RESPIRATORY PROTECTION POLICY

1. Purpose

The purpose of this policy is:

• To establish a respiratory protection program to protect employees exposed to hazardous levels of air contaminants.
• To comply with the Occupational Health and Safety Administration’s (OSHA) Respiratory Protection Standard (29 CFR 1910.134).

2. Scope

The respiratory protection policy applies to all employees who wear respirators to prevent overexposures to harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors. Respirators are to be used when engineering controls (e.g., ventilation) are not feasible or while they are being instituted.

This policy applies to:

• All employees of the University, including but not limited to full-time and part-time faculty, staff, and technicians; temporary/seasonal employees; and student employees
• Interns and volunteers
• Contractors and vendors (these individuals must provide their own respiratory protection)

3. Responsibilities

3.1 Responsible Individual

The highest-ranking individual serving in a management capacity within each Program, Department, School or Division (e.g., Directors (program or facilities) and School or Divisional Deans) is the Responsible Individual. Responsible Individuals have the following responsibilities:

• Allocating necessary funds to support compliance with the respiratory protection program.
• Enforcing compliance with the respiratory protection program and, where necessary, taking disciplinary actions in accordance with Institutional Policies & Procedures Manual as well as the relevant handbooks and collective bargaining agreements.

3.2 Supervisors are responsible for:

• Identifying potential airborne contaminants in each location they supervise and requesting a hazard evaluation by Environmental Health & Safety (EHS), Facilities Management, to determine the need for respirator use.
• Notifying EHS of changes in the work area(s) and/or its processes/procedures that may introduce new or increased levels of airborne contaminants.
• Purchasing appropriate respirators identified by EHS for employees.
• Monitoring and enforcing compliance with the policy including, but not limited to: inspection, use, proper maintenance, storage, disposal, and replacement of issued respirators as needed.
• Scheduling initial and annual respiratory protection training for employees with EHS.
• Coordinating with EHS for mandatory medical evaluation and fit-testing for employees. Note: Fit-testing is not required for voluntary respiratory use.
• Ensuring engineering controls that prevent or minimize airborne contaminants are maintained and notifying EHS of issues in a timely manner.

3.3 All Employees are responsible for:
• Complying with the policy: adhering to acceptable work practices; attending training; completing medical evaluation; completing fit-testing (if required); using, inspecting, properly maintaining, storing, and disposing of respirators.
• Notifying their supervisor of issues pertaining to the respirator such as improper fit, respirator defects, or medical conditions that may affect respirator use.

3.4 Environmental Health and Safety (EHS), Facilities Management is responsible for:
• Conducting exposure evaluations and selecting appropriate respirators.
• Providing training, fit-testing, and coordinating medical evaluations.
• Maintaining required records, periodically reviewing effectiveness of the policy, and updating it as needed.

3.5 Labor Relations, Human Resources Department is responsible for:
• Reviewing and responding to communications from labor unions, health care providers, or employees raising personal medical issues/concerns regarding issues related to this policy and/or its application to an employee or employees.

4. Exposure Assessment

4.1 An exposure assessment is required to evaluate respiratory hazards and the necessity of respirator use. The Exposure Assessment Form (Appendix A) must be completed by the Supervisor and submitted to EHS.
4.2 Employees must wear respirators if the exposure assessment determines that the employees’ exposure exceed established occupational exposure limits (OELs).
4.3 Employees whose exposures do not exceed OELs may wear respirators voluntarily provided that respirator use will not in itself create a hazard.
5. **Respirator Selection**

5.1 EHS will select the appropriate NIOSH-certified respirator based on the exposure assessment.

6. **Medical Evaluation**

6.1 Employees who wear elastomeric (reusable) respirators either on a mandatory or voluntary basis, or disposable respirators on a mandatory basis, must be medically evaluated at no cost to the employees to determine their ability to use the respirator safely.

6.2 The medical evaluation consists of completing the OSHA Respirator Medical Questionnaire (Appendix B) and possibly a medical examination if deemed necessary by the University's authorized physician or other licensed health care professional (PLHCP).

6.3 The medical evaluation must be conducted before the employee begins wearing the respirator, and must be repeated if any of the following conditions occur:

- The employee reports medical symptoms related to the ability to wear a respirator,
- Changes in workplace conditions may result in a substantial increase in the physiological burden placed on the employee,
- If the PLHCP or EHS deems re-evaluation is necessary

6.4 All medical information will be kept strictly confidential by the PLHCP. However, the PLHCP must inform EHS if the employee is medically cleared or approved to wear the issued respirator.

