**Voluntary Respiratory Use Procedure**

This unit procedure is intended to provide guidance to Facilities Management staff with regard to University policy or to supplement University policy. It is not intended to over-ride University policy, the “Employee Handbook for Administrative, Professional and Support Staff Employees”, or the Memorandum of Agreement between the University and the IBEW.

Facilities Management does not require employees to perform tasks which involve exposures that require the use of a respirator. If an employee has concerns that a particular task puts them at risk they should bring their concerns to their supervisor immediately.

Under some circumstances, employees may wish to use respiratory protection equipment for their own comfort or sense of wellbeing, even when there is no recognized hazard or potential for exposure above OSHA permissible exposure limits. In these cases, not all of OSHA’s respiratory protection requirements apply (i.e., fit testing is not required). In order to voluntarily use respiratory protective equipment in this way, the below criteria must be met.

**A. Definitions**

1. An air purifying respirator is a device designed to protect the wearer from inhaling harmful dust, fumes, vapors, and/or gases by forcing the contaminated air through a filtering element. Full- and half-face canister units are common respirator types. Whether an employee should wear a respirator is determined by the employee or by department guidelines. Use of any mask labeled as a respirator must follow the guidelines within this document.
2. OSHA classifies filtering face piece units, or dust masks (such as N95s) as a respirator however, voluntary use requirements for these types of respirators vary from requirements for full- or half-face canister respirators. The need for a 2300N95 and 7000 series mask will be determined on a case by case basis versus by a job title.

**B. Criteria**

1. Criteria for voluntary respirator use are as follows:
   1. There is no recognized hazard or potential for exposure above OSHA permissible exposure limits (PELs).
   2. The respirator must be NIOSH certified.
   3. The respirator must be cleaned, stored, and maintained as specified in Section D – Cleaning and Disinfecting.
   4. The respiratory protective equipment does not itself present a hazard to the user.
   5. The employee is medically cleared to use a respirator (Exception: filtering face pieces, i.e., dust masks, “duck bill” respirators, etc., do not require medical clearance for voluntary use).
   6. The employee is given a copy of *Appendix D – Information for Employees Using Respirators When Not Required Under the Standard,* attached.
   7. Missouri State University shall authorize voluntary use of respiratory protective equipment as requested by employees on a case-by-case basis, depending on specific workplace conditions and results of medical evaluation. These respirators will be provided by the employer.

**C. Medical Clearance**

1. OSHA’s revised respiratory protection program requires voluntary respirator users to undergo medical clearances. To this end, voluntary respirator users must obtain a medical clearance from Magers Health and Wellness Center or their personal physician before using a respirator. Medical clearances should be repeated according to the physician’s recommendation.

**D. Cleaning and Disinfecting**

1. The Occupational Health and Safety Administration has set guidelines for the cleaning of respiratory protective equipment. These are listed below. Alternatively, respiratory protective equipment can be cleaned according to the manufacturer’s recommendations so long as the equipment is cleaned and disinfected in a way that does not damage it, and does not harm the user.
   1. Remove filters, cartridges, or canisters. Disassemble face pieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Inspect respirator for damage and see your supervisor or foreman for guidance if damages or defective parts are discovered.
   2. Wash components in warm water (110-degree F maximum) with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
   3. Rinse components thoroughly in clean, warm (110-degree F maximum), preferably running water. Drain.
   4. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
      1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 110-degree F; or,
      2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100cc or 45% alcohol) to one liter of water at 110 degree F; or,
      3. Other commercially available cleaners of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
   5. Rinse components thoroughly in clean, warm water (110-degree F maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on face pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
   6. Components should be hand-dried with a clean lint-free cloth or air-dried.
   7. Reassemble face pieces, replace filter, cartridges, and canisters where necessary.
   8. Test the respirator to ensure that all components work properly.
2. Filtering face piece respirators (dust masks, KN95s, N95s) are considered ‘disposable’ and are intended for one-time use only. After use, or when the dust mask becomes damaged or contaminated, it should be discarded. There are no approved cleaning procedures for these units; if continued use is desired, a new unit will be used.

**E. Storage**

1. Respiratory protection equipment must be stored in a way that protects them from damage, dust, contamination, sunlight, chemicals, excessive moisture, and extreme temperatures. They must also be stored in such a way that it is unlikely that the face piece or valves will be damaged or deformed. Additionally, emergency respirators must be stored in an easily accessible way in the workplace, must be in containers clearly labeled as containing emergency respirators, according to any manufacturers recommendations.

**F. Inspection**

1. The following checks are required as part of the respirator inspection procedure:
   1. Tightness of connections
   2. Condition of the face piece, head straps, valves, connecting tubes, and cartridges, canisters, or other filters
   3. Pliability of any elastomeric parts
   4. Signs of cracking, discoloration, or other symptoms of aging
   5. When using respirators routinely, these inspections must be performed before each use and during each cleaning.

