

JUVENILE COURT HEALTH SERVICES - INFECTION CONTROL

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Subject: RESPIRATORY PROTECTION PROGRAM (RPP)		Original Issue Date: 10/9/2020	Policy # IC - 14
		Supersedes:	Effective Date: 10/9/2020
Departments Consulted: JCHS Nursing Administration JCHS Education Probation Department DHS Risk Management	Approved By: (Signature on File) Medical Director (Signature on File) Infection Control Manager	Approved by: (Signature on File) Health Services Administrator	

PURPOSE

To provide Juvenile Court Health Services (JCHS) workforce members (WFMs) with a safe and healthful work environment through a planned and comprehensive Respiratory Protection Program (RPP). The JCHS Respiratory Protection Program, in conjunction with the JCHS Aerosol Transmissible Disease Exposure Plan (ATD Plan) has been developed and implemented to reduce or eliminate respiratory hazards associated with the duties and responsibilities of WFMs who have possible occupational exposure. This RPP was developed in accordance with requirements contained in 8 CCR §5144 and §5199 and 15 CCR, Article 3: § 1327, Article 8: § 1400-1405, 1412. Article 12: § 1510.

SCOPE

The program applies to all WFMs that are required to use respiratory protection. All WFMs must comply with the provisions outlined in this policy. Supervisors retain the responsibility to ensure that provisions outlined in this document are enforced. This includes, but is not limited to, physicians, nurses, allied health/technical staff, relief nurses, administrative support staff, and contract staff. Respirators, training, and medical evaluations are provided at no cost to JCHS WFMs. Contract agencies are responsible for training non-county WFMs.

POLICY

The Program Administrator for the RPP is the JCHS Infection Prevention and Control Manager. The Program Administrator in consultation with the JCHS Administration, Infection Prevention and Control Committee and Employee Health Services (EHS) is responsible for overseeing the implementation and maintenance of the RPP.

This RPP was developed in accordance with the requirements contained in 8 CCR §5144 and §5199 and 15 CCR, Article 3: § 1327, Article 8: § 1400-1405, 1412. Article 12: § 1510.

The RPP is designed to:

- Provide information and guidance on the proper selection and use of respirators,
- Assist JCHS personnel in the prevention of occupational injury or illness associated with breathing air contaminated with harmful dusts, fumes, mists, smokes, vapors, gases, or Aerosol Transmissible Diseases (ATDs),
- Ensure each respirator user is medically and physically capable of wearing assigned respirators and in obtaining a proper fit,
- Ensure each respirator user receives proper training in the use and care of respirators and
- Provide a method for record keeping and documentation.

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PROGRAM ADMINISTRATOR RESPONSIBILITIES

The Program Administrator (or their designee) must actively promote the RPP and integrate its concepts into administration, operations, and functions. The Administrator is responsible for facilitating and ensuring implementation and maintenance of the RPP including the following:

1. Provide support, leadership, and direction for the RPP,
2. Create and modify policy, as necessary to maintain an effective RPP,
3. Delegate authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain the RPP,
4. Authorize allocation of physical and financial resources necessary to maintain an effective RPP,
5. Ensure that the RPP is implemented and being followed in the various units,
6. Maintain, review, and evaluate all records and reports pertinent to the RPP,
7. Track changes to regulatory requirements,
8. Ensure that training requirements and records are met and maintained,
9. Develop and implement health and safety policies and procedures to ensure safe work performance,
10. Ensure documented safety inspections of work sites and equipment are conducted,
11. Audit and update the RPP annually, and as needed.

NURSING SUPERVISORS/NURSE MANAGERS

Nursing supervisors and nurse managers are critical in implementing the RPP and must be familiar with all aspects of respiratory protection, including the ATD Plan, safe work practices, and related policies and procedures. Supervisors will:

1. Be familiar with elements of the RPP and WFM responsibilities,
2. Promote safe work practices,
3. Ensure that each of their WFMs are trained and knowledgeable in respiratory protection and how it pertains to their job,
4. Report all health and safety issues, and hazards identified to the Administrator,
5. Ensure compliance with the RPP by subordinates and document corrective actions administered,
6. Communicate safety and hazard information to WFMs when new hazards are identified, or when new operations, procedures, rules and equipment are introduced into the workplace,
7. Retrain and/or discipline WFMs who fail to follow established safe practices,
8. Ensure that suggestions and comments about exposure conditions, respirators, personal health changes, and training issues are addressed promptly,
9. Maintain a current list of WFM classifications included in the RPP,
10. Maintain accurate records of fit tests and forward records to the Administrator and
11. Maintain an adequate inventory of personal protective equipment, specifically masks and N95 respirators.

