**Medical Questionnaire:**

1. **Q:** How long must the medical questionnaire and fit test documents be saved?

**A:** Employers must retain records of employee medical evaluations for the duration of employment plus 30 years. Employers must also retain fit test records for respirator users until the next fit test is administered

1. **Q:** Is there a charge for those medical evaluations that you listed?

**A:** Yes, typically they are $20-30 per person sometimes you can get a deal depending how many individuals in your organization need to be evaluated

1. **Q:** Can a LPN, RN, etc. do the medical evaluation? What about an in-house Physician or other Licensed Health Care Professional.

**A:** Yes, but it depends on the scope of the healthcare professionals license. Generally, if the medical evaluation is being performed by a licensed healthcare professional other than a physician, the physician is still overseeing the medical evaluations. If an in-house health care professional performs the medical evaluation, that health care professional can NOT be the supervisor of the employees undergoing evaluation.

1. **Q:** If an employee gets flagged on the medical exam as needing further evaluation from a physician, is the employer required to do that? Or could we just not put that employee in a position where they need to use a respirator?

**A:** The employer is required to provide follow up exams for employees. Job reassignment to a position that does not require respirator use is an option.

1. **Q:** Is there a blank medical form available to use for in house MD review and sign.

**A:** The information contained in Appendix C of OSHA’s Respiratory Protection Standard, 29 CFR 1910.134 is mandatory. OSHA does have an [Info Sheet](https://www.osha.gov/sites/default/files/publications/OSHA3790.pdf) with a printable version that you may find helpful.

1. **Q:** Is a medical evaluation needed if the respirator is being used for non-medical reasons? Like in higher education if it is used in a chemical lab

**A:** If wearing a respirator is a workplace requirement, then a medical evaluation is needed.

1. **Q:** Does a full medical evaluation need to be completed for annual fit testing, or does a simple statement asking them if anything has changed count?

**A:** You only need a medical evaluation when it is a new employee or someone who has never had an initial test before. Otherwise the medical evaluation will have an expiration typically 1, 2, or 3 years.

1. **Q:** What if an entity does not require N95's - but staff have procured their own or requested to wear an N95 for a short period of time. Is fit testing and the medical evaluation still required?

**A:** Are they required to work with people who have known or suspect COVID? If yes, the entity needs to implement a Respiratory Protection Program (RPP). For voluntary use, so they can understand some of the risks involved with wearing a respirator, you are required to provide them with [Appendix D](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD) of OSHA’s Respiratory Protection Standard.

1. **Q:** Is there education or material available to a provider such as a medical director so they feel more comfortable interpreting the questions required by Appendix C, and what sort of limits or such a person should or should not be approved to use a respirator for?

**A:** If the physician is not familiar with evaluations for respirator use, they should either obtain additional professional development training or consult with a physician with that background and training. That would most likely be either an occupational physician or a pulmonary physician. Some resources that you may find helpful are: 1)ANSI/AIHA/ASSE Z88.6-2006: [***Respiratory Protection – Respirator Use – Physical Qualifications for Personnel***](https://webstore.ansi.org/preview-pages/ASSE/preview_ANSI%2BAIHA%2BASSE%2BZ88.6-2006.pdf), 2)*Journal of Occupational and Environmental Medicine*: [ACOEM Press](https://acoem.org/Publications/Journal-of-Occupational-and-Environmental-Medicine), and 3) ***Guide to the Medical Evaluation for Respirator Use,*** R. McLellan, K. Schusler, (2000) – [OEM Press](https://www.oempress.com/product/guide-to-the-medical-evaluation-for-respirator-use/oempress-publications)

1. **Q:** Does an OSHA Respirator Medical Evaluation Questionnaire form meet the requirements for a medical evaluation?

**A:** The Medical Evaluation Questionnaire is part of the medical evaluation.

1. **Q:** Are there any medical contraindications to wearing a N95 that would NOT allow an employee to use a PAPR?

**A:** That is a question for the occupational physician. For example, someone who is claustrophobic may have trouble wearing a Powered Air Purifying Respirator (PAPR).

1. **Q:** Does the medical evaluation (questionnaire form) have to be completed annual with the annual fit test?

