



Western

Western University  
Respiratory Protective Equipment Program

Revised: June 2018  
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Occupational Health and Safety  
Human Resources

# Contents

<b>INTRODUCTION</b>	<b>3</b>
<b>SCOPE</b>	<b>3</b>
<b>OBJECTIVE</b>	<b>3</b>
<b>DEFINITIONS</b>	<b>4</b>
<b>COMPLIANCE</b>	<b>4</b>
<b>RESPONSIBILITIES</b>	<b>5</b>
PRINCIPAL INVESTIGATORS/SUPERVISORS	5
RESPIRATOR USERS	5
OCCUPATIONAL HEALTH AND SAFETY (OHS)	6
WORKPLACE HEALTH	6
<b>HAZARD ASSESSMENT</b>	<b>7</b>
<b>RESPIRATOR SELECTION</b>	<b>7</b>
ASSIGNED PROTECTION FACTOR (APF):	8
<b>TRAINING</b>	<b>9</b>
<b>FIT TESTING</b>	<b>9</b>
DOCUMENTATION	11
<b>QUALITATIVE TEST PROCEDURE</b>	<b>11</b>
SENSITIVITY TEST	12
FIT TEST	12
<b>USE OF RESPIRATORS</b>	<b>13</b>
<b>CLEANING, INSPECTION, MAINTENANCE, AND STORAGE OF RESPIRATORS</b>	<b>14</b>
<b>MEDICAL SURVEILLANCE</b>	<b>15</b>
<b>PROGRAM EVALUATION</b>	<b>15</b>
<b>RECORDKEEPING</b>	<b>15</b>
<b>RESPIRATOR ISSUING INSTRUCTIONS</b>	<b>16</b>
<b>APPENDICES</b>	<b>17</b>
APPENDIX A - WESTERN RESPIRATOR RECORD	18
APPENDIX B - WESTERN MEDICAL FORM	19
APPENDIX C - ACKNOWLEDGEMENT (FULL/HALF FACE)	21
APPENDIX D - ACKNOWLEDGEMENT (N95)	22
APPENDIX E - USE INSTRUCTIONS (FULL/HALF FACE)	23
APPENDIX F - INSTRUCTIONS (N95)	24

## INTRODUCTION

Western University will make every effort to eliminate and/or reduce respiratory hazards by means of engineering controls. Where this is not possible there may be instances in which University workers require the use of appropriate respiratory protection for work in potentially hazardous environments. The decision to use respiratory protection must be based on a risk assessment of the potential hazards where all controls have been considered. Details of the requirements can be found in the Ontario Occupational Health and Safety Act and its Regulations and in the Canadian Standards Association (CSA) Standard Z94.4-11 (*Selection, Use and Care of Respirators*)

## SCOPE

CSA Z94.4-11 requires a written respiratory protection program to be in place where respiratory protection is used to protect workers from exposure to hazardous atmospheres. The scope of the program at Western includes air filtering respirators such as tight fitting elastomer face pieces, disposable respirators and powered air purifying respirators (PAPR). It does not include air supplying respirators.

This program applies to any worker who may be exposed to respiratory hazards during the course of their work at the University.

*Note: In this program, "worker" includes faculty, staff, students and visitors.*

## OBJECTIVE

It is the objective of this program to adequately protect the health of all workers coming into contact with hazardous atmospheres, where there is no possibility of implementing engineering or work practice/administrative controls. In addition, this program is meant to increase the awareness of respiratory hazards in the workplace and to inform employees of the means available to protect themselves and others from those hazards.

The components of the Respiratory Protection Program are:

1. Roles and responsibilities of the workplace parties
2. Hazard assessment
3. Selection of appropriate respirator
4. Training of respirator users
5. Respirator fit testing
6. Use of respiratory protection
7. Cleaning, inspecting, maintaining and storing respirator
8. Health surveillance
9. Evaluation of the program
10. Record keeping

## DEFINITIONS

Refer to CSA Z94.4-11 for a complete list of definitions.

**Fit test** – the use of qualitative or quantitative method to evaluate the fit of a specific make, model, and size of a respirator on an individual.

**Immediately Dangerous to Life and Health Atmosphere (IDLH)** – an atmosphere that poses an immediate threat to life, would cause adverse health effects, or would impair an individual's ability to escape.