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Work Force Members (WFMs)

WFMs required to wear respiratory protection must follow all established safe practices and procedures as documented in this RPP.

WFMs will:

1. Adhere to all safety rules, regulations, and procedures and all RPP requirements,
2. Complete all medical and physical requirements as required under the RPP,
3. Wear appropriate respiratory protection equipment as required,
4. Maintain all equipment in good, clean condition and report any defective equipment to their supervisor,
5. Report unsafe or hazardous conditions to their supervisor and submit a safety intelligence report,
6. Complete annual training regarding respiratory protection and demonstrate knowledge and skills specific to the hazards and uses of respirators.

DEFINITIONS

Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP). A disease of pathogen for which droplet of airborne precautions are required.

Airborne Infection Isolation (All). Infection prevention and control procedures as described in the Centers for Disease Control and Prevention (CDC) Guideline for Isolation Precautions: Preventing Transmission Infectious Agents in Healthcare Settings 2007. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and for application to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Airborne Infectious disease (AirID). An aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosol, or dust particles containing the disease agent for which All is recommended by the CDC or California Department of Public Health (CDPH).

Assigned protection factor (APF). The workplace level of respiratory protection that a respirator or class of respirators is expected to provide to WFMs when the employer implements a continuing, effective respiratory protection program as specified by this section.

Nurse Supervisors/Nurse Managers. Persons responsible for ensuring all JCHS personnel requiring respiratory protection complete annual N95 respirator fit testing, the Respirator Medical Evaluation Questionnaire (RMEQ) every 4 years, or earlier if so indicated, and submit them to Employee Health for review and annual health clearance.

Designated Physician/Licensed Healthcare Professional. A physician or licensed healthcare professional responsible for reviewing an employee's medical evaluation form to medically

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approve an employee's ability to wear a respiratory mask and be fit tested. They may also perform medical evaluations if required.

Disposable respirator. Personal protective equipment (PPE) that is worn on the face, covers at least the nose and the mouth to reduce the WFM's risk of inhaling hazardous airborne particles such as infectious agents, dusts, gases and vapors.

Emergency Situation. Any occurrence such as, but not limited to, equipment failure, rupture of containers, of failure of control equipment that may, or does result in an uncontrolled significant release of an airborne contaminant.

Employee Health Coordinator (EHC). Person(s) responsible for maintaining Fit test documents, including the employee's medical form, Fit test forms, and annual training documentation. They review and approve for submission the WFM's Respirator Medical Evaluation Questionnaire.

Filter or air purifying element. A component used in respirators to remove solid or liquid aerosols from the inspired air.

Fit factor. A quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test. The use of a protocol to evaluate the fit of a respirator qualitatively or quantitatively on an individual. (see also Qualitative fit test and Quantitative fit test)

Fit Testing Trained Personnel. The Infection Prevention and Control Coordinator and EHS can conduct N95 fit testing, issuing, and training for all disposable respirators. This also includes updating the employee health records in the WFM's electronic file.

High efficiency particulate air (HEPA) filter. A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Hood. A respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH). An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Maximum use concentration (MUC). The maximum atmospheric concentration of a hazardous substance from which an WFM can be expected to be protected when wearing a respirator, as determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by

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multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit, or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine an MUC on the basis of relevant available information and informed professional judgment.

Qualitative fit test (QLFT). A pass/fail fit test that uses the individual’s sense of taste and smell, or their reaction to an irritant to detect leakage into the respirator mask.

Quantitative fit test (QNFT). An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Service life. The period that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

User seal check. An action conducted by the respirator user to determine if the respirator is properly sealed to the face. (Attachment D)

WFM Exposure. Exposure to a concentration of an airborne contaminant that would occur if the WFM were not using appropriate respiratory protection.

GENERAL GUIDELINES

The selection and provision of an appropriate respirator is based on the respiratory hazard(s) to which the JCHS WFM is exposed, and workplace and user factors that affect respirator performance and reliability.

