ....... □ No □ Yes
   e. Heartburn or indigestion that is not related to eating ........................................... □ No □ Yes
   f. Any other symptoms that you think may be related to heart or circulation problems. □ No □ Yes

   ▪ Have you seen a physician for any of the above cardiovascular/heart conditions?
     □ No □ Yes
   ▪ If YES, when did you last see the physician? ____________________________

7. Do you currently take medication for any of the following problems?
   a. Breathing or lung problems .................................................................................. □ No □ Yes
   b. Heart trouble .......................................................................................................... □ No □ Yes
   c. Blood pressure ........................................................................................................ □ No □ Yes
   d. Seizures (fits) ........................................................................................................... □ No □ Yes

   If YES to any of the above, please complete the following:
   ▪ Medication(s): ________________________________________________________________
   ▪ How often taken: ______________________________________________________________
   ▪ Last time medication was taken: ________________________________________________

8. If you've used a respirator, have you ever had any of the following problems?
   (If you've never used a respirator, check the following box and go to question 9) ...... □
   a. Eye irritation ...................................................................................................... □ No □ Yes
   b. Skin allergies or rashes ....................................................................................... □ No □ Yes
   c. Anxiety .................................................................................................................. □ No □ Yes
   d. General weakness or fatigue .............................................................................. □ No □ Yes
   e. Any other problem that interferes with your use of a respirator ......................... □ No □ Yes

9. Would you like to talk to the health care professional who will review this questionnaire
   about your answers to this questionnaire? ............................................................... □ No □ Yes
COMMENTS: Explain any "YES" answers not already discussed. Describe any symptoms or conditions which could interfere with your ability to use a respirator safely and effectively.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please sign your name below indicating the answers you have provided are true and correct to the best of your knowledge.

_______________________________________ ___________________  
Signature Date

CLINICIAN USE ONLY:

☐ Cleared to use a respirator.  ☐ Not cleared to use a respirator.

Clinician Name: __________________________       Date: _____________________
Clinician Signature: _______________________________________________________
Cuestionario de Evaluación Médica del Respirador
Parte A, Secciones 1 y 2 -- Llene totalmente las Secciones 1 y 2 por favor.

Al empleado:

Este cuestionario es sólo para ser distribuidos y completado por individuos que son competentes en lectura y escritura en español.

Su supervisor debe permitirle responder este cuestionario durante las horas normales de trabajo o en un momento y lugar que sea conveniente para usted. Su supervisor no está permitido ver o revisar sus respuestas. Para mantener su confidencialidad, por favor envíe sus respuestas directamente a los profesionales de servicios médicos licenciados a: WorkPartners 2122 S. El Camino Real, Ste. 100, Oceanside, CA 92054.

Esta evaluación es obligatoria para determinar su capacidad para usar un respirador. Sus respuestas se mantendrán confidenciales. Después de una revisión de sus respuestas, el profesional médico autorizado puede en algunos casos recomendar que usted reciba un examen físico para completar su evaluación. Una vez que haya recibido autorización médica para usar un respirador, usted y su supervisor recibirán notificación de su aprobación.

PARTE A. SECCIÓN 1. (POR FAVOR IMPRIMA)

Fecha: ___________________________ Lugar de empleo: ___________________________
Nombre: ___________________________ Número de Seguro Social: ___________________________
Dirección: ___________________________ Código Postal: ___________________________
Su edad: __________ Fecha de Nacimiento: ___________________________ Género: ☐ Masculino ☐ Feminino
Altura: ______ pies ______ pulgadas Peso: ______ libras
Título de trabajo: ___________________________
Número de teléfono donde le pueda llamar el profesional médico que revisará este cuestionario:
______________________________ La mejor hora para llamarle a este número: ___________________________
Correo electrónico: ___________________________

¿ Le ha indicado su empleador la manera de comunicarse con el profesional de atención médica que revisará su cuestionario? (marque uno) ☐ Sí ☐ No

Marque el tipo de respirador que usted usará (puede marcar más de una categoría):
☐ Respirador desechable N, R, o P (máscara con filtro, del tipo sin cartucho).
☐ Respirador de otro tipo por ejemplo, diseñado para cobertura total o parcial de la cara con purificador de aire mecanizado, con inyección de aire, aparato respirador automático.