**Quantitative fit test** – a test method that uses an instrument to assess the amount of leakage into the respirator in order to assess the adequacy of respirator fit.

**Qualitative fit test** – a pass/fail test method that relies on the subject's sensory response to detect a challenge agent in order to assess the adequacy of respirator fit.

**Respirator** – a device that is tested and certified by procedures established by testing and certification agencies recognized by the authority having jurisdiction and is used to protect the user from inhaling a hazardous atmosphere.

- **Air purifying** – a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element
- **Atmosphere supplying** – a respirator that supplies the user with breathing air/gas from a source independent of the ambient atmosphere.
- **Tight-fitting respirator** – a respirator that is designed to form a complete seal with the face or neck. Tight-fitting respirators include half-face piece, both elastomeric and filtering-face piece respirators, full-face piece, and certain hoods equipped with a tight-fitting seal.

**User seal check** – an action conducted by the respirator user to determine if the respirator is properly sealed to the face.

## COMPLIANCE

Compliance with this program is the responsibility of the Deans, Budget Unit Heads, Supervisors or Individual Researchers / Principal Investigators. Any costs associated with compliance to this program will be carried by the individual Budget Unit or Researcher.

All persons required to use-respirators will use them in accordance with the instructions received. The user will take all necessary measures to care for the respirator provided and will report any damage or malfunctions to his or her immediate supervisor.

## RESPONSIBILITIES

### Principal Investigators/Supervisors

- Identify situations where respirators are required;
- Conduct, in consultation with Occupational Health and Safety (OHS) (when necessary), assessments for respiratory hazards;
- Determine (in conjunction with OHS) the type of respiratory protection required for the specific respiratory hazard;
- Provide workers with appropriate respiratory protection;
- Ensure that health screening, training and fit testing of workers are completed prior to assigning workers a task that requires respiratory protection;
- Ensure that workers use the respirators in accordance with the instructions and the training received;
- Ensure that the workers use only those respirators for which they have been trained and fit-tested for;
- Ensure respirators are cleaned, sanitized, inspected, maintained, repaired, and stored in accordance with training and manufacturer's recommendations;
- In case of a tight-fitting facepiece, ensure that respirator users are clean-shaven and do not have any object or material that would interfere with the seal or operation of the respirator;
- Notify OHS of respirator users' concerns, changes in processes, equipment, or operating procedures that have impact on environmental conditions, and respiratory protection requirements;
- Ensure that workers wear appropriate respiratory protection at all times in respiratory hazard areas.

### Respirator Users

- Wear appropriate respiratory protection at all times when performing tasks or working in an area where respiratory hazards exist;
- Inspect the respirator prior to each use in accordance with the training received;
- Clean, maintain and store the respirators in accordance with the training received and the manufacturer's instructions;
- Perform negative and positive pressure/seal checks after each donning of a tight-fitting respirator;
- Report any damage or malfunction of the respirator to their supervisor;
- Report to Workplace Health any condition or change that may impact their ability to use a respirator safely;
- When using a tight-fitting facepiece respirator, be clean shaven and ensure that no object or material interferes with the seal or operation of the respirator;
- Use the respirator in accordance with the written instructions and training received.
- Understand the limitations associated with the use of respiratory protection.

## **Occupational Health and Safety (OHS)**

Consultants in OHS are responsible for all aspects of the Respiratory Protection Program with the Laboratory Health and Safety Consultant being the Program Administrator. This includes:

- Developing and administering the program;
- Providing technical advice and recommendations regarding assessments for respiratory hazards;
- Assisting supervisors in determining the type of respiratory protection required for the specific respiratory hazard(s);
- Providing training and education;
- Fit testing;
- Evaluating of Respiratory Protection Program effectiveness;
- Ensuring that procedures for health surveillance are established;
- Updating the program to maintain consistency with regulatory criteria and consensus standards;
- Creating and maintaining training and fit testing records;

## **Workplace Health**

- Have knowledge of the health effects associated with the respiratory hazards to which the user might potentially be exposed;
- Have knowledge of the physiological burden and psychological stresses associated with the use of the selected respirator under the anticipated working conditions;
- Assess the suitability of the user to safely use the selected respirator;
- Determine if the person is medically fit to wear a respirator;
- Report to the program administrator whether the user meets medical requirements to use the selected respirator;
- Perform medical surveillance, as appropriate, for specific hazardous respiratory toxins, allergens, or pathogens;
- Maintain medical records.