The Administrator identifies and evaluates respiratory hazard(s) in the workplace, including a reasonable estimate of the WFMs’ exposure to respiratory hazard (s) and an identification of any contaminant chemical states and physical forms, if applicable. The disposable N95 respirator is used with high hazard procedures and during patient interactions in units deemed as quarantine and medical isolation units. Each WFM has the responsibility to ensure their N95 respirator is correctly fitted based on results of their fit test, and that they use only the size that has been recommended, based on their fit test. The N95 respirators are provided by JCHS free of charge. A WFM wears appropriate respirators, such as N95 respirator, in the following situations but not limited to:

1. Entering an All room or area in use for All,
2. During the performance of procedures or services for an AirID case or suspected case,
3. Working in an area occupied by an AirID case or suspected case, during decontamination procedures after the person has left the area and as required per CHS ATD policy,
4. Working in an inmate housing area where an AirID case or suspected case is known to be present, and/or
5. Transporting an AirID case or suspected case within the facility, particularly when the patient is not masked.

The WFM must follow manufacturer’s user instructions for donning and doffing the respirator. The WFM must perform a user seal check in accordance with manufacturer’s user instruction every time a respirator is donned.

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The WFM must:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.

An example of an emergency situation is a N95 respirator malfunction. The WFM should stop the performance of the procedure/service and leave the patient area as soon as feasible and safe to do so. Replace the respirator as appropriate upon exiting the patient room or area.

MEDICAL EVALUATION

WFMs are provided with a medical evaluation to determine their ability to use a respirator, and before the WFM is fit-tested or required to use a respirator in the workplace. The medical evaluations may be discontinued when the WFM is no longer required to use a respirator.

Employee Health Services utilizes a physician/licensed health care professional (PLHCP) to perform the initial medical evaluation by reviewing the Respirator Medical Evaluation Questionnaire – RMEQ (Attachment A)

A follow-up medical examination may be necessary if the PLHCP deems additional information is needed to make a final decision for positive responses in the questionnaires.

The medical questionnaires and examinations are administered confidentially during the WFM's normal working hours, or at a time and place convenient to the WFM. The WFM will be given the opportunity to discuss the questionnaires and examination results with the PLHCP.

The PLHCP is provided with the following information prior to making a recommendation concerning the WFMs ability to use a respirator:

1. The type and weight of the respirator to be used by the WFM
2. The duration and frequency of respirator use (including use for rescue and escape)
3. The expected physical work effort
4. Additional protective clothing and equipment to be worn
5. Temperature and humidity extremes that may be encountered

A copy or link to the written RPP will be provided to the PLHCP.

The PLHCP written recommendation regarding the WFMs ability to use the respirator will include:

1. Any limitations on respirator use related to the medical condition of the WFM or relating to the workplace conditions in which the respirator will be used, including whether the WFM is medically able to use the respirator.
2. The need, if any, for follow-up medical evaluation; and
3. A statement that the PLHCP has provided the WFM with a copy of their recommendations.

Employee Health Services (or designated agency) will provide additional medical evaluations that comply with the requirements of this section if:

1. A WFM reports medical signs or symptoms that are related to ability to use a respirator.

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2. A PLHCP, supervisor, or the Administrator informs EHS or agency that a WFM needs to be reevaluated.
3. Observations made during fit testing and program evaluation, indicate a need for WFM reevaluation or
4. A change occurs in the workplace conditions (e.g., physical work effort, new operations, or procedures) that may result in a substantial increase in the physiological burden placed on a WFM.

See EHS address and Contact information (Attachment B) for locations available to WFMs.

FIT TESTING AND USER SEAL CHECK

Prospective JCHS WFMs requiring respirators will obtain fit testing medical clearance as part of their pre-employment health screening. Fit tests for existing WFMs will be conducted by EHS or trained employee, at least annually. If it is determined that the WFM is not medically able to wear a required disposable respirator, the EHC will forward the supporting documents to the Return to Work Unit for appropriate handling.

Once the RMEQ (Attachment A) has been approved, the current WFM can request a copy of the questionnaire from EHS. A report will be provided to each manager indicating which N95 respirator the WFM was fitted with and maintain the information in the employee health system. The fit test shall be performed using the same size, make, model and style of respirator the WFM will use in the workplace, and the process will continue as follows:

1. The test subject should not eat, drink (except water) or chew gum for 15 minutes before the test.
2. The test shall not be done if there is any hair growth between the skin and the respirator mask surface, such as stubble beard growth, beard, mustache, sideburns, or excessive makeup, which cross the respirator mask sealing surface. It is the employee's responsibility to ensure physical barriers, (i.e., facial hair and makeup) do not inhibit the fit of the mask.
3. The WFM must perform a user seal check every time a respirator is donned. The user seal check includes detection of vapor or gas odor, changes in breathing resistance, or leakage of air around the seal of the respirator on the face. The WFM will also be advised at that time of proper procedures for donning and doffing the respirator.
4. If the WFM exhibits difficulty breathing during the test, the test will be stopped, and the WFM will be referred for treatment and/or reevaluation of their ability to wear a respirator while performing his or her duties.
5. After passing the initial fit test, WFMs shall be fit tested annually, or when:
 - a. There is a change in the WFM's physical condition that could affect the fit of the mask, such as obvious changes to body weight (10%), dental work such as new dentures, cosmetic surgery, facial scarring, etc.
 - b. A different size, make, model or style of respirator is used.
 - c. Retraining needs are identified.