¿Ha utilizado usted un respirador alguna vez? (marque uno) ☐ Sí ☐ No
Si responde “Sí”, ¿Qué tipo(s) de respirador(es, son?) ___________________________

Appendix A
PARTE A. SECCIÓN 2. (OBLIGATORIA)

1. ¿Usted actualmente fuma tabaco o ha fumado tabaco en el último mes? ......................... □ No □ Sí
   • Si la respuesta es sí, ¿cuántos cigarros fuma al día? ........................................
   • ¿Cuántos años lleva fumando? .................................................................

2. ¿Ha tenido alguna de las siguientes condiciones?
   a. Convulsiones (ataques) .................................................................................. □ No □ Sí
      • Si la respuesta es sí, ¿qué año fue diagnosticado? ........................................
      • ¿Sigue teniendo dificultades debido a esta condición? □ No □ Sí
      • Si la respuesta es sí, por favor explique .........................................................
   b. Diabetes (enfermedad del azúcar) ...................................................................... □ No □ Sí
      • Si la respuesta es sí, ¿qué año fue diagnosticado? ........................................
      • ¿Sigue teniendo dificultades debido a esta condición? □ No □ Sí
      • Si la respuesta es sí, por favor explique .........................................................
   c. Reacciones alérgicas que interfieren con la respiración .................................. □ No □ Sí
   d. Claustrofobia (miedo de estar en lugares cerrados) ......................................... □ No □ Sí
   e. Problemas para oler ......................................................................................... □ No □ Sí

3. ¿Ha tenido cualquiera de los siguientes problemas pulmonares o con los pulmones?
   a. Asbestosis ........................................................................................................ □ No □ Sí
   b. Asma ................................................................................................................. □ No □ Sí
   c. Bronquitis crónica ............................................................................................ □ No □ Sí
   d. Eñisema .............................................................................................................. □ No □ Sí
   e. Pulmonía ............................................................................................................. □ No □ Sí
   f. Tuberculosis ...................................................................................................... □ No □ Sí
   g. Neumotórax (pulmón colapsado) ..................................................................... □ No □ Sí
   h. Cáncer de los pulmones ..................................................................................... □ No □ Sí
   i. Costillas quebradas ........................................................................................... □ No □ Sí
   j. Lesiones en el pecho o cirugías ......................................................................... □ No □ Sí
   k. Cualquier otro problema de cual le han dicho ............................................... □ No □ Sí
      • Si respondió sí a cualquiera condición, por favor indique la condición y el año que fue diagnosticado/CONDICIÓN _____________ AÑO _____________
      • ¿Sigue teniendo dificultades debido a esta condición? □ No □ Sí
      • Si la respuesta es sí, por favor explique .........................................................

4. ¿Tiene actualmente alguno de los siguientes síntomas o enfermedades en sus pulmones?
   a. Dificultad para respirar ...................................................................................... □ No □ Sí
   b. Dificultad para respirar cuando camina rápido en terreno plano o caminar hasta una pequeña inclinación ................................................................. □ No □ Sí
   c. Falta de aliento al caminar con otras personas a un ritmo normal en terreno plano □ No □ Sí
   d. Tiene que parar para respirar al caminar a su propio ritmo en terreno plano .... □ No □ Sí
   e. Dificultad para respirar cuando se baña o se viste .......................................... □ No □ Sí
   f. Dificultad para respirar que interfiere con su trabajo ..................................... □ No □ Sí
   g. Tos con flema ..................................................................................................... □ No □ Sí
   h. Tos que le despierte temprano en la mañana .................................................. □ No □ Sí
   i. Tos que ocurre cuando se acostado/a ................................................................. □ No □ Sí
   j. Tosiendo sangre en el último mes ...................................................................... □ No □ Sí
   k. Respiración silbante .......................................................................................... □ No □ Sí
   l. Respiración silbante que interfiere con su trabajo ......................................... □ No □ Sí
   m. Dolor en el pecho cuando respira profundamente ......................................... □ No □ Sí
   n. Cualquier otro síntoma que cree que puede estar relacionada con problemas pulmonares ................................................................................................. □ No □ Sí
      • ¿Has visto a un médico por alguna de las condiciones pulmonarias mencionadas previamente? □ No □ Sí
      • Si la respuesta es sí, ¿cuándo fue la última vez que fue al médico? __________
PARTE A. SECCIÓN 2. (OBLIGATORIA)

