

Onsite Dental and Affiliated PC's Respiratory Protection Program

The following Respiratory Protection Program outlines compliance requirements for

- Respirator selection
- Medical evaluations (required for each covered persons)
- Fit testing
- Use of respirators
- Maintenance and care of respirators
- Employee training
- Program evaluation

Dental Practice Name: (Insert) \_\_\_\_\_

Dental Practice Address: (Insert) \_\_\_\_\_

Program Administrator: Safety Officer

Program Implementation Date: June 26, 2020 \_\_\_\_\_

## I. Overview

Aerosol Mitigation strategies: This dental practice screens patients for symptoms of aerosol transmissible diseases and has a policy that symptomatic patients are not to be treated unless the patient is deemed to be experiencing an urgent or emergency situation that cannot be managed with medication. Asymptomatic patients are managed as suspected carriers as dictated by infection control protocols and Standard Precautions.

This dental practice avoids aerosol-generating procedures whenever possible. If aerosol-generating procedures are necessary for care, we utilize adjuncts which may include, but are not limited to four-handed dentistry, high-evacuation suction adjuncts such Xuction, Mt. Thirsty, Isolite, Optradam and Sweep to minimize droplet spatter and aerosols. Additionally, we use medical grade air purifiers with H13 HEPA filtration in each operatory.

### Respiratory Personal Protective Equipment (PPE)

Covered Personnel: N95 respirators, NIOSH approved KN95 respirators, or Level 3 surgical masks with a face shield is to be utilized as recommended by OSHA to protect clinical team members against transmission of airborne diseases during aerosol-producing dental treatment.

Dental procedures requiring respirator use: Procedures performed with ultrasonic instruments; procedures performed with a high-speed handpieces and/or any procedures performed with an air-water syringe.

The categories of personnel who are included in this program are:

- Dentists,
- Dental hygienists and
- Dental assistants who regularly assist chairside during aerosol-producing procedures.

All other non-chairside personnel during aerosol producing procedures are, at minimum, required to wear Level 1 masks (see below mask protection levels). Personnel who are not required to wear an N95 or KN95 NIOSH Approved Respirator but volunteer to wear a respirator may do so if the program administrator determines the respirator will not create a hazard. Staff Members will be provided with information contained in Title 8 CCR Section 5144 [Appendix D](#), found at the end of this document.

Masks are required for safe patient care, and the selection depends on several factors including the American Society for Testing and Materials Standards (ASTM) level for the type of procedure being performed, comfort, and cost. Below are the mask level recommendations for different dental procedures per the ASTM and Organization for Safety Asepsis and Prevention (OSAP), however, due to the current COVID-19 pandemic, the CDC recommends use of N95 respirators particularly when performing an aerosol producing procedures:

- **Level 1 masks** (low protection at  $\geq 95\%$  BFE and PFE) are suitable for brief examinations, exposing radiographs, and cleaning tasks.
- **Level 2 masks** (moderate protection at  $\geq 98\%$  BFE and PFE) are preferable for procedures that involve a moderate level of aerosols such as hand instrumentation and sealants.
- **Level 3 masks** (high level of protection at  $\geq 98\%$  BFE and PFE) are used for procedures involving high levels of aerosols such as ultrasonic scaling, surgical procedures, and crown preparation.

Please note: Although a level 2 mask would be sufficient for exposing radiographs and routine dental hygiene procedures such as hand scaling, a level 3 mask is preferred when performing tasks such as ultrasonic instrumentation. Depending on the frequency of powered instrumentation use, it might be wise to continue to use level 3 masks.

The 2003 CDC guidelines recommend masks be changed between patients, when they become wet from breath or splash, and during patient care with highly aerosolized procedures. Wet masks can lead to microbial penetration, making the mask ineffective. Masks should create a seal covering the nose and mouth and be comfortable without any gaps, which may allow microorganisms to penetrate.

