

What Steps Should My Health Department Take to Launch a Medical Clearance Program for N95 Respirators?

Some health departments would like to issue and fit test N95 respirators for staff that may be exposed to airborne infectious agents. N95 respirators are disposable filtering face pieces. N95 respirators look and feel like surgical masks. Some health department workers may be required to wear N95 respirators to prevent occupational exposure to infectious agents such as tuberculosis, SARS or pandemic influenza.



Because respirators can place a physiological burden on the employee, an employee must be medically cleared to wear a respirator before using one. According to the OSHA Respirator Standard (1910.134), a physician or other licensed health care professional (PLHCP) operating within the scope of his/her practice needs to medically evaluate employees to determine under what conditions they can safely wear respirators. This evaluation must be completed before the employee is fit tested or required to use the respirator at work.

This fact sheet lists the steps that a Health Department and their medical consultants could take to meet the medical evaluation requirement for N95 respirators when they are used for infection control activities. This fact sheet does not address the medical clearance issues associated with other workplace hazards or other types of respirators.

Step 1: Select which employees in your department should be issued N95 respirators.

Step 2: Provide these employees with a copy of Section 1 and Section 2 (up to question 9) of the OSHA Respirator Medical Evaluation Questionnaire (attached).

Step 3: Have the employees forward the questionnaire (in a sealed envelope) to a PLHCP. The information in the medical questionnaire is considered a medical record and must not be shared with management personnel (protected under HIPAA law).

- Who is a licensed health care professional? A licensed health care professional is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide some or all of the health care services required by paragraph (e), the medical evaluation section of the OSHA standard. A registered nurse (under the supervision of a physician) or an individual with more training (APRN, PA) could complete the respirator medical assessment if they are working within their scope of practice.

Step 4: The PLHCP will review the questionnaire to determine the employee's ability to use a respirator. (The PLHCP should consider the job duties associated with using the N95 respirator for infection control- the duration of respirator use, the expected work effort etc). If the employee gives a positive response to any of the questions on the OSHA questionnaire, the PLHCP should enhance their assessment by interviewing the employee (by phone or in the office) because the employee may have medical conditions that could interfere with the use of the respirator.

Step 5: The PLHCP will consider multiple risk factors before they make the determination that the worker is cleared to wear a respirator. These considerations will include but not be limited to:

1. medical conditions that may make wearing a respirator difficult or inappropriate such as current heart symptoms, uncontrolled high blood pressure, angina, shortness of breath on exertion or chest pains;
2. chronic or recurrent respiratory symptoms such as uncontrolled asthma, shortness of breath, and wheezing or other significant medical conditions that increase their respiratory effort;
3. two or more risk factors for coronary heart disease which are not under treatment and well controlled by a physician or other health care provider.

The N95 respirator is easier to wear than other types of respirators such as the self contained breathing apparatus (SCBA) worn by a fire fighter or the negative pressure cartridge respirator worn by a lead abatement worker. The N95 is lighter and it is much easier to breathe through. For this reason, a rule of thumb when clearing a person for using an N95 is:

**If you can comfortably do your job without a respirator,
you can most likely do the same job while wearing an N95 respirator.**

Workers with well-controlled chronic diseases should be able to work safely with an N95 respirator as long as they are not experiencing any current acute medical symptoms.

Step 6: The PLHCP will complete a Respirator Medical Clearance Review form and return it to the employer for their records. (A sample form is attached) These records should be maintained and made available for the duration of the employee's employment plus thirty years. The employee should be given a copy as well. Although an annual medical evaluation is not required, the employer should provide a follow-up medical evaluation if the employee reports medical signs or symptoms that are related to their ability to use a respirator.

**OSHA Respirator Medical Evaluation Questionnaire Review and
N-95 RESPIRATOR CLEARANCE
Health District
2009**

Employee Name: _____
Last First MI

EMPLOYEE NO.: _____

I have reviewed the OSHA respirator medical evaluation questionnaire:

- The above named individual is medically cleared to work with an N95 respirator.
- The above named individual is **not** medically cleared to wear an N95 respirator, pending further medical evaluation.
- The above named individual is **not** medically cleared to wear an N95 respirator, but may work in other activities not requiring respiratory protection.

Physician or Licensed Health Care Provider signature

Date

Address

Town, CT 00000

- The above named individual has been given a copy of this evaluation

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
1910.134 Appendix C (mandatory)

To the Employer:

Answers to questions in Section 1, and to question 9 in section 2 of Part A, do not require a medical examination.

To the Employee:

Can you read? 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.

Part A. Section 1. (Mandatory)

Date: ____/____/____

Employee Number: _____

Name: _____

Age: _____

Job Title: _____

Height: _____ft. ____in.

Weight: _____lbs.

Phone number where you can be reached by the Health Care Professional who reviews this questionnaire (including Area Code): _____ Best time to reach you at this number: _____ days

Has your employer told you how to contact the health care professional who will review this questionnaire?

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) **N95**

Other type (for example, half – or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)

Have you ever worn a respirator? 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? Yes No

2. Have you ever had any of the following conditions?

- | | | |
|--|------------------------------|-----------------------------|
| a. Seizures (fits) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Diabetes (sugar disease) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Allergic reactions that interfere with your breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Claustrophobia (fear of closed-in places) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Trouble smelling odors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Have you ever had any of the following pulmonary or lung problems?

- | | | |
|--|------------------------------|-----------------------------|
| a. Asbestosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Chronic Bronchitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Emphysema | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Pneumonia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Silicosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Pneumothorax / Collapsed lung | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Lung cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Broken ribs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Any chest injuries or surgeries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Any other lung problems that you've been told about | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath Yes No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground Yes No
- d. Have to stop for breath when walking at your own pace on ground level Yes No
- e. Shortness of breath when washing or dressing yourself Yes No
- f. Shortness of breath that interferes with your job Yes No
- g. Coughing that produces phlegm (thick sputum) Yes No
- h. Coughing that wakes you up early in the morning Yes No
- i. Coughing that occurs mostly when you are lying down Yes No
- j. Coughing up blood in the last month Yes No
- k. Wheezing Yes No
- l. Wheezing that interferes with your job Yes No
- m. Chest pain when you breathe deeply Yes No
- n. Any other symptoms that you think may be related to lung problems Yes No

5. Have you ever had any of the following cardiovascular or heart problem?

- a. Heart Attack Yes No
- b. Stroke Yes No
- c. Angina Yes No
- d. Heart failure Yes No
- e. Swelling in your legs or feet (not caused by walking) Yes No
- f. Heart arrhythmia (heart beating irregularly) Yes No
- g. High blood pressure Yes No
- h. Any other heart problems that you've been told about Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

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

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems Yes No
- b. Heart trouble Yes No
- c. Blood pressure Yes No
- d. Seizures (fits) Yes No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never had used a respirator, check the following box and go to question 9)

- a. Eye irritation Yes No
- b. Skin allergies or rashes Yes No
- c. Anxiety Yes No
- d. General weakness or fatigue Yes No
- e. Any other problems that interferes with your use of a respirator Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

- Yes No