6.5 Employees who do not pass medical clearance must not perform tasks that require respirator use until an alternative option is approved and provided.

7. **Fit-Testing**

7.1 Fit-testing must be completed after the employee has been medically cleared and before the employee is required to use a negative or positive pressure tight-fitting respirator to ensure a tight seal can be maintained between the facepiece and the employee’s face.

7.2 Fit-testing must be repeated annually, when a different respirator model and/or size is used, and when there are changes in the user’s physical conditions that could affect the tightness of the respirator’s fit, including but not limited to: obvious weight gain/loss, facial scarring, cosmetic surgery or dental changes.

7.3 Employees cannot be fit-tested if there is facial hair that comes between the sealing surface of the respirator and the face or that interferes with valve function.

7.4 If the employee cannot pass the fit-test, retesting must be done with a different respirator model and/or size.
8. Training

8.1 Supervisors must schedule training with EHS to ensure employees receive training for the respiratory hazards they are at risk of being exposed to and the specific respirator to be used.

8.2 Employees must be trained on the proper use of the respirator (including how to put it on and take it off), proper maintenance, limitations of the respirator, and respiratory hazards to which the employee may be potentially exposed to during routine and emergency situations.

8.3 Training must be conducted before the employee begins wearing the respirator and annually thereafter. Instances that warrant additional training include:

- Changes in the workplace or specific task that requires respirator use which may affect worker exposure.
- Change in the type of respirator, rendering previous training obsolete.
- Inadequacies in an employee’s knowledge or use of assigned respirator indicating the employee has not been trained properly.

9. Respirator Use and Care

9.1 Respirators must be worn when employee exposure to airborne contaminants exceed established occupational exposure limits (OELs), as confirmed by EHS.

9.2 Respirators may be worn voluntarily when OELs are not exceeded. Note: Employees who use respirators on a voluntarily basis must be provided a copy of Voluntary Use Information & Acknowledgement (Appendix C).

9.3 Employees must inspect their issued respirator for defects prior to putting them on each time.

9.4 Employees who wear tight-fitting respirators must perform a seal check, per the manufacturer’s instructions, to ensure a tight fit each time the respirators are worn.

9.5 Employees must wear the issued respirator properly, by following the manufacturer’s instructions, when performing tasks that warrant its use.

9.5 Employees must not perform a task when the required respirator or appropriate cartridge/cartridge/filter is unavailable nor use a damaged or improperly fitting respirator.

9.6 Employees are responsible for properly storing, maintaining, and cleaning their issued respirators in accordance with the manufacturer’s instructions.

10. Canister/Cartridge Change Schedule

10.1 Respirator canisters/cartridges must be replaced per the manufacturer’s end-of-service-life indicator (ESLI), if any, or based on a consultation with EHS to determine the appropriate change-out schedule.
10.2 Employees must not rely on odor thresholds or other warning properties (e.g., taste, respiratory irritation, etc.) as the basis for determining when the canisters/cartridges must be replaced.

11. Program Evaluation

11.1 EHS will periodically evaluate the respiratory protection policy and make changes as necessary.

Appendices

Appendix A – Exposure Assessment Form
Appendix B – OSHA Respirator Medical Questionnaire
Appendix C – Voluntary Use Information & Acknowledgement

References

29 CFR 1910.134

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<tr>
<td>Originator</td>
<td>Katherine Perkins, Environmental Health &amp; Safety, Facilities Management</td>
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<td>Reviewed by</td>
<td>Stephanie Basta, Labor Relations, Human Resources</td>
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<td>Thomas Whalen, Facilities Management</td>
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APPENDIX A

Respiratory Protection: Exposure Assessment Form

Instructions: Complete each section of this form and submit a copy to the office for Environmental Health & Safety, Facilities Management, located at 71 Fifth Avenue, 9th Floor or fax to 212-627-7001.

Section 1 - Fill in Supervisor's contact information.
Supervisor completing this form: _____________________ Title: _____________________
Email Address: _____________________ Phone Number: _____________________

Section 2 - List all work areas and job titles included in this hazard assessment.
Work Area(s): ________________________________________________________________
List of job titles included in this hazard assessment:
___________________________________________________________________________
___________________________________________________________________________

Section 3 - Identify air contaminant(s), affected employees, and describe the specific tasks that may warrant respirator use.