DISTRIBUTION: Juvenile Court Health Services Infection Control Manual

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6. EHS will be responsible for maintaining electronic records of WFMs' health documents as required during an inspection by the State Department of Health and/or Cal OSHA including but not limited to:
 - A copy of the WFM RMEQ (Attachment A)
 - A copy of the WFM Fit Test Form
 - Documentation of required WFM training
7. Unless otherwise determined by the Administrator, the Return to Work unit will be responsible for the annual inspection of each unit's enforcement of the RPP, and for documenting all inspections, and the results thereof.

PROCEDURES

Complete and current procedures to conduct fit tests are contained in DHS Policy No. 925.405 Respiratory Protection Fit Testing. These procedures will be reviewed and updated as part of the annual review of the RPP.

TRAINING AND INFORMATION

Training is provided for WFMs who are required to use disposable respirators. The training is comprehensive, understandable, and recurs annually, or as often as necessary.

Appropriate training ensures that each WFM can demonstrate knowledge of at least the following:

1. Respiratory hazards to which WFM are potentially exposed during routine and emergency situations.
2. Importance of respirator and proper fit, usage, or maintenance to prevent compromising the protective effect of the respirator.
3. The limitations and capabilities of the respirators used by JCHS.
4. Effective use of the respirator in emergency situations, including situations in which the respirator may malfunction.
5. Directions to inspect, don the respirator, perform seal checks, and doff the respirator.
6. The proper storage and maintenance of the respirators to maintain their efficacy.
7. Medical signs and symptoms of WFMs that may limit or prevent the effective use of respirators.

Training is conducted prior to requiring the WFM to use a respirator in the workplace, in a manner that is understandable to the WFM.

Re-training is administered annually, or if the following situations occur:

1. Changes in the workplace or the type of respirator render previous training obsolete,
2. Inadequacies in the WFMs knowledge or use of the respirator indicate that the WFM has not retained the requisite understanding or skill or
3. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

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RPP PROGRAM EVALUATION

Evaluations of the workplace are conducted on an ongoing basis, to ensure that the written RPP is being properly implemented, and to consult WFMs to ensure that they are using the respirators properly. The Program Administrator is responsible for evaluating the effectiveness of the RPP at least annually and updating the RPP as appropriate.

RECORDKEEPING

All written information regarding medical evaluations, fit testing, and the respirator program will be retained by EHS. Written materials required to be retained under this policy will be made available upon request to affected WFMs and to the Chief of OSHA, or designee, for examination and copying.

REGULATORY AUTHORITY

Title 8, California Code of Regulations, Section 5144 <https://www.dir.ca.gov/title8/5144.html>
 Title 8, California Code of Regulations, Section 5199 <https://www.dir.ca.gov/title8/5199.html>
 Title 15, California Code of Regulations, Article 3: § 1327, Article 8: § 1400-1405, 1412. Article 12:§ 1510 <http://bscc.ca.gov/wp-content/uploads/Juvenile-Title-15-Effective-2019-1-1.pdf>
 Title 29, Code of Federal Regulations, Sections 1910.134 <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

REFERENCES

JCHS Aerosol Transmissible Disease Plan, 2020
 Hospital Respiratory Protection Program Toolkit: Resources for Respirator Program Administrators May 2015, <https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>
 Centers for Disease Control’s Guideline for Isolation Precautions: Preventing Transmission Infectious Agents in Healthcare Settings, 2007; <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
 DHS Policy No. 925.400 Respiratory Protection Program
 DHS Policy No. 925.405 Respiratory Protection Fit Testing

ATTACHMENTS

Attachment A - DHS EHS Respirator Medical Evaluation Questionnaire -RMEQ
 Attachment B - EHS address and Contact Information, April 2019
 Attachment C - CDC PPE Sequence
 Attachment D - User Seal Check



ATD RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

See General Instructions on last page

Questionnaire for N-95 Respirator

COMPLETE ONCE EVERY FOUR (4) YEARS OR AS NEEDED

This Appendix is Mandatory if the Employer chooses to use a Respirator Medical Evaluation Questionnaire other than the Questionnaire in Section 5144 Appendix C (Form O).