## HAZARD ASSESSMENT

In order to determine the presence of a respiratory hazard and to assist in the selection of an appropriate respirator, a hazard assessment of the work area shall be conducted by the Supervisor in consultation with OHS. The hazard assessment of a respiratory hazard includes but is not limited to the following:

- Identification of contaminants present in the workplace;
- Identification of physical states of airborne contaminants;
- Determination of the likelihood of inhalation of the contaminants;
- Measurement or estimation of the concentration of the contaminants;
- Identification of the established occupational exposure limit for each airborne contaminant;
- Determination of whether the atmosphere is immediately dangerous to life and health (IDLH) including oxygen deficiency;
- Determination of applicable health regulation or a substance-specific standard for the contaminants;
- Determination for particulate hazards if there is oil present;
- Determination of skin or eye absorption and irritation characteristics.

## RESPIRATOR SELECTION

The two main types of respiratory protection at Western University are:

- i. Air purifying respirators;
  - a. Tight-fitting
  - b. Powered air purifying respirator (PAPR)
- ii. Air supplying respirators.

Air purifying respirators can be either mechanical or chemical. Mechanical filters remove contaminants in the air by filtering out particulates (e.g. metal fumes, mists, etc.). Chemical cartridge filters purify air by adsorbing or neutralizing gases or vapours on a sorbent (adsorbing material) in a cartridge.

- Tight-fitting require fit-testing and are available in several forms including, N95, half and full face respirators.
- PAPR blow filtered air towards the face and do not require a seal to the face

Air supplying respirators supply the user with breathable air; air-line and self-contained breathing apparatus (SCBA). This does not fall within the scope of this program. Separate extensive training is provided by OHS.

Respirators shall be selected based on the following criteria:

- Health of the worker and ability to wear a respirator;
- Review of the hazard assessment;
- Existing legislation and standards;
- Work requirements and conditions;
- Duration of exposure;

- Characteristics and limitations of respirators;
- Respirator assigned protection factors.

Only NIOSH-approved or equivalent respirators shall be selected and used. Respirators are issued by OHS.

Workers shall be issued only those respirators for which they have been fit-tested.

For air-purifying respirators for gases and vapours with no end-of-service-life indicator, the supervisor shall establish a change-out schedule for the replacement of the cartridges (based on manufacturer information). Should the need arise; OHS can assist the supervisor with setting up the change-out schedule.

Where an IDLH atmosphere is identified, only pressure-demand self-contained breathing apparatus (SCBA) or a combination pressure-demand supplied air respirator with auxiliary self-contained air supply, with a minimum rated service time of 15 minutes shall be used.

Respirators approved for escape only shall not be used for non-emergency applications.

Atmosphere-supplying respirators that make use of compressed air for breathing shall meet CSA Standard Z180.1-13 Compressed Breathing Air and Systems.

Atmosphere-supplying respirators that make use of ambient breathing air system shall meet CSA Standard Z180.1-13 Compressed Breathing Air and Systems.

**Assigned Protection Factor (APF):**

In selecting a respirator the APF must be greater than the expected air contaminant concentration divided by its exposure limit. e.g. if the expected air concentration of the contaminant is 60 ppm and exposure limit is 2ppm a respirator with an APF >30 must be used.

The following table illustrates values of assigned protection factors for various types of respirators:

Respirator Type		APF
Air Purifying	Half-face piece	10
	Full-face piece	50
Powered Air Purifying	Full face piece hood or helmet	1,000
SCBA	Pressure demand	10,000

## TRAINING

The following persons shall be trained to ensure the proper use of respirators:

- a. The respirator user
- b. The supervisor of persons using respirators
- c. The person issuing respirators and
- d. The person performing fit tests

All workers who are required to use a respirator shall receive appropriate training, provided by OHS (or approved fit tester) prior to the initial use of the respirator.

The training shall include the following:

- Why respiratory protection is necessary
- Fit test procedure
- Proper use of the assigned respirator(s)
- The limitations of the assigned respirator(s)
- Respirator care and use (e.g. inspect, put on and remove a respirator, and how to perform user seals checks, etc.);
- Procedures for maintenance and storage of respiratory equipment;
- General requirements of the Respiratory Protection Program.