**G. Repairs**

1. Respirators found to be defective or in need of repairs must be removed from service immediately. When repairing a respirator or replacing cartridges, valves or other components, only approved parts shall be used to keep the NIOSH approval valid. No attempts, under any circumstances, should be made to change, modify, or improve any respiratory protection device.

**H. Training, Fitting, and Assistance**

1. Missouri State University will provide training and provide other assistance to voluntary respirator users upon request. The Environmental Management Director will ensure proper fit. Contact Environmental Management, 6-8334, for more information.

**I. Employee Compliance**

1. Employees who wish to voluntarily utilize respirators are required:
   1. To read and sign *Appendix D – Information for Employees Voluntarily Using Respirators When Not Required Under the Standard*
   2. Complete *Appendix C Sec 1910.134 OSHA Respirator Medical Evaluation Questionnaire*
   3. Submit a completed request for *Medical Clearance for Voluntary Respirator Use questionnaire.*
   4. The completed form should be submitted to the employee’s supervisor.

If there is any inconsistency between this document and University policy; including the “Employee Handbook for Administrative, Professional and Support Staff Employees” and the Memorandum of Agreement between the University and the IBEW; University policy, the Employee Handbook, and the Memorandum of Agreement shall control.

**Medical Clearance for Voluntary Respirator Use**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | M#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  |  |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Department: \_\_\_\_\_\_\_\_ | Date of Birth:\_\_\_\_\_\_\_\_\_ |
|  | |  |  |
|  | |  |  |
| Indicate Which Type or Types of Respirator(s) to be Used: | | | |
| 1. Half face air purifying (non-powered) respirator 2. Full face air purifying (non-powered) respirator 3. N95/KN95 Filtering Facepiece Respirator | | | |
|  | | | |
| Extent of Usage (check one) | | | |
| 1. On a daily basis 2. Occasionally, but more than once a week 3. Rarely or for emergency situations only | | | |
|  | | | |
| Length of Time of Anticipated Effort in Hours (Never to exceed a single 2-hr increment of time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Special Work Consideration (i.e., chemicals for grounds application, dust, protective clothing, etc.) | | | |
| Supervisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
|  | | | |
| Physician’s Evaluation of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Based upon medical review (check selection):   1. No restrictions on voluntary respirator use 2. Some specific restrictions (shown below) 3. No respirator use permitted 4. Screening evaluation suggest that there may be conditions that must be evaluated by your personal care physician to determine whether or not it is safe to wear a respirator. Re-evaluation in \_\_\_\_\_\_\_\_ months. | | | |
|  | | | |
| Restrictions/Comments | | | |
|  | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Examining Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | |
| *Upon completion, return form to:*  *Facilities Management, Missouri State University, 901 S. National Avenue, Springfield, MO 65897* | | | |

**Appendix C: OSHA Respirator Medical Evaluation Questionnaire**

Source: Appendix C to Sec. 1910.134 OSHA Respirator Medical Evaluation Questionnaire (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 (circle 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. **(Place in confidential envelope or hand deliver in an envelope to the Director of Health and Wellness at Magers Health and Wellness Center or to your personal physician.)** Keep a copy for your personal records; this will help with your following year questionnaire.

Part A. Section 1 (Mandatory) The following information must be provided by every employee who has been selected/or chooses to use any type of respirator (please print).

1. Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Your age (to nearest year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Sex (circle one): Male / Female
5. Your height \_\_\_\_\_\_\_\_\_\_\_ft. \_\_\_\_\_\_\_\_\_in.
6. Your weight \_\_\_\_\_\_\_\_\_\_lbs.
7. Your job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. A phone number where you can be reached by the health care professional who will

review this questionnaire (include the Area Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The best time to phone you at this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your employer told you how to contact the health care professional who will review

this questionnaire (circle one): Yes / No

1. Have you previously worn a respirator (circle one): Yes / No

If “Yes,” what type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the type of respirator you will use (you can check more than one category):
   1. Half face air purifying (non-powered) respirator - Brand & Model \_\_\_\_\_\_\_\_\_\_\_\_
   2. Full face air purifying (non-powered) respirator - Brand & Model \_\_\_\_\_\_\_\_\_\_\_\_\_
   3. N95/KN95 Filtering Facepiece Respirator

Part A. Section 2 (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected/chooses to use any type of respirator (please circle “Yes” or “No”).