To the PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL: Answers to questions in Section 1, and to question 6 in Section 2 do not require a medical examination. Workforce member must be provided with a confidential means of contacting the health care professional who will review this questionnaire.

To the WORKFORCE MEMBER: Can you read and understand this questionnaire (check one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Please complete this questionnaire in PEN and present to the staff at the examination clinic. **To protect your confidentiality, it should not be given or shown to anyone else.** On the day of your appointment, you must bring a valid driver's license or other form of identification which has both your photograph and signature.

SECTION 1

The following information must be provided by every workforce member who has been selected to use any type of respirator (please print).

				TODAY'S DATE:	
LAST NAME		FIRST, MIDDLE NAME		AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEIGHT FT IN	WEIGHT LBS	JOB CLASSIFICATION			ITEM NO.:
PHONE NUMBER		Best Time to reach you?	Has your employer told you how to contact the health care professional who will review this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Check type of respirator you will use (you can check more than one category): <input type="checkbox"/> N, R, Or P disposal respirator (filter-mask, non-cartridge type only) <input type="checkbox"/> Other type (specify): _____	
Have you worn a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", what type: _____

SECTION 2

Questions 1 through 6 below must be answered by every workforce member who has been selected to use any type of respirator (please check "YES", "NOT SURE" or "NO").

YES	NOT SURE	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever had the following conditions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Allergic reactions that interfere with your breathing?
			If "yes," what did you react to? _____ _____ _____

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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YES	NOT SURE	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Claustrophobia (fear of closed-in places)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you currently have any of the following symptoms of pulmonary or lung illness:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Have to stop for breath when walking at your own pace on level ground
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Shortness of breath that interferes with your job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Coughing that produces phlegm (thick sputum)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Coughing up blood in the last month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Wheezing that interferes with your job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Chest pain when you breath deeply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Any other symptoms that you think may be related to lung problems: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you currently have any of the following cardiovascular or heart symptoms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Frequent pain or tightness in your chest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Pain or tightness in your chest during physical activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Pain or tightness in your chest that interferes with your job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Any other symptoms that you think may be related to heart problems: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you currently take medication for any of the following problems?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Breathing or lung problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Heart trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Nose, throat or sinuses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Are your problems under control with these medications?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. If you've used a respirator, have you ever had any of the following problems while respirator is being used? (If you've never used a respirator, check the following space and go to question 6).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Skin allergies or rashes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. General weakness or fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Any other problem that interferes with your use of a respirator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you like to talk to the health care professional about your answers in this questionnaire?
			County Workforce Member Signature
			Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 C.F.R. Part 1635

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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**FOR COMPLETION BY A PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL
PROVIDE A COPY OF THIS PAGE TO WORKFORCE MEMBER**

Part 1: Fit Testing Recommendation – Based on Questionnaire

Questionnaire above reviewed.

Medical Approval to Receive Fit Test

- Disposable Particulate Respirators (N-95)
- Replaceable Disposable Particulate Respirator a. Half-Facepiece b. Full Facepiece
- Powered Air Purifying Respirators (PAPRs) a. Tight Fitting
- Self-Contained Breathing Apparatus (SCBA)

Recommended time period for next questionnaire: 4 years Other _____ with justification _____

Date Completed: _____ Next Due Date: _____

Any recommended limitations for respirator use on workforce member: _____

The above workforce member has not been cleared to be fit tested for a respirator.

Additional medical evaluation is needed. Physician or Licensed Health Care Professional to complete Part 2 below.

Medically unable to use a respirator.

Informed workforce member of the results of this examination.

Part 2: Additional Medical Evaluations NOT APPLICABLE

Medical evaluation completed.

Medical Approval to Receive Fit Test

- Disposable Particulate Respirators (N-95)
- Replaceable Disposable Particulate Respirator a. Half-Facepiece b. Full Facepiece
- Powered Air Purifying Respirators (PAPRs) a. Tight Fitting
- Self-Contained Breathing Apparatus (SCBA)

Recommended time period for next questionnaire: 4 years Other _____ with justification _____

Date Completed: _____ Next Due Date: _____

Any recommended limitations for respirator use on workforce member: _____

Medically unable to use a respirator.

Informed workforce member of the results of this examination.

Comments: _____

County Workforce Member Signature		Date	
Physician or Licensed Health Care Professional Signature	Print Name	License No.	Date
Facility Name/Address		Phone No.	

