



Stony Brook University Hospital
 Environmental Health & Safety
 Policy & Procedure Manual



Title: **Respiratory Protection Program**

Number EH&S – 7-2

Revision: 7/22/08

Date 1994

Pages: 14

PURPOSE: To provide guidelines for employee protection against inhalation of respirable hazards through the proper use of respirators, when accepted engineering controls (ventilation, enclosure, substitution) are not feasible.

SCOPE: Hospital wide

PROCEDURES:

I. Responsibilities

A. Supervisors

1. Maintain workplaces to minimize airborne contaminants exposures.
2. Identify operations, environments or materials that may require evaluation for airborne contaminants. If airborne contaminants identified, provide the Department of Environmental Health and Safety (EH&S) the following information: a description of the work being performed, materials being handled, time expected to complete the operation, estimated frequency of exposure, and number of employees involved.
3. Implement engineering and/or administrative controls where feasible.
4. Establish an employee medical surveillance program with Employee Health Services. Workers are not to be assigned tasks requiring the use of respirators unless they have been medically cleared to wear a respirator.
5. Purchase the appropriate respiratory protection as specified or approved by EH&S, excluding the hospital approved N95 respirators. Coordinate training and fit testing with EH&S.
6. Supervise the use, maintenance, cleaning and storage for respirators. Notify EH&S for an additional fit test whenever there are changes in the physical condition of their employee such as facial scarring, dental changes, cosmetic surgery or obvious changes in body weight.

B. Environmental Health and Safety (EH&S)

1. Evaluate the potential hazards, and recommend engineering and administrative

controls.

2. Select or approve a NIOSH-approved respirator.
3. Conduct or coordinate training and respirator fit testing.
4. Maintain respirator certification forms (includes training and fit testing dates).
5. Perform periodic inspections and evaluations to determine the continued effectiveness of the program.

C. Employees

1. Obtain medical clearance from Employee Health Services (or another licensed health care professional), and provide Respirator Clearance form to their department and EH&S.
2. Attend training and fit testing, as required.
3. Inspect the respirator before each use to ensure that it is functioning properly. Use the assigned respirator properly. Maintain the respirator in accordance with training and manufacturer's guidelines.
4. In the case of the N95 respirator, discard the used respirator and get a replacement as delineated in the Healthcare Epidemiology policy, Prevention of Mycobacterium Infections, Policy No 5.13.
5. Shall not have facial hair that interferes with the seal of their respirator or with valve function. A small moustache or goatee may be acceptable as long as all of the facial hair is within the respirator seal. A full beard or beard stubble is not permissible, except as described in Special Situations, Section VII.
6. Notify supervisor whenever there are changes in physical condition such as facial scarring, dental changes, cosmetic surgery or obvious changes in body weight so a new fit test can be performed by EH&S.

D. Employee Health Services

1. Provide initial medical evaluations for employees who must wear a respirator.
2. Provide follow up medical examinations and clearances for respirator use, as deemed necessary.
3. Complete the "Respirator Type and Use" and "Medical Clearance" sections on the Respirator Certification form. Keep a copy for their records. Provide completed form to employee.

E. Procurement

All purchase requests for non-clinical respirators (e.g., Physical Plant and Construction) must be forwarded by Procurement to EH&S for approval prior to purchase.

II. Respirator Selection and Use

- A. EH&S, with the assistance of the department, will evaluate the work area for potential exposures, and then select or approve appropriate NIOSH-certified respirators and accessories.
- B. Tight-fitting respirators cannot be worn by employees who have facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function, or who have any condition that interferes with the face-to-facepiece seal or valve function.
- C. Individual respirators shall be provided to each employee requiring a respirator. Employees shall not share respirators, except for powered air purifying respirators (PAPR) or self-contained breathing apparatus (SCBA).
- D. If an employee requires corrective lenses when wearing a respirator, their department shall be responsible for providing the costs for an eye examination to determine prescription and prescription inserts for the employee's respirator.

Note: A respirator should never be worn before an evaluation has been made. Use of a respirator by an untrained individual, or in an application other than that for which it was designed, can be dangerous. In addition, a single respirator facepiece cannot be designed to fit the entire working population.

