

Department: Northwestern Occupational Health	
Section: Medical Services	Date Effective: 6/12/02
Title: Respirator Medical Clearance and Fit Testing	Date Reviewed: 1/21/2005
Supersedes: n/a	Date Revised: 1/21/2005
Approval: Christine Sweeny _____ Dr. Verne Backus _____	

PURPOSE:

To define the respirator clearance criteria recommended by NOH and circumstances when fit testing will occur.

POLICY:

Anyone who must wear a respirator at work needs to meet the criteria for clearance per OSHA Regulations (29 CFR and 1910.134 Appendix C) Respirator Medical Evaluation Questionnaire. This policy states the minimum requirements per the regulations, NOH's recommended policy, and how company policies interface with this policy.

PROCEDURE:

A. Initial Patient Assessment

1. The employee will fill out the OSHA Respirator Medical Evaluation (attached) supplied by his/her employer or by NOH before wearing a respirator for the first time.
 - a. Minimum requirement: Employee completes the questionnaire and review is performed at NOH by a health care professional. If there are positive answers, it is the discretion of the provider regarding further testing. This clearance choice can be implemented by having the company send completed questionnaires to NOH and, after review, employees with positive answers are scheduled for the modified exam and Pulmonary Function Test (PFT) as in "b" below. Further testing beyond "b" is at the discretion of the provider based on individual patient needs.
 - b. NOH recommended policy: All employees are scheduled for a clinic appointment during which time the completed questionnaire is reviewed by a health care professional and the patient is given a brief exam and PFT prior to clearance. The brief physical exam will generally consist of cardiac, respiratory and ENT exams. Further testing is at the discretion of the provider based on individual patient needs.

- c. Company policies: A company may have a respirator clearance policy that exceeds these requirements; however, clearance by NOH will not be provided by any less than "a"

B. Annual/Bi-annual Patient Assessment

1. Minimum requirement: The standard does not require any subsequent review of the questionnaire unless an employee's medical condition changes. However, an employer has no realistic way of knowing of these changes and if they may affect respirator use/clearance.
2. NOH recommended policy: All employees annually or every 2 years complete a new questionnaire and are cleared according to A1a or A1b. The employer is responsible for making the decision about whether review is required at the 1 or 2 year point, depending on the circumstances of their company's work environment.
3. Company policies: A company may have a policy which exceeds "B2" above, but "B2" is the re-assessment time frame and procedure recommended by NOH.

C. Fit Testing

Fit Testing is not part of the medical clearance. However, the standard requires fit testing annually and this service is offered at NOH (see Fit Testing with Irritant Smoke policy) and is performed only at the request of the company.

D. Forms for patient chart

1. Completed OSHA Respirator Medical Evaluation Questionnaire (serves as history form).
2. Respirator Clearance/Provider Assessment form (may be company specific).
3. Physical exam form.
4. Pulmonary Function Test.
5. Respirator Fit Test Record (only if fit test requested by company).

REFERENCES:

Regulations (Standards - 29 CFR) OSHA Respirator Medical Evaluation