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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DHS-EHS OFFICE STAFF ONLY

Completion of this form:	Reviewed By (Print)	Signature	Date
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 **GENERAL INSTRUCTIONS**

THIS QUESTIONNAIRE IS TO BE REVIEWED BY A PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL.

8 CCR §5199

Medical evaluation: DHS-EHS or contract agency shall provide a medical evaluation, in accordance with 8 CCR §5144(e) of these orders, to determine the workforce member's (WFM) ability to use the respirator before the WFM is fit tested or required to use the respirator. For WFM who use respirators solely for compliance with subsections (g)(3)(A) and subsections (g)(3)(B), this alternate questionnaire may be used.

8 CCR §5144(e)

1. General. DHS-EHS or contract agency shall provide a medical evaluation to determine the WFM's ability to use a respirator, before the WFM is fit tested or required to use the respirator in the workplace. DHS-EHS may discontinue a WFM's medical evaluations when the WFM is no longer required to use a respirator.
2. Medical evaluation procedures.
 - a. DHS-EHS or contract agency shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.
 - b. The medical evaluation shall obtain the information requested by this questionnaire in Sections 1 and 2, Part A.
3. Follow-up medical examination.
 - a. DHS-EHS shall ensure that a follow-up medical examination is provided for a WFM who gives a **positive** response to any question among questions 1 through 8 in Section 2, Part A of this questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination.
 - b. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

DHS-EHS staff shall verify/review documentation(s) and record completion of this form for workforce member. This form and its attachment, if any, such as health records shall be filed in workforce member's EHS health file. All workforce member EHS health records are confidential in accordance with federal, state and regulatory requirements.

DHS-EHS will obtain the workforce member's written authorization before using or disclosing medical information, include to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency.

Workforce members have the right to access their medical records and obtain a copy, thereof, within fifteen (15) days after the request.

**A copy of the respiratory protection regulation Title 8 CCR §5144 and §5199 can be found at
<http://www.dir.ca.gov/title8/5144.html> and <http://www.dir.ca.gov/Title8/5199.html>**

EHS Address and Contact Information

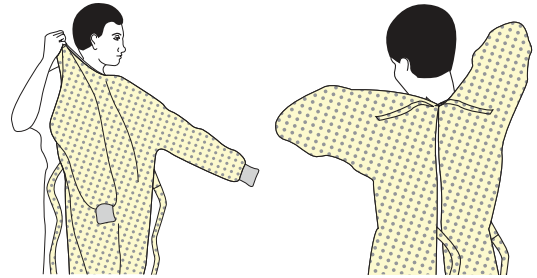
EHS	ACN	Address	Contact Information
Correctional Health Services		441 Bauchet St. Los Angeles, CA 90012	Office: (213) 974-9966 FAX: (323) 415-7729 Email: ARGonzal@lasd.org AQSanche@lasd.org Hours: M-Th 0500-1400, Fri 0500-1300
High Desert Regional Health System		335 East Ave. I Lancaster, CA 93535	Office: (661) 471-4342 FAX: (661) 524-2974 Email: hdesert-ehs@dhs.lacounty.gov Hours: M-F 08:00-16:30
Harbor-UCLA Medical Center	Long Beach, Bellflower, Wilmington, Torrance	1000 West Carson, 1st Floor Room EH3 Torrance, CA 90509	Office: (424) 306-4050 FAX: (310) 222-5326 Email: humc-ehs@dhs.lacounty.gov Hours: M-F 07:00-17:00
LAC+USC Medical Center	C. Hudson, Hawkins, El Monte, Roybal, Juvenile Health, La Puente	2020 Zonal Ave Ground Floor IRD #22 Los Angeles, CA 90033	Office: (323) 409-5236 FAX: (323) 226-6769 and (323) 226-4253 Email: lacusc-ehs@dhs.lacounty.gov Hours: M-F 07:00-17:00
MLK Outpatient Center	Humphrey, Dollarhide	1670 E. 120th St. I&R Building, 3 rd Floor, Room 3-220, Los Angeles, CA 90059	Office: (424) 338-2200 FAX: (310) 764-5274 Email: mlk-ehs@dhs.lacounty.gov Hours: M-F 08:00-16:30
Olive View-UCLA Medical Center	Mid Valley, Van Nuys, Glendale, San Fernando	14445 Olive View Drive, Cottage G Sylmar, CA 91342	Office: (747) 210-3403 FAX: (747) 210-4725 Email: DEHS@dhs.lacounty.gov Hours: M-F 07:30-16:00
Rancho Los Amigos National Rehabilitation Center		7601 E. Imperial Hwy. Building 500, Room 114 Downey, CA 90242	Office: (562) 385-6016 Email: rancho-ehs@dhs.lacounty.gov Hours: M-F 06:30-16:00
Emergency Medical Services		10100 Pioneer Blvd Santa Fe Springs, CA 90670	Email: jospital@dhs.lacounty.gov