Refresher training and fit-testing shall be provided every two years to all respirator users.

Records of the training shall be updated and maintained by OHS.

## FIT TESTING

The purpose of a respirator fit test is to verify the user's ability to obtain an effective seal and acceptably comfortable fit for the selected respirator. This process also serves to verify that a respirator user is able to demonstrate the required level of competency in donning and doffing the respirator and performing a respiratory inspection as well as a seal check.

The selection of a respirator must be based on adequate protection, proper fit and comfort. Workers are to be shown how the respirator is properly positioned on the face, how the strap tension should be set, as well as how to determine a proper fit of the respirator. A mirror should be available during the respirator selection to aid in evaluating the fit of the respirator. The comfort assessment of the respirator includes the following points:

- Proper placement of the chin
- Positioning and fit of the mask on nose (for a half piece)
- Adjusting the strap tension
- Room for safety glasses - without adversely affecting the seal of the respirator
- Ability to speak without adversely affecting the seal of the respirator
- Self-observation in mirror

**Important note: The respirator will not provide the needed protection if the seal between the skin and the respirator mask is broken; this may occur if the worker has:**

- A beard or facial hair; a worker donning a respirator shall be clean-shaven – no exceptions.
- Glasses
- Facial scars
- Long side burns.
- Dermatological condition (eg. acne).

Individuals shall present themselves for fit testing in the same personal condition they would expect to be in when using the respirator. This includes hair styles, wearing or not wearing dentures, eyeglasses, lotions, creams, or other personal item

The fit testing shall be conducted by OHS staff or by individuals who have completed a Respirator Fit-Testing Train-the-Trainer session coordinated by OHS.

The fit-tester shall be competent in the applicable fit test methods and be able to verify a user's ability to obtain an effective respirator seal, comfort, and fit for a tight-fitting respirator.

The worker must demonstrate the required level of competency in donning and doffing the respirator, as well as inspecting and performing a user seal check.

A fit test shall be carried out:

- prior to initial use of a tight-fitting respirator
- after completion of Western Respirator Record (Appendix A)
- Western Respirator User's Health Condition Form (Appendix B)
- at least every 2 years
- whenever there is a change in respirator (make, model, or size)
- when a respirator user experiences continued significant discomfort during use or difficulty in completing a successful user seal check
- if there is a change in PPE use that could affect the respirator
- whenever there is a change in the worker's physical condition that could affect respirator fit. Such conditions include, but not limited to:
  - facial scarring
  - dental changes
  - cosmetic surgery
  - obvious change in body weight
  - facial rash (dermatological condition)

The fit test shall be performed only on workers who are clean-shaven where the facepiece seals to the skin. Individuals that are not clean-shaven will not be fit-tested.

When a worker is required to wear other personal protective equipment, such as eye, face, head and hearing protection during their course of work, the same protective equipment shall be worn during the fit test to ensure that they are compatible with the respirator and do not break the facial seal.

## Documentation

Prior to the fit test, the worker and supervisor must complete their respective section of Western's Respirator Record form (appendix A) and the Respirator User Screening Form (Appendix B).

Following the fit test, the worker shall review and sign the appropriate Acknowledgement of Respirator Limitations and Requirements (Appendix C and Appendix D)

The person performing the fit test shall record the details of the fit test of during the procedure. When complete a respirator fit-test card will be issued to a worker upon successful completion of training and fit-test. The fit-test card indicates the respirator manufacturer, model, size, and expiry date.

	<b>Respirator Fit-Test Record</b>	
Name: _____ Was successfully fit-tested and trained in the proper use, care and limitations of this respirator		
Make _____	Model _____	Size _____
Issue Date: _____	Expiry Date _____	
Trainer Signature _____ Occupational Health and Safety		

A worker must only use the specific respirator (same manufacturer, model, and size) they were fit-tested with.

## QUALITATIVE TEST PROCEDURE

A qualitative fit test is performed using bitter aerosol (denatonium benzoate) as the test agent. A variety of test agents are acceptable and used as back up including isoamyl acetate, saccharin solution aerosol and irritant smoke (stannic chloride).