**A:** The questionnaire is part of the medical evaluation, as such the questionnaire is completed at the same frequency as the medical evaluation. For example, if the Physician or Licensed Health Care Professional administering the medical evaluation determines that the medical evaluation is valid for two years, then the questionnaire is only completed when the medical evaluation is conducted at the end of that two year period. However, changes in the workplace or employee’s health could result in a medical evaluation being conducted before the two year period has elapsed. See [29 CFR 1910.134(e)(7) Additional Medical Evaluations](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD)

1. **Q:** Does this mean that they just need to fill out the sheet and it can be sent out to the provider and can perform the fit test that same time or do you need to wait for a physician signature then do the fit test a different day?

**A:** You need to receive the HCP's results for the reviewed questionnaire and receive the medical clearance documentation before you can fit test someone.

1. **Q:** Can CBRFs and RCACs opt out of wearing N 95s due to lack of ability to do medical evaluations and fit testing? As some CBRFs do not have RNs on staff at each location.

**A:** No. Online medical evaluations is one means of meeting the requirement to be medically evaluated before respirator use. You can request fit testing assistance by filling out an online request form at: <https://uwmadison.co1.qualtrics.com/jfe/form/SV_b0XhOPDHxMkjOUR> ; or emailing: covidconsulting@wisc.edu.

**Written Program:**

1. **Q:** If respirators are required for only a small part of the job (when a public health nurse is providing DOT for an active TB patient...) is this complete program still necessary in that case?

**A:** Yes, because it would be required for those job duties such as responding to an active TB case. The duration of time an employee wears a respirator is not a factor in whether a respiratory protection program needs to be implemented.

1. **Q:** What if an entity does not require N95's - but staff have procured their own or requested to wear an N95 for a short period of time. Is fit testing and the medical evaluation still required?

**A:** Are they required to work with people who have known or suspect COVID? If yes, the entity needs to implement a Respiratory Protection Program (RPP). For voluntary use, so they can understand some of the risks involved with wearing a respirator, you are required to provide them with [Appendix D](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD) of OSHA’s Respiratory Protection Standard.

1. **Q:** Can we issue N95s with some basic CDC guidance to employees if we do not yet have a written program, medical evaluations not clear, etc.?

**A:** If you do not have a written program and you are requiring employees to wear respirators, you could be cited by OSHA. The [Pre-Fit Test Checklist](https://uwmadison.app.box.com/file/754699201950?s=nt1uh234b9p4q6mv76kykysds0dyb6zd) includes a fill in written program template that simplifies the process and includes other helpful resources.

**Fit Testing:**

1. **Q:** How do we get a fit testing kit from the state?

**A:** Email us at covidconsulting@wisc.edu

1. **Q:** Are there any organizations that will come out and help ALs or SNFs with fit testing of N95s for staff? What is the best way to manage 350+ healthcare workers who need to be fit tested when there is only 1 employee health nurse who is responsible for fit testing?

**A:** We can schedule a one on one to help your facility have a better understanding of how to do fit testing should you have additional questions after this training. Please use our [Online COVID-19 Consulting Services Request Form](https://uwmadison.co1.qualtrics.com/jfe/form/SV_b0XhOPDHxMkjOUR) to request assistance.

1. **Q:** Can CBRFs and RCACs opt out of wearing N 95s due to lack of ability to do medical evaluations and fit testing? As some CBRFs do not have RNs on staff at each location.

**A:** No. Online medical evaluations is one means of meeting the requirement to be medically evaluated before respirator use. You can request fit testing assistance by filling out an online request form at: <https://uwmadison.co1.qualtrics.com/jfe/form/SV_b0XhOPDHxMkjOUR> ; or emailing: covidconsulting@wisc.edu.

1. **Q:** During the test, is all breathing to be done through the mouth?

**A:** Yes, the person being fit tested should breathe through their mouth during the fit test procedure.

1. **Q:** Can the fit test portion be completed by a non-clinical person?

**A:** Yes. The person performing the fit testing procure does NOT have to be a licensed health care professional.

1. **Q:** How often is fit testing performed? What if a new fit test person who had COVID lost taste and smell?

**A:** Fit test annually, or if there are changes to the employee’s physical condition that could affect respirator fit, e.g. facial scarring, dental changes, cosmetic surgery or an obvious change in body weight. If they lost smell or taste use quantitative fit testing or have them wear a Powered Air Purifying Respirator (PAPR).

1. **Q:** Does or can fit testing be "suspended" if my healthcare organization is in crisis mode? Previously I believe it could be at some point in the pandemic.