During the pandemic and with current PPE shortages, employees are allowed to re-use N95's as long as the respirator is exclusively used by one person and re-use protocol is followed. Employee may choose to wear a lower level mask on top of the N95 and replace this mask in between patients. All masks and other PPE must be tossed if soiled or wet. Employee may also choose to use, at their own discretion, the Bellus 3D face frame to improve the mask fit and seal. Please note that the custom Bellus face frame is not FDA approved and we do not make any warranties about its effectiveness.

Please also note that facial hair may reduce or eliminate the fit of N95 masks. Use of make up is discouraged at this time, as make up will soil the masks and render them unusable.

## II. Respirator selection

Air-purifying respirators (APRs) work by removing gas, vapor, particulate or combinations of gas, vapor and/or particulate from the air through the use of filters, cartridges or canisters. Covered personnel will select from filtering facepiece respirators known as N95 or NIOSH approved KN95. If there is adequate supply, use of an FDA-cleared surgical N95 is prioritized. A covered person who has facial hair or any condition that interferes with the face-to-facepiece seal will not be protected by respirator.

A powered air-purifying respirator (PAPR), which has a hood or a helmet, a tight-fitting facepiece or a loose-fitting facepiece with a battery-powered blower to supply purified air, must be recommended by a licensed health care provider and must be approved by the Chief Dental Officer for use by the requesting covered person.

## III. Medical evaluations

Each covered personnel must undergo a medical evaluation prior to respirator fit testing. The confidential evaluation is conducted by a licensed health care professional at Concentra and utilizes a questionnaire to collect information specified in [Appendix C](#) of the respiratory protection regulation.

- A. The confidential medical evaluation must be conducted during normal working hours or at a time and place convenient to the covered person.
- B. The employer or supervisor may not view a covered person's responses to the questionnaire. The covered person must be provided with an opportunity to discuss the questionnaire and examination results with Concentra's licensed health care professional.
- C. If a covered person gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C, this employer shall provide a follow-up medical examination. The follow-up examination shall include any medical tests, consultations or diagnostic procedures that Concentra's licensed health care professional deems necessary to make a final determination.
- D. This employer shall provide to the licensed health care provider at Concentra before the provider makes their recommendation:
  - i. A copy of this document and of the respiratory protection [regulation](#).
  - ii. The type and weight of the respirator to be used by the covered person.
  - iii. The duration and frequency of respirator use.
  - iv. The expected physical work effort.
  - v. Additional protective clothing and equipment to be worn.
  - vi. Temperature and humidity extremes that may be encountered.
- E. The licensed health care provider at Concentra transmits a written recommendation to this employer regarding a covered person's ability to use the respirator. The recommendation shall only provide the following information:
  - i. Any limitations on respirator use related to the covered person's medical condition or related to the workplace conditions.
  - ii. The need for follow-up medical evaluations, if any.

- iii. A statement that the covered person was provided with a copy of Concentra's licensed health care provider's recommendation.
- F. If the respirator the covered person is to use is a negative pressure respirator and Concentra's licensed health care provider finds a medical condition that may place the covered person's health at increased risk if the respirator is used, this employer must provide a powered air-purifying respirator (PAPR) if the medical evaluation finds that the covered person can use one. If a subsequent medical evaluation finds that the covered person is medically able to use a negative pressure respirator, then this dental practice is no longer required to provide a PAPR.

Additional medical evaluations are required, at a minimum, when:

- A. A covered person reports medical signs or symptoms related to their ability to use a respirator.
- B. The licensed health care provider at Concentra, program administrator or supervisor recommends re-evaluation.
- C. Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need.
- D. Change occurs in workplace conditions that may substantially increase the physiological burden on a covered person.

#### IV. Fit testing

It is understood that although the required annual fit testing requirement has been temporarily suspended for the duration of the COVID-19 public health emergency, an initial fit test must be provided for each employee who is required to wear a respirator.