5. ¿Alguna vez ha tenido alguno de los siguientes problemas cardiovasculares o cardíacos?
   a. Ataque cardíaco................................................................. □ No □ Sí
   b. Ataque cerebrovascular/Embolia............................................. □ No □ Sí
   c. Dolor en el pecho ................................................................. □ No □ Sí
   d. Insuficiencia cardíaca.............................................................. □ No □ Sí
   e. Inflamación en las piernas o los pies (no causadas por caminar)................ □ No □ Sí
   f. Arritmia del corazón (latido de corazón irregular) ...................... □ No □ Sí
   g. Hipertensión arterial.............................................................. □ No □ Sí
   h. Cualquier otro problema del corazón........................................ □ No □ Sí
   • Si respondió sí a cualquiera condición, por favor indique la condición y el año que fue diagnosticado/a
   □ Sí, sigue teniendo dificultades debido a esta condición? □ No □ Sí
   • Si la respuesta es sí, por favor explique

6. ¿Alguna vez ha tenido alguno de los siguientes síntomas del corazón o cardiovasculares?
   a. Dolor o presión frecuente en el pecho ........................................ □ No □ Sí
   b. Dolor o presión en el pecho durante actividad física ................... □ No □ Sí
   c. Dolor o presión en el pecho que interfiere con su trabajo .............. □ No □ Sí
   d. En los últimos dos años, ha notado su corazón saltar o perder el ritmo □ No □ Sí
   e. Acidez o indigestión que no está relacionado con comer ................. □ No □ Sí
   f. Cualquier otro síntoma que cree que pueda estar relacionado con problemas cardíacos o de circulación ................. □ No □ Sí
   • ¿Has visto a un médico por alguna de las condiciones cardiovasculares o cardíacos previamente? □ No □ Sí
   • Si la respuesta es sí, ¿cuando fue la última vez que fue al médico? 

7. ¿Actualmente toma medicamentos para cualquiera de los siguientes problemas?
   a. Problemas respiratorios o pulmonares..................................... □ No □ Sí
   b. Problemas del corazón.......................................................... □ No □ Sí
   c. Presión arterial........................................................................ □ No □ Sí
   d. Convulsiones (ataques).............................................................. □ No □ Sí
   Si toma medicamentos, por favor indique los siguientes:
   □ Medicamento(s): ____________________________________________
   □ Con que frecuencia se toma los medicamentos: __________________
   □ Ultima vez que se tomó su medicamento: __________________

8. ¿Sí ha usado un respirador, alguna vez ha tenido alguno de los siguientes problemas?
   (Sí nunca ha usado un respirador, marque la siguiente casilla y vaya a la pregunta 9) □
   a. Irritación del ojo ...................................................................... □ No □ Sí
   b. Alergias o sarpullido de la piel.................................................. □ No □ Sí
   c. Ansiedad.................................................................................. □ No □ Sí
   d. Debilidad o fatiga ..................................................................... □ No □ Sí
   e. Cualquier otro problema que interfiere con el uso de un respirador ...... □ No □ Sí

9. ¿Quiere hablar con el profesional médico que revisará este cuestionario acerca de sus
   respuestas? ................................................................. □ No □ Sí
COMENTARIOS: EXPLIQUE CUALQUIERA RESPUESTA “SÍ” QUE NO FUE DISCUSIDA. DESCRIBA SÍNTOMAS O CONDICIONES QUE PODRÍAN INTERFERIR CON SU CAPACIDAD DE USAR UN RESPIRADOR EN FORMA SEGURA Y EFECTIVA.

Por favor, firme su nombre indicando que las respuestas que usted ha proporcionado son verdaderas y correctas a lo mejor de su conocimiento.

______________________________  _____________
Firma  Fecha

CLINICIAN USE ONLY

☐ Cleared to use a respirator.  ☐ Not cleared to use a respirator.

Clinician Name: ____________________  Date: ___________
Clinician Signature: ____________________
Employee Fit Test Procedure for Qualitative Fit Test

Equipment:
- Hood & Collar (Note: some fit test kits are designed to use only the hood, not with a collar. Adapt instructions as necessary)
- Fit Test Solution (Saccharin or Bitrex – whichever is used above.)
- Sensitivity Solution (Saccharin or Bitrex)
- Nebulizer #1 (Sensitivity)
- Nebulizer #2 (Fit Test)
- N 95 Respirators – selection provided by EUHSD
- Timer/clock
- Water and drinking glasses
- Mirror

Clinician Preparation:
1. Attach hood to collar, for equipment without a collar, follow manufacturer’s instructions
2. Load nebulizer #1 with Sensitivity Solution (solution #1)
3. Load nebulizer #2 with Fit Test Solution (solution #2)
4. Immediately recap the bottles
5. Solution changed every 4 hours and discarded at end of day or after last testing procedure

Sensitivity test
This test is done to assure that the person being fit tested can detect either the sweet or the bitter taste of the test solution at very low levels. The Sensitivity Test Solution is a very dilute version of the Fit Test Solution. The test subject should not eat, drink (except water), or chew gum for 15 minutes before the test.