**A:** No, fit testing can NOT be suspended even if the facility is in a crisis mode.

1. **Q:** What is a good option for people whose taste/smell is "off" due to previous COVID exposure or is it an automatic fail?

**A:** IF someone is unable to pass the sensitivity test, three options are: 1) using quantitative fit testing; 2) providing them with a Powered Air Purifying Respirator (PAPR); or 3) Reassigning them to job duties that do not require wearing a respirator.

1. **Q:** At what point should a nebulizer be replaced? Is there a max amount of uses before it should be disposed?

**A:** Replace the nebulizer if it is no longer generating a good cloud

1. **Q:** Does the sensitivity number need to be written down somewhere? If so, what is the reason?

**A:** It is just helpful for your own memory when performing the fit test. You need to remember the initial number and then divide it for the rest of the test

1. **Q:** How long (time-frame) would you recommend blocking off for a fit test?

**A:** When starting out we recommend at least 20-30 minutes

1. **Q:** The sweet solution has Sulfa in it which is a common allergy. We found that we have had to switch to just the Bitrix™ due to the allergy concerns. The Bitrix™ is very bitter. Are you aware of any sweet solution that doesn't have Sulfa?

**A:** The other OSHA allowed sweet agent, Isoamyl Acetate, is not appropriate for fit testing particulate respirators unless an organic vapor filter is also used.

1. **Q:** Do you have any guidance on facial hair for religious reasons when a N95 is required?

**A:** There is an OSHA [Letter of Interpretation](https://www.osha.gov/laws-regs/standardinterpretations/1998-12-02) regarding facial hair and respirator use; other options would include transferring the employee to a job does not require the use of a respirator or providing the employee with a Powered Air Purifying Respirator (PAPR).

1. **Q:** If a male staff member has facial hair but is able to demonstrate that they can apply their N95 mask with their facial hair under the mask and have a good seal can they be considered as using their N95 mask appropriately? If the answer is "no" must they be mandated to remove their facial hair?

**A:** If the style of facial hair does not interfere with the seal of the respirator, then that style is acceptable whether it is shown on the CDC’s [Facial Hairstyles and Filtering Facepiece Respirators](https://www.cdc.gov/niosh/npptl/pdfs/facialhairwmask11282017-508.pdf) infographic or not.

1. **Q:** What happens if people do not want to shave their beards?

**A:** Some options for people who do not want to shave their beards, but are required to wear a respirator are: 1) providing them with a Powered Air Purifying Respirator (PAPR); or 2) Reassigning them to job duties that do not require wearing a respirator.

1. **Q:** Due to staffing issues, is it possible if a staff does not pass, can a surgical mask and full face shield be used for clinical staff. When N95's were not available, this was an acceptable alternative.

**A:** Wearing a surgical mask and a full face shield in lieu of a respirator is no longer acceptable. If someone is unable to pass a fit test you can provide them with a Powered Air Purifying Respirator (PAPR), or reassign them to job duties that do not require wearing a respirator.

1. **Q:** What is another solution to try if they cannot taste the Bitrix™ or Saccharin solution during the initial sensitivity screening?

**A:** No, Bitrix™ and Saccharin are the two approved fit testing solutions. Quantitative fit testing or providing an employee with a Powered Air Purifying Respirator (PAPR) are potential options for this situation.

1. **Q:** Do you start counting the 30 seconds after you are done squeezing the nebulizer?

**A:** The 30 seconds begin after the test agent has been introduced and the employee begins the test action, e.g. normal breathing, moving head side to side, etc.

1. **Q:** Can the Bitrex™ be used as sensitivity and the Saccahrin as test agent or should the same testing agent be used for both sensitivity and testing?

**A:** No, the Bitrex™ and Saccahrin are not interchangeable. Each test agent must be the only test agent used for the fit test procedure.

1. **Q:** What if someone is concerned about the safety of the fit test or sensitivity solution? Is there data available to show them the safety of these solutions?

**A:** Bitrex™ (Denatonium Benzoate) is routinely used as a taste aversion agent in household liquids and is endorsed by the American Medical Association, the National Safety Council and the American Association of Poison Control Centers.

1. **Q:** If I'm fit testing several employees, what can I do to avoid getting exposed to a lot of Bitrex™ during the fit testing process? Maybe also wear a N95 during administration of the test? What should I do after administering a round of fit tests?