This employer ensures a covered person undergoes either a quantitative or qualitative fit test in accordance with OSHA and Cal/OSHA regulations. The test follows the protocols described in the respiratory protection regulation [Appendix A](#) (appended to this plan). The following steps must precede the fit test:

- A. The covered person selects an acceptable respirator that will fit them.
- B. The covered person is shown how to put on the respirator and ensures it is an acceptable and comfortable fit.
- C. The covered person performs seal checks. Instruction on how to perform a seal check may be found at: <https://youtu.be/CoSb-HJJ5tk>
- D. The covered person performs a series of exercises while wearing the respirator. The exercises are described in Appendix A.

When quantitative fit testing is performed, this dental practice does not permit a covered person to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of 100 is obtained. When fit testing single-use respirators, a new respirator shall be used for each covered person.

This dental practice ensures that each covered person who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test:

- A. At the time of initial fitting.
- B. When a different size, make, model or style of respirator is used.
- C. At least annually thereafter.

#### V. Use of respirators

In order to ensure that a respirator is used properly by a covered person, this dental practice will provide instruction on the following situations that can compromise the effective use of respirators:

- A. The person wearing the respirator fails to properly perform seal checks.

- B. The person wearing the respirator is also using personal protective equipment or other equipment that interferes with the face-to-face piece seal.
- C. The respirator is not properly repaired, and its defective parts are not replaced.
- D. Modifications are made to the respirator or non-approved replacement parts are used. In these circumstances, covered persons may have a false sense of security in feeling that they are protected when they are not.

Each time they put on a tight-fitting respirator, covered persons must perform a positive-pressure and/or a negative-pressure seal check by using the procedures provided in Title 8 CCR Section 5144 [Appendix B-1](#), User Seal Check Procedures (Mandatory) or equally effective manufacturer's procedures.

## VI. Maintenance and care of respirators

A covered person is provided with a 14-day supply inventory of N95 or NIOSH approved KN95 respirators for use and limited reuse during patient treatment. The 2003 CDC guidelines recommend masks be changed between patients, when they become wet from breath or splash, and during patient care with highly aerosolized procedures. Wet masks can lead to microbial penetration, making the mask ineffective. Masks should create a seal covering the nose and mouth and be comfortable without any gaps, which may allow microorganisms to penetrate and must be disposed of when it becomes soiled, wet and/or ill-fitting immediately after patient treatment is completed.

Due to the current pandemic, limited reuse of the respirator is allowed when the respirator is always covered with a Level 1 or 2 over-mask or a face shield covered respirator during patient treatment, is not visibly soiled, damaged or wet, properly fits after pressure testing and is properly stored in an open paper bag for at least 3 days before its next use or when indicated sent to Battelle Memorial Institute to be decontaminated by the Battelle Decontamination System.

## VIII. Training and information

This dental practice provides covered persons with training in the following areas:

- A. Why the respirator is necessary and how improper fit, use or maintenance can compromise the protective effect of the respirator.
- B. The capabilities and limitations of the respirator.
- C. Use of the respirator in emergency situations.
- D. How to inspect, put on, remove and use the respirator and how to check the seals.
- E. Recognition of the medical signs and the symptoms that may limit or prevent a covered person's effective use of a respirator.
- F. General requirements of the respirator regulation.

It is understood that although the required annual fit testing requirement has been [temporarily suspended for the duration of the COVID-19 public health emergency](#), an initial fit test must be provided for each employee who is required to wear a respirator.

Each covered person is trained before they can use a respirator and annually thereafter. Initial training may not be necessary if another employer has provided acceptable training within the past 12 months. In addition, retraining is required when workplace conditions change, when new types of respirators are used or when inadequacies in the covered person's knowledge or use of respirators indicate a need for more training.

## IX. Program evaluation

This dental practice reviews the program annually and solicits input from covered personnel regularly.

## Guide to Respiratory Protection at Work

### Title 8 CCR Section 5144 **Appendix D**

*Required information for staff not required by employer to use respiratory protection*

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 designated 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.

In addition to the PPE described above, Onsite Dental and its Affiliated PC's has implemented additional administrative and engineering controls.