1. Employee puts on the hood and collar assembly without a respirator.
2. Hood assembly should be positioned forward so that there is about six inches between the subject’s face and the hood window.
3. Employee is instructed to breathe through his/her mouth with tongue extended.
4. Using Nebulizer #1 with the Sensitivity Test Solution (#1), the aerosol is injected into the hood through the hole in the hood window.
   a. Ten squeezes of the bulb injected
   b. Both plugs on the nebulizer must be removed from the openings during use.
   c. The nebulizer must be held in an upright position to ensure aerosol generation.
5. Employee will be asked if he/she can detect the sweet or bitter taste of the solution. If tasted, the clinician will note the number of squeezes as 10 and proceed to the Fit Test.
6. If not tasted, the clinician will inject an additional ten squeezes of the aerosol into the hood. This may be repeated with ten more squeezes if necessary. Clinician will note whether 20 or 30 squeezes produced a taste response.
7. If 30 squeezes are inadequate, in that the employee does not detect the sweet or bitter taste, the test is ended. Another type of fit test must be used.
8. The test hood will be then be removed, to give the employee a few minutes to clear the taste from his/her mouth. If helpful, the employee may ask to rinse his/her mouth with water.

Facepiece Fit
Employee shall be fit tested for each available N95 option. Risk management will provide these to applicable employees, prior to clearance/testing date.

Employees shall be shown how to put on a respirator, how it should be positioned on
Employee Fit Test Procedure for Qualitative Fit Test

the face, how to set strap tension and how to determine acceptable fit.

The respirator is donned as per manufacturer’s instructions. Assessment of comfort and fit shall include a review of these points with the individual and allowing the individual adequate time to determine the comfort of the respirator:

- Position of the mask on the nose
- Room for eye protection
- Room to talk
- Position of mask on face and cheeks

The following criteria will be used to help determine the adequacy of the respirator fit:

- Chin properly placed
- Adequate strap tension, not overly tightened
- Fit across nose bridge
- Respirator of proper size to span distance from nose to chin
- Tendency of respirator to slip

User Seal Check
Employees will complete a user seal check. If the employee fails the user seal check, they will be asked to reposition and adjust the respirator and try again. If still unsuccessful, another mask shall be selected and a user seal check performed.

As a reminder, employees must perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on using the respirator manufacturer’s recommended user seal check method. User seal checks are not substitutes for fit tests.

Reasons to Delay or Defer Fit Test
The fit test shall not be conducted if there is any hair growth between the skin and the face piece sealing surface, such as stubble beard growth, beard, mustache or sideburns that cross the respirator sealing surface. Any type of apparel that interferes with a satisfactory fit shall be altered or removed.

If an employee exhibits breathing difficulty during the tests, he or she shall be referred to a physician or other licensed health-care professional, as appropriate, to determine whether the individual can wear a respirator while performing his or her duties. If the employee finds the fit of the respirator unacceptable, he or she shall be given the opportunity to select from the other available respirator option and be retested.

Performing the Fit Test:

- Employee will be asked to don the respirator and perform a user seal check.
- Before beginning, the clinician will describe the fit-test process, the exercises the employee will perform, and the employee’s responsibility to immediately signal the clinician if they taste the fit test solution or have any physical distress during the test procedure.
- Employee will be asked to put on and position the test hood as before and breathe through his/her mouth with tongue extended.
- Using Nebulizer #2 with Fit Test Solution (#2), the clinician will spray the fit test aerosol using the same number of squeezes as required in the Sensitivity Test (10, 20, or 30) for each exercise.
- A minimum of ten squeezes is required, fully collapsing and allowing the bulb to expand fully on each squeeze. The nebulizer must be held in an upright position to ensure aerosol generation.
Employee Fit Test Procedure for Qualitative Fit Test