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

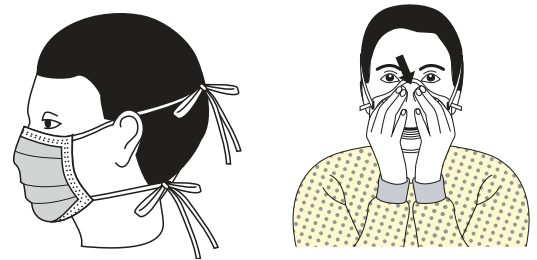
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



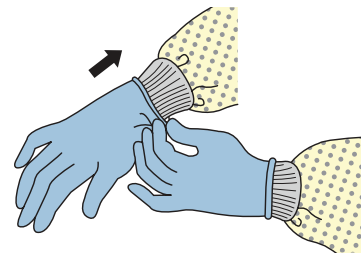
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



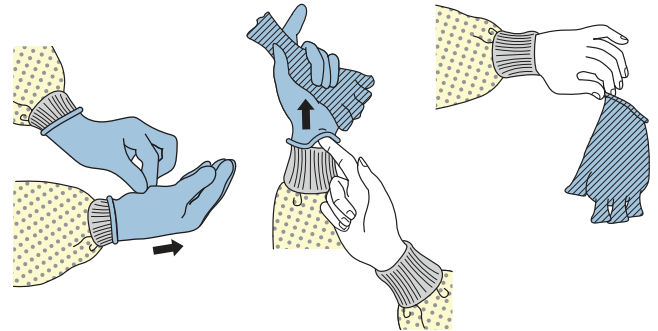
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



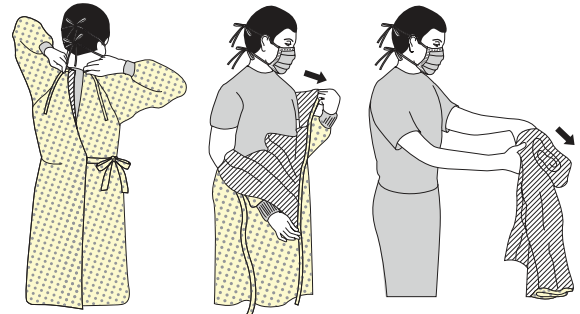
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



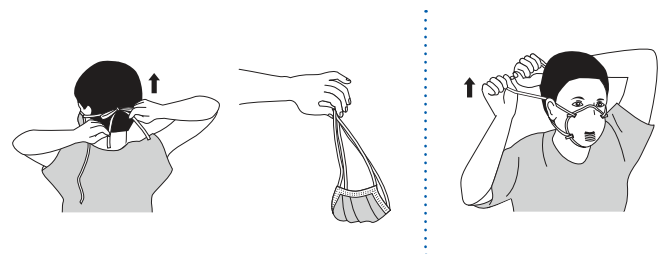
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