**Note: Workers must not chew gum or tobacco, smoke, eat or drink anything other than plain water for 15 minutes prior to a qualitative fit testing to make sure that workers can detect the fit test agents by smell or taste**

The entire screening and testing procedure shall be explained prior to the screening test. The fit-testing shall be conducted in a well ventilated area or a separate room immediately after the sensitivity test.

## Sensitivity Test

The sensitivity test is performed without a respirator to determine if they can detect the bitter solution. See 3M FT-30 instructions for full details

1. Explain the entire procedure to the worker
2. Ask the worker to don the hood enclosure and tell them to breathe through their slightly open mouth with the tongue extended during the test.
3. Using nebulizer #1 (sensitivity) spray the solution into the enclosure directed away from the nose and mouth.
4. 10 squeezes shall be repeated rapidly and the subject asked if they can taste the bitter solution. Up to 10 squeezes is recorded as 10. If negative 10 more squeezes, then 10 more. If not detected in after 30 squeezes another test solution must be used. The squeezes can stop as soon as the subject tastes the solution, there is no need to finish the 10.

## Fit Test

1. The worker puts on the selected respirator according to the manufacturer's instructions and is asked to perform a seal check
2. The worker dons the hood enclosure as per step 2 of sensitivity test
3. Using nebulizer #2 (fit test) spray the solution into the enclosure directed away from the nose and mouth. The number of squeezes is as follow:
  - a. Sensitivity 10 10 squeezes to start and 5 every 30 seconds
  - b. Sensitivity 20 20 squeezes to start and 10 every 30 seconds
  - c. Sensitivity 30 30 squeezes to start and 15 every 30 seconds
1. The worker is then asked to perform the following exercises for 60 seconds each:
  2. Normal breathing
  3. Deep breathing
  4. Turning head side to side; inhale and exhale when the head is at either side
  5. Moving head up and down; inhale when the head is in fully up position, and exhale when the head is in fully down position
  6. Talk aloud and slowly
  7. Normal breathing

The test is terminated at any time the worker detects the bitter taste. Wait 15mins then re do the sensitivity test and repeat the fit test.

The fit-test is complete when all of the exercises are completed without the bitter solution being detected.

## USE OF RESPIRATORS

Prior to being assigned any task that requires the use of a respirator, the worker shall complete all the health screening, fit testing and training requirements.

Workers with facial hair that may interfere with the facepiece seal or valve function on tight-fitting respirators cannot use a tight-fitting respirator. CSA Z94.4-11 (Selection, Use and Care of Respirators) provides illustrations of acceptable and unacceptable facial hair for tight-fitting respirators. Individuals must be clean-shaven where the respirator forms a seal with the face.

Other personal protective devices or equipment shall not interfere with the seal of the facepiece to the face of the worker such as side arms on eyeglasses or any other material such as hair, cloth, tissue, straps and jewelry shall not come between the face and the sealing surface of the facepiece or interfere with the seal of the tight-fitting facepiece to the face or with the operation of the respirator.

- The worker shall check the seal of the facepiece immediately after donning the respirator and adjust if necessary.
- The worker should never break the respirator face-to-facepiece seal to communicate.
- Workers shall not remove their facepiece at any time while working in an IDLH atmosphere.

The worker shall leave the hazardous area when:

- The respirator fails to provide adequate protection;
- The respirator malfunctions;
- Air leakage is detected around the face seal;
- He/she detects an odour or tastes a chemical;
- He/she has increased breathing resistance;
- He/she experiences any illnesses or discomforts such as dizziness, nausea, weakness, breathing difficulties, sneezing, fever, chills, confusion, etc.;
- He/she experiences extreme discomfort from wearing the respirator;
- He/she needs to wash his/her face and facepiece to minimize skin irritation;

The respirator shall not be altered in any manner.

Disposable particulate filtering face piece respirators such as an N95 are single use respirators and must be disposed of after each use.

All cartridges, replacement parts, etc., shall be from the same manufacturer as the respirator (e.g., use only NORTH cartridges and parts for a NORTH respirator).

A change-out schedule shall be established for the replacement of air-purifying filters or cartridges of respirators before their useful service life is ended. Change-out can include end-of-service life indicators, maximum use time, manufacturer information, and breathing resistance as appropriate.