- To maintain an adequate concentration of aerosol during this test, the clinician will inject one-half the number of squeezes (5, 10, or 15) every 30 seconds for the duration of the fit test procedure.
- After the initial injection of aerosol, the employee will be asked to perform the following test exercises for 60 seconds each:
  - Normal breathing — In a standing position, without talking, employee shall breathe normally
  - Deep breathing — In a standing position, employee shall breathe slowly and deeply, taking caution so as not to hyperventilate
  - Turning head side to side — Standing in place, employee shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the employee can inhale at each side
  - Moving head up and down — Standing in place, employee shall slowly move his/her head up and down
  - Talking — Employee shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor
    - The employee may be asked to read from a prepared text such as the Rainbow Passage below, count backward from 100, or recite a memorized poem or song.
    - Rainbow Passage
      When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.
  - Bending Over -- Employee shall bend at the waist as if he or she were to touch his or her toes. Jogging in place can be substituted for this exercise in those tests environments such as shroud type QLFT units that do not permit bending over at the waist
  - Normal Breathing -- In a normal standing position, without talking, employee shall breathe normally

Each test exercise shall be performed for one minute. The employee shall be questioned by the clinician regarding the comfort and fit of the respirator upon completion of the protocol. If it is unacceptable, another model of respirator shall be tried.

When the fit tests have been completed, the clinician will record the results. Clinician will confirm the employee knows the model and size of the respirator they were tested with. The clinician will then complete a Fit Test Card, laminate and provide to the employee for records purposes. The employee is then asked to provide a copy of this card to Risk Management.

General clean-up protocol
Nebulizers are cleaned at least every 4 hours and when all fit-tests are completed. Cleaning involves use of warm soapy water to clean the nebulizer and all its components. Parts should then be rinsed and allowed to air dry. The inside of the testing chamber is then wiped with a disposable antiseptic pad as needed and when fit-tests are complete. Allow hood and nebulizers to dry thoroughly before storing.

All fit-testing must comply with the OSHA standard. The fit-test methods are outlined in Appendix A of 19 CFR 1910.134.
Employee Fit Test Procedure for Qualitative Fit Test

Employee Education

Action item:
- Review written Respiratory Protection Program
- Complete online training:
  - reviews importance of proper fit; consequences of improper fit, how improper use, storage, or failure to inspect can compromise protective effect

Mask Limitations:
- mask intended for biologic agents
- not a 100% guarantee; limits but does not totally eliminate the risk
- does not protect against gasses, vapors, oil, aerosol, asbestos, arsenic, cadmium, lead, and blasting
- mask does not supply oxygen
- do not use with beards or facial hair that can obstruct a good seal

Respirator malfunction:
- If respirator becomes damaged or soiled, a leak is detected, or breathing becomes difficult, leave the contaminated area immediately and replace the respirator.
- Review manufacturer instruction sheet on proper donning, user seal check, and removal of respirator

Storage, Cleaning and Reuse:
- Store in clean, dry area with no exposure to direct sunlight or temperature extremes. {can use paper or plastic bag – describe where respirators are to be stored and how to obtain additional supplies}
- Do not crush respirator
- Respirators cannot be cleaned or disinfected
- There are no manufacturer recommendations on time use limit.
- If the medical condition requires only airborne precautions (e.g., TB):
  - Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
    - {insert any specific additional agency/facility rule here – for example, for TB some facilities may advise disposing at the end of a shift}

If the condition also requires contact and/or droplet precautions:
- The respirator must be discarded after a single use. However, in times of shortage, users may be instructed to cover the respirator with a surgical mask and discard the mask after use but reuse the respirator. This decision will be made by the Respiratory Protection Program Administrator based on supply and available epidemiological data and will be communicated clearly to staff.
## Appendix C: Respirator Training and Fit-Testing Record for Qualitative Fit Test

### Section 1 – To be Completed by Employee

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Training
I have received and understood training on each of the subjects checked below:

- [ ] Review of written Respiratory Protection Program
- [ ] Description of the activities and circumstances for which respirator use is required
- [ ] Importance of proper fit and the consequences of improper fit
- [ ] Importance of proper use, storage, or inspection
- [ ] Limitations of this type of respirator
- [ ] Appropriate action if respirator becomes damaged, a leak is detected or breathing becomes difficult
- [ ] Review of manufacturer instruction sheet on proper donning, performing user seal check, and removing respirator
- [ ] How to store respirator and when to discard or reuse

#### Use
Describe anticipated job assignments for which respiratory protection will be required:

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Section 2 – To be completed by Fit-Tester

Check One: [ ] Initial fit-test  [ ] Annual re-test

Test solution [ ] Saccharin [ ] Bitrex
Unable to complete test - list reason ________________________________________

Failed fit test – list type of respirator(s) tested

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model Type</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Successfully completed fit test – list type of respirator(s) tested

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model Type</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fit Tester’s Name            Signature            Date
Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 107. Dusts, Fumes, Mists, Vapors and Gases
§5144. Respiratory Protection.

Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Guide to Respiratory Protection at Work

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 designated 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.

NOTE


HISTORY

1. New appendix D to section 5144 filed 8-25-98; operative 11-23-98 (Register 98, No. 35).

Go Back to Article 107 Table of Contents
MATERIAL SAFETY DATA SHEET

SECTION 1 – PRODUCT IDENTIFICATION

<table>
<thead>
<tr>
<th>Product Name or Number:</th>
<th>N95 Respirator 2130 and 2131</th>
<th>Issue Date:</th>
<th>1 DEC 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer:</td>
<td>Louis M. Gerson Co., Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 Sproat Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Middleboro, MA 02346</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Phone: 508-947-4000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYNONYMS:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS NUMBER:</td>
<td>N/A</td>
</tr>
<tr>
<td>APPEARANCE:</td>
<td>Foldable, box shaped disposable respirator</td>
</tr>
<tr>
<td>ODOR:</td>
<td>None</td>
</tr>
</tbody>
</table>

SECTION 2 – HAZARDOUS INGREDIENTS

<table>
<thead>
<tr>
<th>HAZARDOUS COMPONENTS</th>
<th>CAS #</th>
<th>% (wt.)</th>
<th>TLV</th>
<th>PEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the ingredients are hazardous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PEL: Permissible Exposure Limit established by the Occupational Safety and Health Administration (OSHA)
TLV: Threshold Limit Value established by the American Conference of Government Industrial Hygienists

SECTION 3 – PHYSICAL DATA

<table>
<thead>
<tr>
<th>FREEZING POINT:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAPOR DENSITY:</td>
<td>N/A</td>
</tr>
<tr>
<td>BOILING POINT:</td>
<td>N/A</td>
</tr>
<tr>
<td>SOLUBILITY IN WATER:</td>
<td>Insoluble</td>
</tr>
<tr>
<td>VAPOR PRESSURE:</td>
<td>N/A</td>
</tr>
<tr>
<td>EVAPORATION RATE (Water =1):</td>
<td>N/A</td>
</tr>
</tbody>
</table>

SECTION 4 – FIRE AND EXPLOSION HAZARD DATA

<table>
<thead>
<tr>
<th>LOWER EXPLOSIVE LIMIT:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPER EXPLOSIVE LIMIT:</td>
<td>N/A</td>
</tr>
<tr>
<td>FLASH POINT:</td>
<td>N/A</td>
</tr>
<tr>
<td>EXTINGUISING MEDIA:</td>
<td>Water spray, carbon dioxide and other extinguishing media</td>
</tr>
<tr>
<td>UNUSUAL FIRE OR EXPLOSION HAZARD:</td>
<td>None</td>
</tr>
</tbody>
</table>

SECTION 5 – REACTIVITY INFORMATION

<table>
<thead>
<tr>
<th>STABILITY:</th>
<th>Stable</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAZARDOUS POLYMERIZATION:</td>
<td>Will not occur</td>
</tr>
<tr>
<td>HAZARDOUS DECOMPOSITION PRODUCTS:</td>
<td>Thermal decomposition yields carbon, CO and CO₂</td>
</tr>
<tr>
<td>INCOMPATIBILITY (MATERIALS TO AVOID):</td>
<td>Avoid extreme high heat or flame</td>
</tr>
</tbody>
</table>
MATERIAL SAFETY DATA SHEET

SECTION 6 – HEALTH HAZARD DATA

<table>
<thead>
<tr>
<th>EFFECT</th>
<th>EMERGENCY FIRST AID</th>
<th>PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYE: No irritation expected</td>
<td>None required</td>
<td>None required</td>
</tr>
<tr>
<td>SKIN: No irritation expected</td>
<td>None required</td>
<td>None required</td>
</tr>
<tr>
<td>INHALATION/INGESTION: No inhalation/ingestion hazard expected</td>
<td>None required</td>
<td></td>
</tr>
</tbody>
</table>