<table>
<thead>
<tr>
<th>Airborne Contaminant (Check all that apply):</th>
<th>Job Title &amp; Name(s) of Affected Employee</th>
<th>Describe specific tasks when respirator use may be needed, its duration, &amp; engineering controls, if any</th>
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<tr>
<td>☐ Dusts</td>
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<td>☐ Gases</td>
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APPENDIX B

OSHA Respirator Medical Questionnaire

Instructions: The employee must complete the questionnaire, seal it in an envelop, sign on the seal of the envelop, and submit it to the EHS office located at 71 Fifth Avenue, 9th floor.

PLEASE ANSWER ALL QUESTIONS & SIGN AT THE END!
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.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected 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 reviews this questionnaire (include the Area Code): ____________________
9. The best time to phone you at this number: __________________
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes / No
11. Check the type of respirator you will use (you can check more than one category):
a. ______ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
b. ______ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you ever worn a respirator (circle one): Yes/ No
   If "yes," what type(s):______________________________________________
Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected 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?
   - Seizures (fits): Yes/ No
   - Diabetes (sugar disease): Yes / No
   - Allergic reactions that interfere with your breathing: Yes / No
   - Claustrophobia (fear of closed-in places): Yes / No
   - Trouble smelling odors: Yes / No

3. Have you ever had any of the following pulmonary or lung problems?
   - Asbestosis: Yes / No
   - Asthma: Yes / No
   - Chronic bronchitis: Yes / No
   - Emphysema: Yes / No
   - Pneumonia: Yes / No
   - Tuberculosis: Yes / No
   - Silicosis: Yes / No
   - Pneumothorax (collapsed lung): Yes / No
   - Lung cancer: Yes / No
   - Broken ribs: Yes / No
   - Any chest injuries or surgeries: Yes / No
   - 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?
   - Shortness of breath: Yes / No
   - Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No
   - Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No
   - Have to stop for breath when walking at your own pace on level ground: Yes / No
   - Shortness of breath when washing or dressing yourself: Yes / No
   - Shortness of breath that interferes with your job: Yes / No
   - Coughing that produces phlegm (thick sputum): Yes / No
   - Coughing that wakes you early in the morning: Yes / No
   - Coughing that occurs mostly when you are lying down: Yes / No
   - Coughing up blood in the last month: Yes / No
   - Wheezing: Yes / No
   - Wheezing that interferes with your job: Yes / No
   - Chest pain when you breathe deeply: Yes / No
   - 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?
   - Heart attack: Yes / No
   - Stroke: Yes / No
   - Angina: Yes / No
   - Heart failure: Yes / No
   - Swelling in your legs or feet (not caused by walking): Yes / No
   - Heart arrhythmia (heart beating irregularly): Yes / No
   - High blood pressure: Yes / No
   - 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?
   - Frequent pain or tightness in your chest: Yes / No
   - Pain or tightness in your chest during physical activity: Yes / No
   - Pain or tightness in your chest that interferes with your job: Yes / No
   - In the past two years, have you noticed your heart skipping or missing a beat: Yes / No
   - Heartburn or indigestion that is not related to eating: Yes / No
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?
Breathing or lung problems: Yes / No
Heart trouble: Yes / No
Blood pressure: Yes / No
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, go to question 9.)
Eye irritation: Yes / No
Skin allergies or rashes: Yes / No
Anxiety: Yes / No
General weakness or fatigue: Yes / No
Any other problem 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

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes / No

11. Do you currently have any of the following vision problems?
Wear contact lenses: Yes / No
Wear glasses: Yes / No
Color blind: Yes / No
Any other eye or vision problem: Yes / No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes / No

13. Do you currently have any of the following hearing problems?
Difficulty hearing: Yes / No
Wear a hearing aid: Yes / No
Any other hearing or ear problem: Yes / No

14. Have you ever had a back injury: Yes / No

15. Do you currently have any of the following musculoskeletal problems?
Weakness in any of your arms, hands, legs, or feet: Yes / No
Back pain: Yes / No
Difficulty fully moving your arms and legs: Yes / No
Pain or stiffness when you lean forward or backward at the waist: Yes / No
Difficulty fully moving your head up or down: Yes / No
Difficulty fully moving your head side to side: Yes / No
Difficulty bending at your knees: Yes / No
Difficulty squatting to the ground: Yes / No
Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes / No
Any other muscle or skeletal problem that interferes with using a respirator: Yes / No