Warning properties (odour, irritation) of the contaminant shall not be relied on for cartridge change-out.

## **CLEANING, INSPECTION, MAINTENANCE, AND STORAGE OF RESPIRATORS**

The University shall provide each worker requiring a respirator with a respirator that is clean, sanitary and in good working order.

Each worker issued a respirator shall properly maintain his/her respirator to retain its original effectiveness. The maintenance shall include:

- Cleaning and sanitizing
- Inspection, testing, and repair
- Proper storage

Defective or non-functioning respirators shall be replaced or removed from service until repaired.

The respirator shall be cleaned using warm soapy water and/or sanitized according to the respirator manufacturer's instructions.

Respirators designed not to be cleaned (e.g. N95) shall be disposed of after use.

Workers shall inspect their respirator before and after each use and report defective or non-functioning respirators to their supervisor.

Worker shall store their respirator in a clean and sanitary location, in boxes or in plastic bags, marked with their name and in a manner that will prevent deformation of rubber or other elastomeric parts.

Used cartridges/filters to be re-used shall be stored in a manner to prevent contamination of the respirator facepiece.

## **MEDICAL SURVEILLANCE**

Prior to fit testing and respirator use, it shall be confirmed that the worker is free from any condition that may prevent them from using the selected respirator. This shall be achieved through the use of the Western Respirator User's Health Conditions Form (Appendix B) which must be completed prior to the fit test appointment.

If the worker answers yes to any of the health screening questions they must attend Workplace Health for a medical evaluation.

The medical evaluation shall consist of a primary assessment conducted by the Occupational Health Nurse and if deemed necessary a further assessment conducted by the Occupational Health Physician.

After the medical evaluation, Workplace Health shall complete the form indicating;

- a) User meets medical requirements to use the respirator or
- b) User does not meet medical requirements to use the respirator.

The re-evaluation of the worker shall be performed based on one of the following criteria:

- a) The worker reports signs or symptoms that are relevant to the worker's ability to use a respirator;
- b) Workplace Health, supervisor or OHS considers it necessary for the worker to be re-evaluated;

Workers who do not meet medical requirements to use a selected respirator shall not work in an area where the use of a respirator is required.

## **PROGRAM EVALUATION**

The Respiratory Protection Program shall be reviewed regularly by OHS. The evaluation will be consistent with section 13 of CSA Z94.4-11:

## **RECORDKEEPING**

All records of respirator fit-tests and training will be maintained by OHS or at the approved local fit testing site. These include; fit testing, acknowledgment of use, training and respirator selection.

OHS shall keep records of hazard assessments and the program evaluations.

The supervisor or department shall maintain the records of

- a) Fit testing, training and respirator selection for those under their supervision
- b) Respirator maintenance, if done
- c) Change out procedure if required

Workplace Health shall maintain the medical records for the workers that have undergone medical evaluations. These records shall be treated as medically confidential.

## RESPIRATOR ISSUING INSTRUCTIONS

1. Review the Western Health Conditions form. Ensure all questions have been answered. If any questions have been answered yes refer the individual to Workplace Health for an assessment.
2. Review the Western Respirator Record. Ensure the use conditions have been completed by the supervisor and that there is an account number supplied if issuing full or half face respirators.
3. Explain why respirators are necessary, the purpose of the fit testing and describe the process.
  - a. Use of Bitrix
  - b. The purpose of the hood. (*Remember some people may not be comfortable wearing the hood*).
4. Review the Respirator User Instructions with the worker.(Appendix E and F)
5. Show the worker how to take apart and rebuild the components of the respirator.
6. Demonstrate donning and doffing of the respirator.
7. Have the individual don the respirator and perform the positive and negative fit checks.
8. Perform the sensitivity test.
9. Perform the qualitative fit check with either Bitrix or Saccharin. This is to be done in a separate location away from where the sensitivity test is conducted.
10. Complete the Western Respirator Record. Ensure all parts that have been issued are listed and ensure the individual has signed the form.
11. Review the Acknowledgement of Respirator Limitations and Requirements and have the individual read and sign the form.
12. Complete the Respirator Fit Test Card and give it to the worker along with a copy of the appropriate Respirator User Instructions.
13. Record keeping
  - a. Scan the completed forms and save in the shared drive.
  - b. Add the information to or update the information in the “Respirator Records Current” spreadsheet.
  - c. When finished the paper records can be shredded.