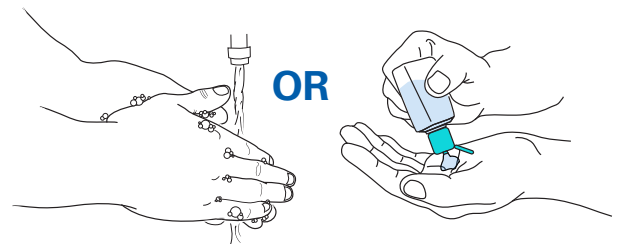


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

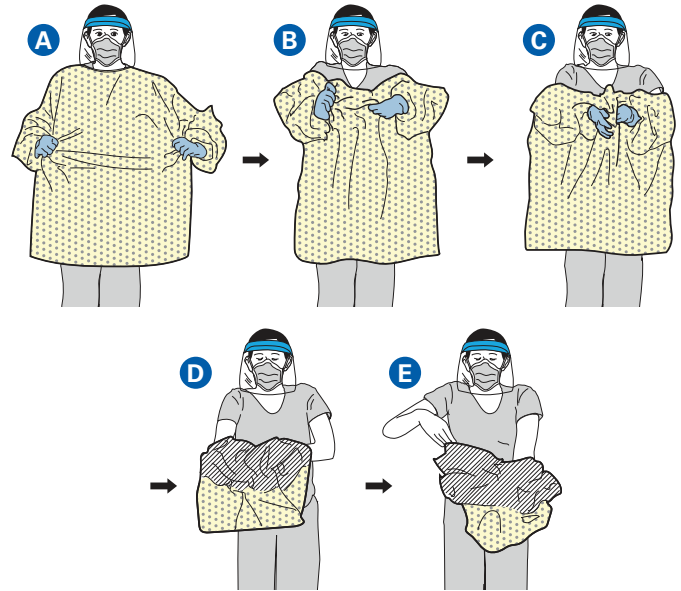


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



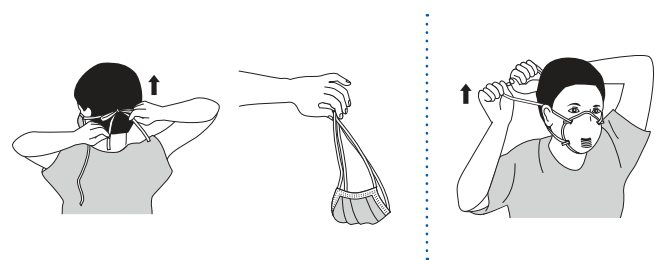
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

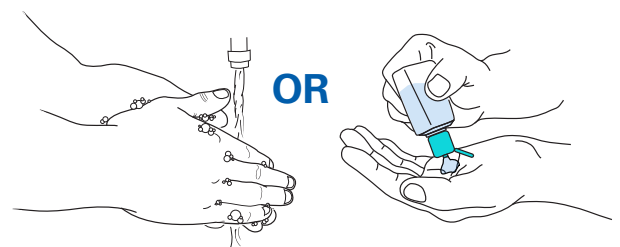


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



OSHA requires fit testing for all employees who are required to wear tight-fitting facepiece respirators. To ensure that HALYARD® N95 Particulate Filter Respirators and Surgical Masks provide the intended level of protection, every wearer should receive training. This includes demonstrations and practice time on how to properly don the respirator and to determine if it fits correctly.

DIRECTIONS FOR PROPER DONNING:

Proper donning of a N95 Particulate Filter Respirator and Surgical Mask may feel a little awkward at first, but it will become easier with repeated applications. The following instructions should be followed when donning this product (see below and enclosed poster for clarification):

1. Separate the edges of the respirator to fully open it.
2. Slightly bend the nose wire to form a gentle curve.
3. Hold the respirator upside down to expose the two headbands.
4. Using your index fingers and thumbs, separate the two headbands.
5. While holding the headbands with your index fingers and thumbs, cup the respirator under your chin.
6. Pull the headbands up over your head.
7. Release the lower headband from your thumbs and position it at the base of your neck.
8. Position the remaining headband on the crown of your head.
9. Conform the nosepiece across the bridge of your nose by firmly pressing down with your fingers.
10. Continue to adjust the respirator and secure the edges until you feel you have achieved a good facial fit. Now, perform a Fit Check.

- **The respirator must be User Seal Checked each and every time it is donned, and**
- **He/She should not proceed with activities until a successful User Seal Check has been completed.**

DIRECTIONS FOR USER SEAL CHECKING:

To ensure N95 Particulate Filter Respirators and Surgical Masks are providing the intended level of protection, a User Seal Check must be conducted each and every time they are worn.

To User Seal Check a respirator, the wearer should forcefully inhale and exhale several times. The respirator should collapse slightly upon inhaling and expand upon exhaling. The wearer should not feel any air leaking between his/her face and the respirator. This is the sign of a good facial fit and a successful User Seal Check.

If the respirator does not collapse and expand OR if air is leaking out between the wearer's face and the respirator, then this is NOT a good facial fit. The wearer should adjust the respirator until the leakage is corrected and he/she is able to successfully User Seal Check the respirator.

Note: User Seal Checking is NOT a substitute for Fit Testing.

User Seal Checking is a simple procedure intended to help the wearer verify that he/she has properly donned the respirator. Fit Testing is designed to determine the appropriate size respirator for each wearer. Fit Testing should be conducted according to schedule outlined in your facility's Written Respiratory Protection Program.

TIPS FOR ACHIEVING A GOOD FIT:

If the wearer is having a problem successfully User Seal Checking the respirator, he/she should try the following tips:

- Use a mirror while adjusting the respirator.
- Ask someone to look for hair or earrings that might be caught in the seal.
- Make sure the headbands are positioned properly. It is especially important that the top headband is on the crown of your head, as it is designed to hold the bottom of the respirator snug against your chin.