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes / No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:  
Yes / No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:  
Yes / No

If "yes," name the chemicals if you know them: ______________________________________
___________________________________________________________________________
____________________________________________________________________________

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?
Asbestos: Yes / No
Silica (e.g., in sandblasting): Yes / No
Tungsten/cobalt (e.g., grinding or welding this material): Yes / No
Beryllium: Yes / No
Aluminum: Yes / No
Coal (for example, mining): Yes / No
Iron: Yes / No
Tin: Yes / No
Dusty environments: Yes / No
Any other hazardous exposures: Yes / No
If "yes," describe these exposures: ________________________________________________
____________________________________________________________________________

4. List any second jobs or side businesses you have: ___________________________________
_____________________________________________________________________________

5. List your previous occupations: ________________________________________________
_____________________________________________________________________________

6. List your current and previous hobbies: _________________________________________
_____________________________________________________________________________

7. Have you been in the military services?  
Yes / No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes / No

8. Have you ever worked on a HAZMAT team?  
Yes / No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):  
Yes / No

If "yes," name the medications if you know them: _____________________________________

10. Will you be using any of the following items with your respirator(s)?
HEPA Filters: Yes / No
Canisters (for example, gas masks): Yes / No
Cartridges: Yes / No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?
Escape only (no rescue): Yes / No
Emergency rescue only: Yes / No
Less than 5 hours per week: Yes / No
Less than 2 hours per day: Yes / No
2 to 4 hours per day: Yes / No
12. During the period you are using the respirator(s), is your work effort:
   Light (less than 200 kcal per hour):  
   Yes / No
   If "yes," how long does this period last during the average shift: ____________hrs.___________mins.

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.

Moderate (200 to 350 kcal per hour):  
   Yes / No
   If "yes," how long does this period last during the average shift: ____________hrs.___________mins.

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.

Heavy (above 350 kcal per hour):  
   Yes / No
   If "yes," how long does this period last during the average shift: ____________hrs.___________mins.

Examples of heavy work are 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.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:  
   Yes / No
   If "yes," describe this protective clothing and/or equipment: _______________________
   _______________________________________________________________________

14. Will you be working under hot conditions (temperature exceeding 77 deg. F)?  
   Yes / No

15. Will you be working under humid conditions?  
   Yes / No

16. Describe the work you'll be doing while you're using your respirator(s):
   _______________________________________________________________________
   _______________________________________________________________________

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):
   _______________________________________________________________________
   _______________________________________________________________________

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
   Name of the first toxic substance: ___________________________________________
   Estimated maximum exposure level per shift: __________________________________
   Duration of exposure per shift: ________________________________
   Name of the second toxic substance: ________________________________________
   Estimated maximum exposure level per shift: __________________________________
   Duration of exposure per shift: ________________________________
   Name of the third toxic substance: __________________________________________
   Estimated maximum exposure level per shift: __________________________________
   Duration of exposure per shift: ________________________________
   The name of any other toxic substances that you'll be exposed to while using your respirator:
   _______________________________________________________________________
   _______________________________________________________________________
19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

_____________________________________________________________________________
_____________________________________________________________________________

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

I affirm that I have answered all of the questions on this questionnaire truthfully. I understand that the doctor's determination as to whether or not I need a medical evaluation is based solely on my answers to the questions on this questionnaire. I understand that no doctor-patient relationship is created by my submitting this questionnaire or by the doctor's determination as to whether or not I need medical evaluation.

Signature: __________________________ Date: ________________
APPENDIX C

Voluntary Use Information and Acknowledgement

Information for Employees Using Respirators When Not Required

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 respirators 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.

ACKNOWLEDGEMENT

Respirators are not required for my job. I want to wear one voluntarily. I have read the statements above and have been given a copy by Environmental Health & Safety (EHS), Facilities Management. I understand that I assume all risks associated with my voluntary use of this equipment. I will contact EHS, Facilities Management, at X5456 if I have any questions or concerns regarding respirator use.

_______________________  ______________________  ______________________
Name (Print)             Signature                     Date

_______________________  ______________________  ______________________
Job Title                Department                     New School ID #