## Appendices

- A. Western Respirator Record
- B. Western Respirator User's Health Conditions
- C. Acknowledgement of Respirator Limitations and Requirements (full/half face)
- D. Acknowledgement of Respirator Limitations and Requirements (N95)
- E. Respirator Use Instructions (full/half face)
- F. Respirator Use Instructions (N95)



**Western Respirator Record**

Name (Print):	Western ID#:	Date:								
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
E-mail:	Phone Number:									

**Part A - Supervisor Authorization** *(shaded areas to be completed prior to test being performed)*

Supervisor's Name:	Department:
Reason for Respirator (tasks, materials, attach SDS – required for trade named products)	
Bill to Account: _ _ _ _ _	

**Part B - Issuing Respirator** *(Completed by OH&S)*

Person performing Fit Test:
-----------------------------

**Background:**

Medical Conditions (refer to Workplace Health)
Limitations:
Replacement:
Maintenance:
Cleaning:

**Fit Check:**

Positive Pressure Check <input type="checkbox"/>	Negative Pressure Check <input type="checkbox"/>	
Bitrix <input type="checkbox"/>	Saccharin <input type="checkbox"/>	Sensitivity Test # Squeezes <input type="checkbox"/>
Normal Breathing <input type="checkbox"/>	Deep Breathing <input type="checkbox"/>	Side to side <input type="checkbox"/>
Nodding Up and Down <input type="checkbox"/>	Talking <input type="checkbox"/>	Normal Breathing <input type="checkbox"/>

Parts Issued (Description & Part #)	Quantity

**Fit Recertification**

Recertification Date (Two Years from Date of Issue):
--

**Users Statement**

I understand that my use of this respirator must be in accordance with Western's procedures and manufacturer's instructions and applicable OHS Regulations and Standards. The respirator is issued to the individual employee and is not to be shared by others.
--

Users Signature: _____	Date: _____
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**Appendix B –Western Medical Form**

**Western Respirator User’s Health Conditions**



**Complete prior to respirator fitting.**

**Check Yes or No boxes only. Do not specify an existing condition**

a) Some conditions can seriously affect your ability to safely use a respirator. Do you or do you experience any of the following, or another condition which may affect respirator use? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Shortness of breath	Breathing difficulties	Chronic bronchitis	Emphysema
Lung disease	Chest pain on exertion	Heart problems	Allergies
Hypertension	Cardiovascular disease	Thyroid problems	Diabetes
Neuromuscular disease	Fainting spells	Dizziness/nausea	Seizures
Temperature susceptibility	Claustrophobia/fear of heights	Hearing impairment	Dentures
Panic attacks	Colour blindness	Asthma	Pacemaker
Vision impairment	Reduced sense of smell	Reduced sense of taste	Back/neck problems
Facial features/skin conditions			
b) Do you take prescription medication(s) to control a condition which you believe may affect respirator use?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
c) Do you have any other medical condition(s) which you believe may affect respirator use?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
d) Have you had previous difficulty using a respirator?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
e) Do you have any future concerns about your ability to use a respirator safely?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

A yes answer to “a” “b” “c” “d” or “e” requires a further assessment by a health care professional and completion of the bottom section of the form prior to respirator use. **Note: No medical information is to be offered on this form.**

Name of respirator user: \_\_\_\_\_

Signature of respirator user: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by Workplace Health, UCC Room 25**

Employee is fit for respirator use	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
------------------------------------	-------------------------------------	------------------------------------

\_\_\_\_\_  
Signature of Workplace Health Representative

\_\_\_\_\_  
Date



## Appendix C – Acknowledgement (full/half face)

### Acknowledgement of Respirator Limitations and Requirements (full/half face)

I \_\_\_\_\_ (name, print) acknowledge the following limitations of the respirator I have been issued.

- 1) The full or half face respirator and cartridges have been selected and issued for the set of conditions outlined on the individual Western Respirator Record. If:
  - a. the use changes or
  - b. the materials being used changes,

Contact the staff in Occupational Health and Safety to ensure the proper protection is being used.