CARCINOGENCITY: No component of this product is identified as a carcinogen by NTP, IARC or OSHA

SECTION 7 – SPILL, LEAK AND DISPOSAL PROCEDURES

| STEPS TO TAKE IF MATERIAL IS SPILLED OR LEAKED: N/A |
| WASTE DISPOSAL METHODS: Dispose in accordance with all current local, state and federal regulations |

SECTION 8 – STORAGE REQUIREMENTS

| STORAGE REQUIREMENTS: Store at room temperature in original package until use |

SECTION 9 – SPECIAL PROTECTION INFORMATION

| RESPIRATORY PROTECTION: None |
| EYE PROTECTION: None |
| OTHER PROTECTION: None |

SECTION 10 – DOCUMENTARY INFORMATION

| ISSUE DATE: 1 DEC 2010 |
| PREPARED BY: Robert Brunell |
| SIGNATURE: |
| TITLE: Manager of Regulatory Affairs |

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES

This material safety data sheet and the information it contains are offered to you in good faith as accurate. We have reviewed any information contained in this data sheet, which we received from sources outside our company. We believe that information to be correct but cannot guarantee its accuracy or completeness. Health and safety precautions in this data sheet may not be adequate for all individuals and/or situations. It is the user's obligation to evaluate and use this product safely and to comply with all applicable laws and regulations. No warranty is made, either expressed or implied.
Respirator Use Instructions

To test fit:

a) Cup both hands over the front of the respirator, being careful not to disturb its position.

b) Exhale sharply. If leakage is suspected, adjust position of respirator and/or strap and repeat procedure.

**NOTE:** Before issuing any respirator to be worn, a face fit test must be performed.

Gerson
Particulate Respirator DE2322
Foldable
Single-Use
Model: DE2322

Very close facial fit
> 95% filtration efficiency against solid and liquid aerosols free of oil

Description
The Particulate Respirator DE2322 is designed to help provide respiratory protection for the user. This product has a filter efficiency of 95% or greater against solid and liquid aerosols free of oil. This product contains no components made from natural rubber latex.

Use Instructions
1. Suitable for protecting the mouth, nose, and chin to airborne particles and block liquid aerosols.
2. For adults use only.
3. Do not wash.
4. Store in a cool, dry, clean place away from fire and contamination.
5. Store between -20 °C and 38 °C (-4 °F and 100 °F) with relative humidity below 80%.
6. Expiration date: 2 years after production.

3-Step check before use
1. Do not use if packaging has been opened or damaged.
2. Check if elastic bands are in good condition and are not damaged.
3. Check that the metallic strip is not broken.

Wearing instructions
1. Unfold the mask and hold it with both hands, with the metallic strip facing up.
2. Place elastic bands around the neck and head respectively. Put the mask against your face covering both nose and mouth.
3. Adjust the metallic strip cover bridge of the nose using two fingers to press down until achieving a close fit.
4. Perform a fit check according to instructions.

fit check
1. Place both hands over mask.
2. Take a deep breath and hold your breath for a few seconds, making sure the mask collapses inward as you inhale.
3. Then Exhale and hold your breath for a few seconds, making sure the mask bulges outward as you exhale.
4. If air leaks, reposition the mask, tighten the metallic strip and reposition the elastic bands for a better fit. Follow steps 1-3 again until a tight seal has been achieved.
5. Masks that have passed the fitting test are now safe to use.
6. Facial hair or other facial features may prevent the mask from achieving a proper fit. If a tight seal is not achievable, please DO NOT use this product.
7. If you experience difficulty breathing, dizziness, or other symptoms, leave the contaminated area immediately.

**WARNINGS**
1. The mask does not eliminate the risk of contracting any disease or infection.
2. Improper use may lead to illness and even death.
3. Use this product immediately after package is opened.
4. Not recommended for more than 8 hours of use.
5. DO NOT sleep while wearing the mask.
6. Avoid hand contact within the interior part of the mask.
7. DO NOT use masks if they expired.
8. For one-time use only. Dispose the mask according to regulations.
9. DO NOT use if package if damaged.

**Time use limitation**
If the mask becomes damaged, soiled, or breathing becomes difficult, leave the contaminated area and replace and refit the new mask.

