

 DALHOUSIE UNIVERSITY Pre-Use Respirator Fitness Assessment Draft	<i>Policy Sponsor:</i> Vice President Finance and Administration Signature:	<i>Approval Date:</i> Pending
	<i>Responsible Unit:</i> Director EHS Signature:	<i>Revisions:</i> Initial issue

Contents

A. Background & Purpose:	1
B. Application:	1
C. Definitions:	1
D. Policy Statement:	1
E. Administrative Structure:	2
F. Procedures:	2
<i>Medical / Psychological conditions to be considered</i>	2
<i>Factors to consider in the assessment</i>	2
<i>Primary Health Care Provider Assessment</i>	3
<i>Fitness Declaration</i>	3

- A. **Background & Purpose:** This policy is a guide to assess potential concerns that may impact the ability of an employee to safely use a respirator.

Note: *Medical information is NOT to be offered on this form.*

- B. **Application:** Applies to all Dalhousie University operations.

C. **Definitions:**

- a. **CSA:** Canadian Standard Association
- b. **EH&S:** Environmental Health and Safety
- c. **Respirator:** An apparatus worn over the mouth and nose or the entire face to prevent the inhalation of dust, smoke, or other noxious substances.

- D. **Policy Statement:** It is a requirement that Dalhousie Faculty, Staff and Students comply with the requirements of CSA Z-94.4 to perform a health assessment for fitness to wear respirators before they are assigned to be used as a work requirement

- E. **Administrative Structure:** The Vice President Finance and Administration is the sponsor of the policy, with responsibility for implementation being provided through the EH&S office.

This policy was written in conjunction with appropriate stakeholders and reviewed by the University EH&S committee.

- F. **Procedures:** Where respirator fit testing is performed in conjunction with the EH&S Office it is a requirement that a signed declaration of fitness for respirator use be completed. Should respirator fit testing be performed externally to the EH&S Office, an equivalent process to meet this requirement shall be employed.

Medical / Psychological conditions to be considered

Dalhousie University Faculty, Staff and Students shall review the below list to assess whether these items have been a concern in the past or may pose a future concern for the safe use of respirators.

Emphysema	Asthma
Allergies	Fainting spells
Diabetes	Claustrophobia
Seizures	Fear of heights
Use of a pacemaker	Colour blindness
Shortness of breath	Reduced sense of smell
Lung disease	Unusual facial features, dentures or skin conditions (that may prevent a proper respirator seal)
Hypertension	Chronic bronchitis
Neuromuscular disease	Heart problems
Temperature susceptibility	Thyroid problems
Panic attacks	Dizziness
Vision impairment	Nausea
Back/Neck problems	Hearing impairment
Breathing difficulties	Reduced sense of taste
Chest pain on exertion	Cardiovascular disease

The above list is not meant to be all inclusive. Consideration is required for any other medical or physiological conditions that may negatively affect your ability to safely wear a respirator.

Factors to consider in the assessment

It is important to consider the above listed medical / psychological conditions in conjunction with the anticipated respirator use including:

1. Type of respirator used (tight fitting, supplied air, N95, SCBA, etc.)
2. Locations where respirators will be worn (open areas or restricted / confined spaces)
3. Length of time respirators will be worn (short intervals or long intervals)
4. The nature of the airborne contaminants (nuisance dusts or toxic materials)

Primary Health Care Provider Assessment

As warranted, health related concerns shall be reviewed by the employee's primary Health Care Provider.

Should the Primary Health Care Provider have concerns with the employee's safe use of respirators the employee shall express the concerns to their direct supervisor.

Fitness Declaration

If no concerns are identified or your primary Health Care provider has reviewed the concerns as acceptable please indicate by signing below:

Name (print): _____

Name (sign): _____

Date: _____

Banner Number: _____