- 2) The respirator cartridge purifies the inhaled air by filtering. It does not supply oxygen and must never be used in an oxygen deficient atmosphere such as may occur in a fire or confined space.
- 3) Respirators are personal protective equipment and are issued and fitted to individuals. **They must not be loaned to others.**
- 4) Respirators must be maintained and cleaned as directed for continued proper performance. Follow the directions you were given with the respirator. If there is any questions about the functioning of the respirator bring the respirator back to Occupational Health and Safety for a check.
- 5) These respirators only provide protection when there is an adequate seal to the face. The area of the fit of the respirator seal on the face **must be clean shaven**. The respirator fit must be tested prior to each use by performing the negative pressure (inhalation) and positive pressure (exhalation) fit checks as instructed.

Respirator User's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ -

## Appendix D – Acknowledgement (N95)

### Acknowledgement of Respirator Limitations and Requirements (N95)

I \_\_\_\_\_ (name, print) acknowledge the following limitations of the respirator I have been issued.

- 1) The respirator have been selected and issued for the set of conditions outlined on the individual Western Respirator Record. If:
  - a. the use changes or
  - b. the materials being used changes,Contact the staff in Occupational Health and Safety to ensure the proper protection is being used.
- 2) The respirator purifies the inhaled air by filtering. It does not supply oxygen and must never be used in an oxygen deficient atmosphere such as may occur in a fire or confined space.
- 3) The employee must wear the type and model of respirator they have been fit-tested with.
- 4) The respirator is disposable and has a limited use time. They must be replaced every 4 hours, when removed from the face (to avoid contamination) or when they become damaged.
- 5) If a medical condition develops or you experience difficulty while using the respirator, contact Workplace Health Services.

Respirator User's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix E – Use Instructions (full/half face)**

### **Respirator Use Instructions (full/half face)**

- 1) The respirator has been issued for situations and materials listed on your individual Western Respirator Record. If use conditions or materials change contact Occupational Health and Safety to ensure the proper respirator is being used.
- 2) Never use the respirator in an oxygen deficient atmosphere such as may occur in a fire situation or a confined space.
- 3) Never share your respirator with others. Respirators must be fitted to individuals for proper protection.
- 4) Cartridges have a limited life expectancy. Absorbing cartridges must be replaced after 8 hours of continuous use. Filtering cartridges (P100) must be replaced at least every 2 years. All cartridges must be replaced when you can taste or smell the contaminant inside the face piece or when breathing becomes difficult.
- 5) The face area in contact with the respirator seal must be kept clean shaven.
- 6) Respirators must be inspected prior to each use. Particular attention must be given to the inhalation and exhalation valves to ensure these are intact and functioning properly.
- 7) Always perform the negative pressure (inhalation check) and positive pressure (exhalation check) each time you put the respirator on.
- 8) Never modify the respirator or use parts from different manufacturers with the respirator you have been issued.
- 9) Always wash the respirator face piece after each use. The best method is to use warm soapy water. The face piece should be dried and stored in a plastic bag.
- 10) Cartridges should be stored in plastic bags separate from other respiratory equipment.
- 11) If you have any questions about the use or condition of your respirator contact Occupational Health and Safety.
- 12) If a medical condition develops or you experience difficulty while using the respirator, contact Workplace Health

## **Appendix F – Instructions (N95)**

### **Respirator Use Instructions (N95)**

- 1) The respirator has been issued for situations and materials listed on your individual Western Respirator Record. If use conditions or materials change contact Occupational Health and Safety to ensure the proper respirator is being used.
- 2) Never use the respirator in an oxygen deficient atmosphere such as may occur in a fire situation or a confined space.
- 3) Never share your respirator with others. Respirators must be fitted to individuals for proper protection.
- 4) The respirator you have been fitted with is \_\_\_\_\_ (brand and model). If you use another type it will need to be fit tested.
- 5) The face area in contact with the respirator seal must be kept clean shaven.
- 6) The respirator is disposable and has a limited use time. They must be replaced every 4 hours or when they become damaged.
- 7) Always perform the positive pressure (exhalation check) each time you put the respirator on.
- 8) Never modify the respirator.
- 9) If you have any questions about the use or condition of your respirator contact Occupational Health and Safety.
- 10) If a medical condition develops or you experience difficulty while using the respirator, contact Workplace Health