**Important notice**
1. To the extent permitted by law, BYD shall not be liable for any loss or damage including any loss of business, loss of profits, or for any indirect, special, incidental or consequential loss or damage arising from reliance upon any information herein provided by BYD. Nothing in this statement will be deemed exclude or restrict BYD’s liability for death or personal injury arising from its negligence.
2. Staples are used for strap fastening, it is normal that small punctures be found around the staples. Product sampling has been processed to ensure the respirators meet Part 84 approval requirement.
3. The process of the strap fastening has been strictly controlled. Any enlarged holes resulting from ripped filter material around staple punctures are considered as damage.
4. Filtering facepieces are to be inspected prior to each use to assure there are no holes in the breathing zone other than punctures around staples and no damage has occurred.
5. Before occupational use of this respirator, a written respiratory protection program must be implemented meeting all the local government requirements. In the United States, employers must comply with OSHA 29 CFR 1910.134 which includes medical evaluation, training, and fit testing.

**Materials**
The following materials are used in the production of N95 particulate Respirator.

*Inner layer*  Polypropylene spunbond nonwoven fabric
<table>
<thead>
<tr>
<th>Component</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outer layer</td>
<td>Polypropylene spunbond nonwoven fabric</td>
</tr>
<tr>
<td>Middle layer</td>
<td>Polypropylene melt-down nonwoven + hot air cotton</td>
</tr>
<tr>
<td>Elastic bands</td>
<td>Polyester/nylon spandex blend</td>
</tr>
<tr>
<td>Nose clip</td>
<td>Aluminum</td>
</tr>
</tbody>
</table>

Distributed by Global Healthcare Product Solutions, LLC  
1800 S. Figueroa Street, Los Angeles, CA 90015  
1(800) 293-2886  
[www.byd.care](http://www.byd.care)

Made in China
This respirator is approved only in the following configuration:

<table>
<thead>
<tr>
<th>TC-</th>
<th>Protection¹</th>
<th>Respirator</th>
<th>Cautions and Limitations²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BYD DE2322 N95</td>
<td>ABCJMNOP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Particulate Respirators</td>
<td></td>
</tr>
<tr>
<td>84A-BYD0005</td>
<td>N95</td>
<td>N</td>
<td>ABCJMNOP</td>
</tr>
</tbody>
</table>

1. Protection

N95 – Particulate Filter (95% filter efficiency level). Effective against particulate aerosols free of oil; time use restrictions may apply.

2. Cautions and Limitations

A Not for use in atmospheres containing less than 19.5% oxygen.
B Not for use in atmospheres immediately dangerous to life or health.
C Do not exceed maximum use concentrations established by regulatory standards.
J Failure to properly use and maintain this product could result in injury or death.
M All approved respirators shall be selected, fitted, used, and maintained in accordance with MSHA, OSHA, and other applicable regulations.
N Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configuration as specified by the manufacturer.
O Refer to User Instructions and/or maintenance manuals for information on use and maintenance of these respirators.
P NIOSH does not evaluates respirators for use as surgical masks.
How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.
Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.
Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.
Follow the instructions that come with your respirator.¹

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

¹ Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/
² According to the manufacturer’s recommendations

Putting On The Respirator

Position the respirator in your hands with the nose piece at your fingertips.
Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.
The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.
Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.
If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.
If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator

DO NOT TOUCH the front of the respirator! It may be contaminated!
Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.
Discard in waste container. WASH YOUR HANDS!

For more information call 1-800-CDC-INFO or go to http://www.cdc.gov/niosh/npptl/topics/respirators/
Respirator On / Respirator Off

When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.

Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.

Select other PPE items that do not interfere with the fit or performance of your respirator.

Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.

Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.

Do not crisscross the straps.

Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

Do not touch the front of the respirator during or after use! It may be contaminated.

When you take off a disposable respirator

Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.

Discard in a waste container.

Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:
Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.

- **Demonstrate competency** in performing appropriate infection control practices and procedures.

**Remember:**

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).

- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.

- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

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**Preferred PPE – Use** N95 or Higher Respirator

- Face shield or goggles
- N95 or higher respirator
- One pair of clean, non-sterile gloves
- Isolation gown

**Acceptable Alternative PPE – Use** Facemask

- Face shield or goggles
- Facemask
- One pair of clean, non-sterile gloves
- Isolation gown

When respirators are not available, use the best available alternative, like a facemask.

N95 or higher respirators are preferred but facemasks are an acceptable alternative.
Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus