Respirator Fit Clearance

<table>
<thead>
<tr>
<th>APPROVED BY: Anthony Dallas, MD, CMO</th>
<th>Policy #: WCP 707</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERCEDES POLICY: 03/2006</td>
<td></td>
</tr>
<tr>
<td>ADOPTED: 03/2006</td>
<td></td>
</tr>
<tr>
<td>REVISED: 10/21/2015</td>
<td></td>
</tr>
<tr>
<td>REVIEWED:</td>
<td></td>
</tr>
</tbody>
</table>

OBJECTIVE:
1. To assess overall medical fitness of employees.
2. To identify those individuals with medical conditions who would be at risk wearing a respirator.
3. To evaluate an employee for specific work limitations while wearing a respirator.
4. To provide guidelines for the different types of respirator clearance examinations.

SCOPE:
All CareHere Health Centers

POLICY:
The intent of OSHA’s Respiratory Protective Standard, 29CFR 1910.134, is to prevent occupational diseases caused by breathing contaminated air. Where over-exposure may be encountered in the workplace, the employer shall provide the employee with respiratory protective equipment. It is the employer’s responsibility to ensure that each employee is medically fit before the employee may wear respiratory protective equipment.

CareHere’s respiratory clearance program complies with OSHA 29CFR 1910.134, revised 4/8/98. The revised standard allows physicians and other licensed healthcare professionals to make the determination of an employee’s fitness to wear a respirator. Fitness can be determined by either a mandated questionnaire or a hands-on physical that includes all the elements on the questionnaire. The type of physical selected by the site should be decided by the CareHere medical director and site manager in conjunction with the plant safety and health manager. In making the decision, the following criteria should be considered:
1. The type and weight of the respirator used by the employee (e.g. – disposable, half-face negative pressure, powered air-purifying respirator (PAPR))
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
6. Agent(s) of exposure, workplace level exposure, permissible exposure limit (PEL), action level
7. Nurse’s training and skill level to clear an employee for respirator use

BEST PRACTICE CLEARANCE EXAMINATION
a. CareHere recommends a “Best Practice” physical for those employees who wear respirators, or for employees working in environments that would be considered hazardous to health if adequate respirator protection were not available. CareHere recommends that a physician, PA, or NP evaluate the employee for medical fitness. The mandated OSHA questionnaire must also be completed at the time of the physical examination. The questionnaire should initially be completed in its entirety, and only the first 9 questions need be completed annually, unless the employee has had a change in job requirements.

b. The physical examination will include:
   a. Comprehensive medical and work history
   b. Vital signs including blood pressure
   c. EKG ≥ 40 years old
   d. Physical examination
   e. Pulmonary Function Test (Spirometry) – contraindicated if BP >160/100
   f. Chest x-ray, baseline; periodic; per physician’s judgment

Copyright © 2011 and published by CareHere, LLC at Brentwood, TN 37027. All rights reserved. None of the content of this publication may be reproduced, stored in a retrievable system, resold, redistributed or transmitted in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise) without the prior written permission of the publisher. CareHere Policy and Procedure Manual
c. Upon review of the medical data, the supervising physician will issue a clearance statement which will include the appropriate usage status as follows:

- Unrestricted
- Limited respirator use (limits will be noted)
- No respirator use (except for emergency egress)

d. Employees with some medical conditions may not be cleared for use of a negative pressure respirator, but may be cleared for positive pressure respirator use. This determination will be made at the time of the respirator clearance evaluation and noted on the respirator clearance form.

PROCEDURE:
The criteria contained in this section represents CareHere’s guidelines. Good medical judgment must be applied based on history, physical examination, physiologic testing results, and other test results as indicated from physical findings.

A. Review History
   a. Review of symptoms
      i. Shortness of breath on exertion
      ii. Chest pain on exertion
      iii. Dizziness or light-headedness
      iv. Vertigo
      v. Syncopal episodes
      vi. Claustrophobia
      vii. Cough / sputum production / wheezing
   b. Medical history
      i. Seizure disorder
         1. Last seizure
         2. Medications
         3. Frequency of seizures
      ii. Diabetes
         1. Controlled / Uncontrolled
         2. Medication
         3. History of insulin shock or diabetic coma
         4. Hospitalizations
      iii. Coronary Artery Disease (CAD); Arteriosclerotic Heart Disease (ASHD)
         1. Medication
         2. Degree of effect
         3. Any diagnosis to date
         4. Prior limitations
      iv. Hypertension
         1. Controlled / Uncontrolled
         2. Medication
      v. Asthma
         1. Medication
         2. Specific allergens, if known
         3. Last hospitalization
         4. ER Treatment
         5. Frequency of symptoms
      vi. COPD
         1. Medications
         2. Exercise tolerance
         3. Hospitalizations
B. Physical Exams
   a. Vital signs and blood pressure
   b. Weight, age, height, sex, arrhythmia
   c. Skin (pallor, signs of anemia)
   d. Heart (significant murmurs, abnormal sounds)
   e. Lungs (rhonchi, wheezes, poor expiratory flow)
   f. Fundi (evidence of chronic disease)

C. Review Diagnostics
   a. Pulmonary Function Tests
      i. Evidence of significant COPD
         1. FEV₁ < 70%-75% of predicted
         2. FEV₁/FVC ratio < 70%-75% of predicted
         3. Low FEF25-75, without other decreases, not enough to label COPD unless accompanied by significant history or physical signs of impaired pulmonary function
      ii. Evidence of restrictive disease
         1. FVC < 75-80%
   b. EKG
      i. Significant arrhythmia
      ii. Evidence of cardiomyopathy
      iii. Evidence of ischemic heart disease
      iv. Evidence of old MI
      v. Significant heart block
   c. Other tests to consider (if medically indicated)
      i. Stress EKG
      ii. Chest X-Ray
      iii. Bloodwork
      iv. If further tests are required to determine fitness, postpone classification until all data is available.

D. Classification of Restrictions
   a. No respirator use: Medical conditions causing a loss or decreased consciousness (e.g. – seizure, hypoglycemia, hypoglycemia, Stokes-Adams) are an absolute contraindication to any kind of respirator or dust mask use which can block the airway with loss of consciousness.
      i. Seizure disorder
         1. Any seizure within the last few years or requiring maintenance medication
         2. Employee to notify health center if any changes in seizure status or medication
      ii. Diabetes
         1. Uncontrolled diabetes with FBS > 180
         2. Any decreased or loss of consciousness in last few years (hypoglycemia)
      iii. Cardiac Disease
         1. Exertional angina with only mild to moderate exertion*
         2. MI within 1 year*
         3. Ventricular arrhythmia requiring antiarrhythmics
         4. Pacemaker installed
         5. Uncontrolled CHF
      iv. Hypertension
         1. BP > 160/100 at rest
            ➢ Refer to WCP-707c for additional guidelines
      v. Asthma
         1. Exertional asthma requiring PRN inhalers*
2. Any asthma requiring steroids or maintenance medication
3. PFTs as follows:
   ➢ \( \text{FEV}^1 < 70\% - 75\% \)
   ➢ \( \text{FEV}^1 / \text{FVC} < 70\% - 75\% \) (without additional bronchodilation)

vi. COPD*
   1. \( \text{FEV}^1 < 70\% - 75\% \)
   2. \( \text{FEV}^1 / \text{FVC} < 70\% - 75\% \)

vii. Restrictive Lung Disease
   1. \( \text{FVC} < 75\%-80\% \)

viii. Perforated tympanic membrane upon present exam

b. Conditions requiring some limitations to respirator use
   i. Diabetes
      1. Any diabetic requiring medication for control
   ii. Cardiac Disease
      1. Any angina
      2. Any documented CAD
      3. Symptomatic valvular disorders
      4. Controlled CHF
   iii. Hypertension
      1. Employees with only moderate control
      2. Employees with mildly labile hypertension
   iv. Asthma
      1. All asthmatics require some degree of restriction*
   v. COPD
      1. All employees with COPD require some degree of restriction*

   NOTE: Conditions that require increased exertion may contraindicate use of negative pressure respirator but allow use of a positive respirator. Examples include asthma, COPD, HTN, restrictive lung disease.

   Example: An employee with moderate COPD cannot use a negative pressure respirator and is considered Class C. This same employee may be classified as Class A for PAPR use thereby promoting reasonable accommodation under ADA.

c. Restrictions may involve:
   i. Limitation of work load (light, moderate, heavy, strenuous)
   ii. Limitation of time wearing respirator
      a. Total time per shift (2 hours per day, 4 hours per day)
      b. Total continuous time of use (not more than 30 minutes at a time)
      c. Combination of a and b
   iii. Combination of 1 and 2

NOTE: Classification is based on overall clinical impression, not on any one component

*Positive Pressure Respirators (e.g. PAPR) may be acceptable
OTHER RESPIRATOR PROTECTION CLEARANCE EXAMINATIONS

Employees wearing dust masks and positive pressure respirators may not require all the elements of the best practice medical evaluation. Respirators with special clearance considerations include: positive pressure respirators, powered air-purifying respirators (PAPR), and pressure demand self-contained breathing apparatus (SCBA). The CareHere medical director, site staff, and the plant safety and health manager must make the decision concerning the type of physical and the elements included. In making the decision, the following criteria should be considered.

1. The type and weight of the respirator to be used by the employee (e.g. – disposable, half-face negative pressure, PAPR)
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
6. Agent(s) of exposure, workplace exposure level, PEL, action level
7. Nurse’s training and skill level to clear an employee for respirator use

A. The revisions to the OSHA 29CFR 1910.134 permit respirator clearance through a completion of a questionnaire with the following guidelines:
   a. The first 9 questions must be completed and the results reviewed by a physician or other licensed healthcare professional (PLHCP)
   b. If any of the nine questions are answered “yes”, the employee must have a follow-up medical evaluation.
   c. According to the revised standard, the medical follow-up evaluation can be performed by a PLHCP and shall include medical tests, consultations, or diagnostic procedures that the PLHCP deem necessary to make a final determination of medical fitness.

B. In addition to the above, CareHere also recommends the following procedures:
   a. A blood pressure should be taken at the time the questionnaire is completed. If the Blood pressure is elevated above 160/95, the employee should be evaluated.
   b. If the questionnaire indicated that employee will need to be evaluated by a PLHCP, a pulmonary function test should be completed and whatever other elements are necessary to determine the medical status of the employee.
   c. If the site nurse is the PLHCP making the medical fitness determination based on a negative questionnaire, the nurse may issue the clearance

References:
1. Federal Register, Department of Labor, Occupational Health and Safety Administration, 29 CFR Parts 1910 and 1926 Respiratory Protection; Final Rule.
Respirator Fit Clearance Letter

Dear ________________:

As part of OSHA regulations, all employees who have the need for respiratory protection while at work will be trained and fitted with appropriate respirators, but must first be cleared medically for respirator use. As part of our medical service, we provide medical exams and clearance evaluation to all employees.

Medical clearance requires, at minimum: a complete medical history; physical examination including vital signs, ENT, cardiac, respiratory and circulatory systems evaluations; pulmonary function tests; and, if indicated, a cardiogram and/or specific bloodwork. Following the completion of the examination, it is up to the examining physician to provide the medical clearance documentation outlining specific respirator use limitations, if any.

Our guidelines are based on the NIOSH recommendations for an OSHA mandated respiratory protection program. As such, all records for such exams should be kept on file should OSHA ever request medical documentation outlining specific respirator use limitations, if any. The only paperwork you need to submit to be tested for a respirator is the Respirator Medical Clearance Form.

This form serves as your Respirator Medical Clearance Form.

If you have any specific questions on the respiratory protection program, or want to discuss your case, please feel free to contact me.

Sincerely,

☐ Medically Cleared / Qualified

☐ Not Medically Cleared / Not Qualified

Signature: __________________________________________

Copyright © 2011 and published by CareHere, LLC at Brentwood, TN 37027. All rights reserved. None of the content of this publication may be reproduced, stored in a retrievable system, resold, redistributed or transmitted in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise) without the prior written permission of the publisher.

CareHere Policy and Procedure Manual