### **Administrative Controls**

Administrative controls include changes to work policy and procedures as well as safe work practices that are designed to reduce or minimize the duration, intensity, and frequency of exposure to a hazard. This methodology requires conscious worker effort to employ. Administrative controls that have been put in place to minimize exposure to airborne diseases including COVID-19 include, but are not limited to, pre-screening of patients for symptoms before they come into the office, screening with vital signs which include touch-less temperature checks, pulse oximetry, use of pre and post procedural rinses, and reduction of ultrasonic use when appropriate. Team are trained and will continue to be trained on social distancing guidelines for team members as well as patients, use of masks at all times while at work, review of cough etiquette and hand sanitizing techniques.

### **Engineering Controls**

Onsite Dental and its Affiliated PC's are committed to the safety of their employees, patients and the community in general. Engineering controls are favored over administrative and personal protective equipment (PPE) for controlling existing worker exposures in the workplace because they are designed to remove the hazard at the source before it comes in contact with the worker. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

Engineering controls that Onsite Dental and its Affiliated PC's have put in place include use of plexiglass in front desk areas as well as use of HEPA and MERV-13 filters in the AC units. Additionally, Onsite Dental and its

Affiliated PC's has implemented use of air purifying devices to increase air filtration and ventilation of work areas. These medical grade air purifiers (MEDIFY), utilize True H13 HEPA filtration to filter particles as small as 0.1 microns.

Larger air purifiers (MEDIFY 40) are to be used in operatories that are used for moderate to high restorative aerosol producing procedures. Smaller air purifiers (MEDIFY 14) are to be used in operatories that are utilized for no/low aerosol producing procedures and hygiene, when hygienists utilize adjuncts such as Xuction, Sweep, Mr. Thirsty or Isolite. It is recommended, based on limited information, that the purifiers be run for 5 minutes in restorative operatories and 10 minutes in hygiene operatories, with the windows open (if present and possible) and doors closed (if present), once patients are dismissed and before rooms are disinfected. There is no wait time recommendation if a non-aerosol producing procedure was performed. Air purifiers should be ideally stationed by the patient's feet and air flow from air conditioners and any additional fans should be directed down from patient's face and away from clinical providers. It is also recommended that air conditioners are to be kept on with fans constantly running.

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):        Yes    /        No

Your employer must allow you to answer the 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-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you 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?**

a. Seizures: Yes / No

b. Diabetes (sugar disease): Yes / No

c. Allergic reactions that interfere with your breathing: Yes / No

d. Claustrophobia (fear of closed-in places): Yes / No

e. Trouble smelling odors: Yes / No

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

a. Asbestosis: Yes / No

b. Asthma: Yes / No

c. Chronic bronchitis: Yes / No

d. Emphysema: Yes / No

e. Pneumonia: Yes / No

f. Tuberculosis: Yes / No

g. Silicosis: Yes / No

h. Pneumothorax (collapsed lung): Yes / No

i. Lung cancer: Yes / No

j. Broken ribs: Yes / No

k. Any chest injuries or surgeries: Yes / No

l. 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?**

a. Shortness of breath: Yes / No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No

c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No

d. Have to stop for breath when walking at your own pace on level ground: Yes / No

e. Shortness of breath when washing or dressing yourself: Yes / No

f. Shortness of breath that interferes with your job: Yes / No

g. Coughing that produces phlegm (thick sputum): Yes / No

- h. Coughing that wakes you early in the morning: Yes / No
- i. Coughing that occurs mostly when you are lying down: Yes / No
- j. Coughing up blood in the last month: Yes / No
- k. Wheezing: Yes / No
- l. Wheezing that interferes with your job: Yes / No
- m. Chest pain when you breathe deeply: Yes / No
- n. Any other symptoms that you think may be related to lung problems: Yes / No

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

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

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

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

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

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

**8. If you've ever 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:)

- a. Eye irritation: Yes / No
- b. Skin allergies or rashes: Yes / No
- c. Anxiety: Yes / No
- d. General weakness or fatigue: Yes / No
- e. Any other 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?**