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?
   1. Seizures (fits): Yes / No
   2. Diabetes (sugar disease): Yes / No
   3. Allergic reactions that interfere with your breathing: Yes / No
   4. Claustrophobia (fear of closed-in places): Yes / No
   5. Trouble smelling odors: Yes / No
3. Have you ever had any of the following pulmonary or lung problems?
   1. Asbestosis: Yes / No
   2. Asthma: Yes / No
   3. Chronic bronchitis: Yes / No
   4. Emphysema: Yes / No
   5. Pneumonia: Yes / No
   6. Tuberculosis: Yes / No
   7. Silicosis: Yes / No
   8. Pneumothorax (collapsed lung): Yes / No
   9. Lung cancer: Yes / No
   10. Broken ribs: Yes / No
   11. Any chest injuries or surgeries: Yes / No
   12. Any other lung problem that you’ve been told about: Yes / No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   1. Shortness of breath: Yes / No
   2. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No
   3. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No
   4. Have to stop for breath when walking at your own pace on level ground: Yes / No
   5. Shortness of breath when washing or dressing yourself: Yes / No
   6. Shortness of breath that interferes with your job: Yes / No
   7. Coughing that produces phlegm (thick sputum): Yes / No
   8. Coughing that wakes you early in the morning: Yes / No
   9. Coughing that occurs mostly when you are lying down: Yes / No
   10. Coughing up blood in the last month: Yes / No
   11. Wheezing: Yes / No
   12. Wheezing that interferes with your job: Yes / No
   13. Chest pain when you breathe deeply: Yes / No
   14. 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 problems?
   1. Heart attack: Yes / No
   2. Stroke: Yes / No
   3. Angina: Yes / No
   4. Heart failure: Yes / No
   5. Swelling in your legs or feet (not caused by walking): Yes / No
   6. Heart arrhythmia (heart beating irregularly): Yes / No
   7. High blood pressure: Yes / No
   8. Any other heart problem that you’ve been told about: Yes / No
6. Have you ever had any of the following cardiovascular or heart symptoms?
   1. Frequent pain or tightness in your chest: Yes / No
   2. Pain or tightness in your chest during physical activity: Yes / No
   3. Pain or tightness in your chest that interferes with your job: Yes / No
   4. In the past two years, have you noticed your heart skipping or missing a beat: Yes / No
   5. Heartburn or indigestion that is not related to eating: Yes / No
   6. 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?
   1. Breathing or lung problems: Yes / No
   2. Heart trouble: Yes / No
   3. Blood pressure: Yes / No
   4. Seizures (fits): Yes / No
8. If you’ve used a respirator, have you ever had any of the following problems? (If you’ve never used a respirator, check the following space and go to question 9.

Never worn \_\_\_\_\_\_\_

* 1. Eye irritation: Yes / No
  2. Skin allergies or rashes: Yes / No
  3. Anxiety: Yes / No
  4. General weakness or fatigue: Yes / No
  5. Any other problem that interferes with your use of a respirator: Yes / No

1. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes / No
2. How often are you expected to use the respirator(s)

(circle Yes/No for all answers that apply)?

* 1. Escape only (no rescue): Yes/No
  2. Emergency rescue only: Yes/No
  3. Less than 5 hours per week: Yes/No
  4. Less than 2 hours per day: Yes/No
  5. 2 to 4 hours per day: Yes/No
  6. Over 4 hours per day: Yes/No

1. During the period you are using the respirator(s), is your work effort:
   1. Light: Yes / No

If “Yes,” how long does this period last during the average shift: \_\_\_\_hrs. \_\_\_\_\_min.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

* 1. Moderate: Yes / No

If “Yes,” how long does this period last during the average shift: \_\_\_\_\_hrs. \_\_\_\_\_min.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

* 1. Heavy: Yes / No

If “Yes,” how long does this period last during the average shift: \_\_\_\_\_hrs. \_\_\_\_\_min.

Examples of heavy work effort is lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)

1. Will you be working under hot conditions (temperature exceeding 77 ° F): Yes / No
2. Will you be working under humid conditions: Yes / No

Complete the following questions, only if you will be wearing a full face respirator.

1. Have you ever lost vision in either eye (temporarily or permanently): Yes / No
2. Do you currently have any of the following vision problems?
   1. Wear contact lenses: Yes / No
   2. Wear glasses: Yes / No
   3. Color blind: Yes / No
   4. Any other eye or vision problem: Yes / No
3. Have you ever had an injury to your ears, including a broken ear drum: Yes / No
4. Do you currently have any of the following hearing problems?
   1. Difficulty hearing: Yes / No
   2. Wear a hearing aid: Yes / No
   3. Any other hearing or ear problem: Yes / No
5. Have you ever had a back injury: Yes / No
6. Do you currently have any of the following musculoskeletal problems?
   1. Weakness in any of your arms, hands, legs, or feet: Yes / No
   2. Back pain: Yes / No
   3. Difficulty fully moving your arms and legs: Yes / No
   4. Pain or stiffness when you lean forward or backward at the waist: Yes / No
   5. Difficulty fully moving your head up or down: Yes / No
   6. Difficulty fully moving your head side to side: Yes / No
   7. Difficulty bending at your knees: Yes / No
   8. Difficulty squatting to the ground: Yes / No
   9. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes / No
   10. Any other muscle or skeletal problem that interferes with using a respirator:

Yes / No

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix D: Information for Employees Using Respirators When Not Required Under the Standard**

Missouri State University, Facilities Management, shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

Missouri State University, Facilities Management, will provide all employees who voluntarily choose to wear the above respirators with a copy of *Appendix D of the OSHA Respiratory Protection Standard 1910.134.*

Employees who choose to wear a respirator must comply with the procedures for medical evaluation, respirator use, cleaning, maintenance and storage portions of this program.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

I agree to the above items.

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