III. Medical Evaluations and Examinations

- A. Initial medical evaluations shall be provided to all employees required to wear a respirator. The medical evaluations shall be performed by Employee Health Services or a licensed health care professional.
- B. Follow-up medical evaluations will be conducted at a frequency prescribed by Employee Health Services or a licensed health care professional.
- C. Medical evaluations shall include:
 - a. Completion of Part A (Sections 1 and 2) in the attached questionnaire
 - b. A medical history, including previously diagnosed disease, particularly known cardiovascular or respiratory diseases
 - c. Psychological problems or symptoms including claustrophobia
 - d. Problems associated with breathing during normal work activities
 - e. Past problems with respirator use
 - f. Past and current usage of medication
 - g. Any known physical deformities or abnormalities, including those which may interfere with respirator use
 - h. Previous occupations
- D. The following may disqualify an employee from wearing a respirator:
 - a. Facial deformities
 - b. Perforated tympanic membranes
 - c. Respiratory diseases affecting pulmonary function
 - d. Symptomatic coronary artery disease, significant arrhythmias, or history of recent

- e. myocardial infarction
 - e. Endocrinal disorders which may cause the employee to suffer sudden loss of consciousness or response capability
 - f. Inability to perform coordinated movements and conditions affecting response and consciousness due to neurological disabilities
 - g. Use of medications that affect judgment, performance or reliability or alter the state of awareness or consciousness
 - h. A history of claustrophobia may require further evaluation
 - i. Any other condition which the physician believes might require special restriction
- E. A medical examination will be provided for an employee who gives a positive response to any question among Part A, Section 2, Questions 1-8 of the attached questionnaire. The medical examination shall include any medical tests, consultations, or diagnostic procedures that Employee Health Services or licensed health care professional deems necessary to make a final determination.
- F. Documentation of medical clearance (Respirator Certification form) shall be provided by Employee Health Services or licensed health care professional to the employee. The employee shall then provide to their department and EH&S.

IV. Training and Fit Testing

- A. Upon receipt of written medical clearance from Employee Health Services or licensed health care professional, the employee can then be trained and fit tested by EH&S. EH&S provides monthly fit testing sessions and the schedule is posted on the hospital's weekly email announcements.
- B. For non-TB exposure, fit testing and training is required initially and annually thereafter.
- C. For TB exposure, staff that provides patient care or has routine patient contact, must be fit tested annually.
- D. Training shall include:
- a. reason for respirator use and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
 - b. limitations and capabilities of the respirator.
 - c. how to use the respirator effectively in emergency situations
 - d. inspect, donning, use and fit check procedures
 - e. maintenance and storage procedures
 - f. recognizing medical signs and symptoms that limit or prevent effective respirator use
- E. Fit testing is required for tight-fitting respirators, not for loose-fitting respirators (hooded styles). Fit testing shall be administered using an OSHA-approved quantitative or qualitative protocol. Bitrex or saccharin shall be used for qualitative fit testing and a TSI Portacount is used for quantitative fit testing.
- F. A satisfactory fit test is a prerequisite for successful completion of the respiratory protection training program. Verification of the successful fit test will be documented on the Respirator

Certification form. If a fit test is not successful, the employee shall redon the respirator or an alternate respirator will be attempted.

- G. EH&S shall conduct an additional fit test whenever the respirator type is changed and whenever there are changes in the physical condition of the employee such as facial scarring, dental changes, cosmetic surgery or obvious changes in body weight.
- H. A copy of the employee's completed Respirator Certification form will be kept on file in EH&S.
- I. Employee information and respirator type will be entered into the Peoplesoft program. EH&S will provide periodic Peoplesoft reports of completed fit tests data to Employee Health Services, Healthcare Epidemiology, off-site Nursing Coordinator, Nursing Office, and Medical Staff Office.

V. Inspection, Storage and Maintenance

A. Inspection

- 1. The inspection of a respirator for wear and damage shall be performed before each use, during cleaning, and as per manufacturer's recommendations.
- 2. Employees shall perform a user seal check as per manufacturer's instructions, each time they don their respirator.
- 3. Employees shall leave the work area:
 - a. to wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use
 - b. if they detect vapor or gas breakthrough, changes in breathing resistance or leakage of facepiece
 - c. to replace the respirator or filter/cartridge/canisters
 - d. if they become ill
- 4. A cleaning and disinfection program must be established for non-disposable type respirators, as per manufacturer's recommendations. PAPR and SCBA respirators used by more than one employee shall be thoroughly cleaned and disinfected after each use.

B. Storage

- 1. When not in use, respirators should be sealed in plastic bags with the respirator in a non-distorted position. Do not place anything on top of the respirator.
- 2. Respirators should be stored in a convenient, clean location to protect them from damage, contamination, dust, sunlight, temperature and humidity extremes, and damaging chemicals.
- 3. Do not store respirators in anterooms.

C. Maintenance

1. Certain parts of the respirator can be easily replaced by the employee; however repair or replacement of certain component parts must be done by a qualified individual.
2. Substitution of parts from a different brand or type will invalidate the approval of the respirator. Do not use any tape on a respirator.

VI. Respiratory Protection for Tuberculosis

1. Staff needs to wear a hospital approved N95 respirator to control exposure to suspected or confirmed cases of TB. They must receive medical clearance from Employee Health Services or license health care professional prior to initially wearing a respirator. They must be trained and fit tested by EH&S before using their respirator.
2. N95 respirators are disposable so they cannot be cleaned or disinfected. N95 respirators may be reused provided the respirator is inspected prior to use, is in good condition and has not become contaminated or soiled with body fluids or other materials.

VII. Special Situations

1. Staff who wears a beard for religious reasons, or is unable to fit with one of the hospital approved respirators due to a medical condition or for reasons other than interfering facial hair, can contact EH&S to borrow their hooded powered air purifying respirator (PAPR) when respirator protection is required.
2. EH&S can provide training on the use of this hooded PAPR.

INQUIRIES/REQUESTS: Environmental Health and Safety
L1-059 HSC
Zip 8017
Main Office: 444-6783
FAX: 444-6845

RELATED FORMS: Respirator Certification (Appendix A)
OSHA Respirator Questionnaire (Appendix B)
Departments in Respirator Protection Program (Appendix C)

RELATED DOCUMENTS: 29 CFR 1910.134 Respiratory Protection
ANSI Z88.2 Respiratory Protection
ANSI Z88.6 Respirator Use - Physical Qualifications for Personnel
NIOSH Respirator Decision Logic
NIOSH Certified Equipment List



RESPIRATOR CERTIFICATION

| | |
|--------------|----------------|
| Name: | Date of Birth: |
| Employee ID: | Job Title: |
| Department: | Work Phone: |

I. RESPIRATOR TYPE AND USE

Reason for Respirator: _____

Type of Respirator(s) to be worn: N95 Half Face Air Purifying with Cartridges or Filters
 Full Face Air Purifying with Cartridges or Filters Powered Air Purifying Respirator (PAPR)
 Self-Contained Breathing Apparatus (SCBA) Other _____

Estimate Weight of Respirator(s): _____

Expected Frequency of Use: _____

Expected Duration of Use: Less than 5 hours/week Less than 2 hours/day 2 to 4 hours/day
 Over 4 hours/day Escape Only (no rescue) Emergency Rescue only Other _____

Expected Physical Work Effort: Light Work Moderate Work Heavy Work

Additional Personal Protective Equipment Worn: _____

Work Environment: Temperatures >77°F Humidity >60%RH Other _____

II. MEDICAL CLEARANCE

Fit for respirator use with no restrictions
 Fit for respirator use with mild restrictions or accommodations (see Limitations)
 Additional testing needed before fitness can be determined
 Not fit for respirator use

Frequency for Follow up Medical Evaluation: One Year Two Years Other _____

Limitations: _____

Signature of Medical Provider Date

III. TRAINING AND FIT TESTING

The employee was trained in the appropriate use, limitations and maintenance of the following respirator. Employee was fit tested using the following method and passed the fit test.

Type of Respirator(s) - Manufacturer, Model, and Size

Bitrex – Sensitivity (circle one) 10 20 30 Saccharin – Sensitivity (circle one) 10 20 30
 Portacount - Fit Factor _____ Other _____

Signature of Trainer/Fit Tester Date

IV. CERTIFICATION

- Successfully completed medical clearance, training and fit testing and is certified to wear the respirator(s) issued.
- Could not be certified for respirator use (see Comments).

Comments _____

ACKNOWLEDGEMENT - I was issued the above respirator(s) and agree to use in accordance with the facility's Respiratory Protection Program and the manufacturer's instructions.

Signature of Employee Date

Copy to Employee Health/Medical Provider, Employee, and Environmental Health & Safety Rev. 7/04



OSHA Respirator Medical Evaluation Questionnaire

(Note: To be completed by employee and left with medical provider.)

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-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 (Check Yes or No).

| Questions | Yes | No |
|---|------------|-----------|
| 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? | | |
| 2. Have you ever had any of the following conditions? | | |
| a. Seizures (fits) | | |
| b. Diabetes (sugar disease) | | |
| c. Allergic reactions that interfere with your breathing | | |
| d. Claustrophobia (fear of closed-in places) | | |
| e. Trouble smelling odors | | |
| 3. Have you ever had any of the following pulmonary or lung problems? | | |
| a. Asbestosis | | |
| b. Asthma | | |
| c. Chronic bronchitis | | |
| d. Emphysema | | |
| f. Tuberculosis | | |
| g. Silicosis | | |
| h. Pneumothorax (collapsed lung) | | |
| i. Lung cancer | | |
| j. Broken ribs | | |
| k. Any chest injuries or surgeries | | |
| l. Any other lung problem that you've been told about | | |
| 4. Do you currently have any of the following symptoms of pulmonary or lung illness? | | |
| a. Shortness of breath | | |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | | |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground | | |
| d. Have to stop for breath when walking at your own pace on level ground | | |
| e. Shortness of breath when washing or dressing yourself | | |
| f. Shortness of breath that interferes with your job | | |
| g. Coughing that produces phlegm (thick sputum) | | |
| h. Coughing that wakes you early in the morning | | |
| i. Coughing that occurs mostly when you are lying down | | |
| j. Coughing up blood in the last month | | |
| k. Wheezing | | |
| l. Wheezing that interferes with your job | | |
| m. Chest pain when you breathe deeply | | |
| n. Any other symptoms that you think may be related to lung problems | | |

| Questions | Yes | No |
|---|-----|----|
| 5. Have you ever had any of the following cardiovascular or heart problems? | | |
| a. Heart attack | | |
| b. Stroke | | |
| c. Angina | | |
| d. Heart failure | | |
| e. Swelling in your legs or feet (not caused by walking) | | |
| f. Heart arrhythmia (heart beating irregularly) | | |
| g. High blood pressure | | |
| h. Any other heart problem that you've been told about | | |
| 6. Have you ever had any of the following cardiovascular or heart symptoms? | | |
| a. Frequent pain or tightness in your chest | | |
| b. Pain or tightness in your chest during physical activity | | |
| c. Pain or tightness in your chest that interferes with your job | | |
| d. In the past two years, have you noticed your heart skipping or missing a beat | | |
| e. Heartburn or indigestion that is not related to eating | | |
| f. Any other symptoms that you think may be related to heart or circulation problems | | |
| 7. Do you currently take medication for any of the following problems? | | |
| a. Breathing or lung problems | | |
| b. Heart trouble | | |
| c. Blood pressure | | |
| d. Seizures (fits) | | |
| 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) | | |
| a. Eye irritation | | |
| b. Skin allergies or rashes | | |
| c. Anxiety | | |
| d. General weakness or fatigue | | |
| e. Any other problem that interferes with your use of a respirator | | |
| 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? | | |

Instructions: Only complete Questions 10-15 if you wear or plan to wear a full-face respirator or SCBA. For employees who have been selected to use other types of respirators, answering these questions is voluntary.

| Questions | Yes | No |
|---|-----|----|
| 10. Have you ever lost vision in either eye (temporarily or permanently)? | | |
| 11. Do you currently have any of the following vision problems? | | |
| a. Wear contact lenses | | |
| b. Wear glasses | | |
| c. Color blind | | |
| e. Any other eye or vision problem | | |
| 12. Have you ever had an injury to your ears, including a broken ear drum? | | |
| 13. Do you currently have any of the following hearing problems? | | |
| a. Difficulty hearing | | |
| b. Wear a hearing aid | | |
| c. Any other hearing or ear problem | | |
| 14. Have you ever had a back injury? | | |
| 15. Do you currently have any of the following musculoskeletal problems? | | |
| a. Weakness in any of your arms, hands, legs, or feet | | |
| b. Back pain | | |
| c. Difficulty fully moving your arms and legs | | |
| d. Pain or stiffness when you lean forward or backward at the waist | | |
| e. Difficulty fully moving your head up or down | | |
| f. Difficulty fully moving your head side to side | | |
| g. Difficulty bending at your knees | | |
| h. Difficulty squatting to the ground | | |
| i. Climbing a flight of stairs or a ladder carrying more than 25 lbs | | |
| j. Any other muscle or skeletal problem that interferes with using a respirator | | |

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.

| Questions | Yes | No |
|---|-----|----|
| 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 | | |
| 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 | | |
| 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. If "yes", name the chemical if you know them: _____ | | |
| 3. Have you ever worked with any of the materials, or under any of the conditions, listed below? | | |
| a. Asbestos | | |
| b. Silica (e.g., in sandblasting) | | |
| c. Tungsten/cobalt (e.g., grinding or welding this material) | | |
| d. Beryllium | | |
| e. Aluminum | | |
| f. Coal (for example, mining) | | |
| g. Iron | | |
| h. Tin | | |
| i. Dusty environments | | |
| j. Any other hazardous exposures | | |