- a. Wear contact lenses: Yes / No
- b. Wear glasses: Yes / No
- c. Color blind: Yes / No
- d. 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?**

- a. Difficulty hearing: Yes / No
- b. Wear a hearing aid: Yes / No
- c. 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?**

- a. Weakness in any of your arms, hands, legs, or feet: Yes / No
- b. Back pain: Yes / No
- c. Difficulty fully moving your arms and legs: Yes / No
- d. Pain and stiffness when you lean forward or backward at the waist: Yes / No
- e. Difficulty fully moving your head up or down: Yes / No
- f. Difficulty fully moving your head side to side: Yes / No

- g. Difficulty bending at your knees: Yes / No
- h. Difficulty squatting to the ground: Yes / No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes / No
- j. 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:**

- a. Asbestos: Yes / No
- b. Silica (e.g., in sandblasting): Yes / No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes / No
- d. Beryllium: Yes / No
- e. Aluminum: Yes / No
- f. Coal (for example, mining): Yes / No
- g. Iron: Yes / No
- h. Tin: Yes / No
- i. Dusty environments: Yes / No
- j. 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)?

a. HEPA Filters: Yes / No

b. Canisters (for example, gas masks): Yes / No

c. 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)?

a. Escape only (no rescue): Yes / No

b. Emergency rescue only: Yes / No

c. Less than 5 hours per week: Yes / No

d. Less than 2 hours per day: Yes / No

e. 2 to 4 hours per day: Yes / No

f. Over 4 hours per day: Yes / No

12. During the period you are using the respirator(s), is your work effort:

a. 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.

b. 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.

c. 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 the respirator:** Yes/No

If "yes," describe this protective clothing and/or equipment:

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**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):**

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

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**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 first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of 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:

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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): \_\_\_\_\_

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Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

#### HISTORY

1. New appendix C to section 5144 filed 8-25-98; operative 11-23-98 (Register 98, No. 35).
2. Amendment of Part A, section 2, subsection 2.a. filed 1-18-2012; operative 1-18-2012 pursuant to Labor Code section 142.3(a)(4)(C). Submitted to OAL for printing only pursuant to Labor Code section 142.3(a)(3) (Register 2012, No. 3).

#### **OSHA-Accepted Fit Test Protocols** **Excerpted from Title 8 CCR Section 5144 Appendix A**

A. Fit Testing Procedures - General Requirements. Fit testing is conducted at a local Concentra by an appropriately trained Healthcare or Occupational Hygiene Professionals utilizing their choice of the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

#### B. Qualitative Fit Test (QLFT) Protocols

##### 1. General

- (a) Concentra shall ensure that persons administering QLFT are able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order.
- (b) Concentra shall ensure that QLFT equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.

**Appropriately trained Concentra Healthcare or Occupational Hygiene Professionals may select from the following methods of testing based on their professional judgement and availability of test methods at the site locations:**

- Isoamyl Acetate Fit Test
- Saccharin solution aerosol Fit Test
- Bitrex™ (Denatonium Benzoate) Solution Aerosol Fit Test
- Irritant Smoke (Stannic Chloride) Fit Test

#### C. Quantitative Fit Test (QNFT) Protocols. fit.

##### 1. General

(a) Concentra shall ensure that persons administering QNFT are able to calibrate equipment and perform tests properly, recognize invalid tests, calculate fit factors properly and ensure that test equipment is in proper working order.

(b) Concentra shall ensure that QNFT equipment is kept clean, and is maintained and calibrated according to the manufacturer's instructions so as to operate at the parameters for which it was designed.

**Appropriately trained Concentra Healthcare or Occupational Hygiene Professionals may select from the following methods of testing based on their professional judgement and availability of test methods at the site locations:**

- Aerosol Quantitative Fit Testing
- Ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount™)
- Controlled negative pressure (CNP) quantitative fit testing
- Controlled negative pressure (CNP) REDON quantitative fit testing

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