**A:** Yes, you could wear a respirator; you could also wear a lab coat or some other type of light outer garment to protect your clothing. Additional protection could include a hair net or cap. Washing your hands and face or taking a shower after performing fit testing could also be an option.

1. **Q:** How often do employees have to be fit tested?

**A:** Fit test annually, or if there are changes to the employee’s physical condition that could affect respirator fit, e.g. facial scarring, dental changes, cosmetic surgery or an obvious change in body weight.

1. **Q:** What if an entity does not require N95's - but staff have procured their own or requested to wear an N95 for a short period of time. Is fit testing and the medical evaluation still required?

**A:** Are they required to work with people who have known or suspect COVID? If yes, the entity needs to implement a Respiratory Protection Program (RPP). For voluntary use, so they can understand some of the risks involved with wearing a respirator, you are required to provide them with [Appendix D](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD) of OSHA’s Respiratory Protection Standard.

1. **Q:** Is it correct to say that the employee should not hold out the bottom of the hood as it will alter the concentration in the hood?

**A:** No. It is acceptable for the employee to hold the bottom of the fit test hood during the procedure. For some employees, the need to hold the hood is necessary so the hood doesn’t fall down.

**Respirators:**

1. **Q:** Due to extensive cost in PPE, lack of PPE available and potential cost of medical evaluations can an assisted living provider use KN95 masks as an alternative?

**A:** No, KN95 masks are no longer considered an acceptable alternative to N95 respirators and when they were an option, the full respiratory protection program with fit testing and medical evaluations was also required

1. **Q:** Do N95 respirators have an expiration date on them? I did look on some of our boxes, but I did not see an expiration date.

**A:** Some manufacturers have expiration dates for their respirators, for example [3M has a 5 year shelf life](https://multimedia.3m.com/mws/media/869238O/3m-health-care-particulate-respirator-and-surgical-masks-storage-conditions-and-shelf-life-faq.pdf) for theirs. Over time parts of the respirator will breakdown reducing the amount of protection a wearer receives. You may see elastic that breaks down or cushioning that is disintegrating. When you evaluate a respirator prior to use you should be looking for these things. If you see any signs of defect or wear, it should not be worn. The short answer is that if you do not see an expiration date and there are no visible defects in the respirator you can continue to use it.

1. **Q:** Also, I noticed when looking at our respirators, that we have a few KN95 respirators. My understanding on the KN95 respirator was that since it has a ear loop, it could not provide an adequate seal for the purpose our employees would need them for in our healthcare facility, is this correct?

**A:** KN95 respirators are not NIOSH approved, therefore cannot be used when working with COVID positive or suspected COVID positive individuals, respiratory protection must be provided to employees. In those situations, a KN95 would not be an adequate form of respiratory protection. (See [THIS](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html) CDC page about international respirators.) This isn’t in particular because of the ear loop but because the masks are not up to the same quality standards nor are they required to produce a tight seal on the face the way N95 respirators are. In the US we are required to fit test individuals to ensure they are getting a tight face seal when wearing a respirator so that the air they breathe is forced through the filtering material and cannot go around the edges. It is unlikely that an employee could pass a fit test with a KN95, but even if they could, they are not allowed to use them for protection against known exposure to COVID-19.

1. **Q:** What if it’s not required of them, but an employee requests to wear an N95 respirator?

**A:** For voluntary respirator use, the employer must provide a copy of [Appendix D](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD) of OSHA’s Respiratory Protection Standard.

1. **Q:** What is the liability a Service/employer if a volunteer who has a beard and wears a N95?

**A:** If the respirator use is voluntary, the service/employer does not have to require that respirator users be clean shaven. However, even though respirator use is voluntary, the employer must ensure that the voluntary use does not create a potential hazard. E.g. worn when visibly dirty, stored in an unsafe manner. (Also, see question above regarding Appendix D)

1. **Q:** With exhalation valve suspect/not recommended for COVID, does that initiate a requirement for individuals to have multiple respirator fits? If not acceptable for COVID, what implications should this carry for other work environments and the assessments that are completed?

**A:** Respirators with exhalation valves are not recommended to be worn by persons who are COVID positive. This is also applicable for PAPRs or other tight fitting respirators which have a valve. Unlike filtering facepiece respirators that do not have a valve, both respirators equipped with exhalation valves and PAPR’s do filter the exhaled air, thus creating the potential to expose others to the exhaled air.