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? | | |
| If "Yes," were you exposed to biological or chemical agents (either in training or combat): | | |
| 8. Have you ever worked on a HAZMAT team? | | |
| 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) . 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 | | |
| b. Canisters (for example, gas masks) | | |
| c. Cartridges | | |
| 11. How often are you expected to use the respirator(s)? (Check "Yes" or "No" for all answers that apply to you) | | |
| a. Escape only (no rescue) | | |

| | | |
|-------------------------------|------------|-----------|
| b. Emergency rescue only | | |
| c. Less than 5 hours per week | | |
| | Yes | No |
| d. Less than 2 hours per day | | |
| e. 2 to 4 hours per day | | |
| f. Over 4 hours per day | | |

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

| | | |
|---|--|--|
| a. Light (less than 200 kcal per hour) 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. | | |
|---|--|--|

If "Yes," how long does this period last during the average shift: _____ hrs. _____ mins.

| | | |
|---|--|--|
| b. Moderate (200 to 350 kcal per hour) 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. | | |
|---|--|--|

If "Yes," how long does this period last during the average shift: _____ hrs. _____ mins.

| | | |
|---|--|--|
| c. Heavy (above 350 kcal per hour) 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.). | | |
|---|--|--|

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

| | | |
|---|--|--|
| 13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator. If yes, describe this protective clothing and/or equipment: | | |
|---|--|--|

| | | |
|--|--|--|
| 14. Will you be working under hot conditions (temperature exceeding 77 degrees F): | | |
|--|--|--|

| | | |
|--|--|--|
| 15. Will you be working under humid conditions | | |
|--|--|--|

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, and security): _____

Stony Brook University Medical Center Departments in Respiratory Protection Program

| Department | Hazard | Respirator Type, Manufacturer and Model |
|--|---|--|
| Healthcare Clinical Staff with Direct Patient Contact | Airborne pathogens (TB) | N95: 3M 1860 or Inovel 1511/1512/1513 |
| ED Decon Team | Chemical, airborne pathogens | Hooded PAPR: 3M Breathe Easy w/ Butyl Hood |
| OR Housekeeping Contact: Lisa Murray | Creutzfeld-Jakob disease (CJD)/Chlorine, airborne pathogens | Full-face: 3M 7800S N95: 3M 1860 or Inovel 1511/1512/1513 |
| Autopsy/Pathology Contact: Kathy DaSilva | Formaldehyde and bone dust | N95 and Full-face: 3M 7800S Residents (20) – Hooded PAPR: 3M Breath Easy |
| UH Laboratory staff – Microbiology, Histology, Grossing, Cytology, Special Hematology, Phelbotomy Contact: Michele Gilleeny-Blabac | Airborne pathogens | N95: 3M 1860 or Inovel 1511/1512/1513 |
| Facilities: UH HVAC/Refrigeration Contact: Scott Dow | Particulates (dust, mold, animal droppings), airborne pathogens, chemical | N95: 3M 1860 Full-face: 3M 6800/6700 (2) |
| Facilities: Cabinet Shop Contact: David Hendrickson | Particulates (wood dust, Corian dust) and organic vapors (paint spray) | N95: 3M 9211 Half-face: Willson 6100 |
| Facilities: UH Construction Contact: Bill Mihailovich | Particulates (construction dust) | N95: 3M 1860 |
| Facilities: Plumbers Contact: Bruce Henneborn | Chemical, particulates, airborne pathogens | Full-face: 3M 6900 N95: 3M 1860 and Inovel 1513 (1) |
| Facilities: UH Lock Shop Contact: Fred LaScalea | Airborne pathogens | N95: 3M 1860 |
| Facilities: Physical Plant – Maintenance Contact: Jim Prudenti | Particulates | N95: 3M 1860 PAPR: 3M GVPw/7800S (small) facepiece (1) |
| Facilities: Physical Plant – Grounds Contact: Joseph Kelly | Particulates | Dust masks |
| Environmental Health & Safety – Healthcare Safety Contact: Annette Falcetta | Chemical, particulates, airborne pathogens | N95: 3M 1860 or Inovel 1511/1512/1513 Full-face: Willson 6500 and 3M 7800S SCBA: Scott AV 2000 |

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