

WAC 296-842-14005 Provide medical evaluations.

Exemption:

- This section does **not** apply to employees who **only** use:
1. Filtering-facepiece respirators voluntarily. See WAC 296-842-11005 for voluntary use requirements; or
 2. Escape-only respirators that are mouthpiece, loose-fitting, or hooded respirators.

IMPORTANT :

1. If an employee has been provided with a medical evaluation addressing respirator use, as required by another chapter, that evaluation will meet the requirements of this section.

2. Using a respirator can create physical risks for an employee each time it is worn. The extent of these risks depends on these factors:

- a. Type of respirator;
- b. Environmental conditions at the worksite;
- c. Physical demands of the work;
- d. Use of the protective clothing;
- e. Employee's health status.

Follow the medical evaluation process, Steps 1 through 7 in this section, to provide medical evaluations for employees at no cost to them.

Medical Evaluation Process

Step 1: Identify employees who need medical evaluations **AND** determine the frequency of evaluations from Table 7. Include employees who:

- (a) Are required to use respirators; or
- (b) Voluntarily use respirators that are **not** filtering-facepiece respirators.

Note:

- You may use a previous employer's medical evaluation for an employee if you can:
1. Show the employee's previous work and use conditions were substantially similar to yours; and
 2. Obtain a copy of the licensed health care professional's (LHCP's) written recommendation approving the employee's use of the respirator chosen by you.

Step 2: Identify a licensed health care professional (LHCP) to perform your medical evaluations.

Note:

If you select a different LHCP, you do not need to have new medical evaluations done.

Step 3: Make sure your LHCP has the following information **before** the evaluation is completed:

- (a) Information describing the respirators employees may use, including the weight and type.
- (b) How the respirators will be used, including:
 - (i) How often the respirator will be used, for example, daily, or once a month;
 - (ii) The duration of respirator use, for example, a minimum of one hour, or up to twelve hours;
 - (iii) The employee's expected physical work effort;
 - (iv) Additional personal protective clothing and equipment to be worn;

(v) Temperature and humidity extremes expected during use.

(c) A copy of your written respiratory protection program **and** this chapter.

Note:

1. You may choose to send the questionnaire to the LHCP ahead of time, giving time to review it and add any necessary questions.
2. The LHCP determines what questions to add to the questionnaire, if any; however, questions in Parts 1-3 may not be deleted or substantially altered.

Step 4: Administer the medical questionnaire in WAC 296-842-22005 to employees, **OR** provide them a medical exam that obtains the same information.

Note:

You may use online questionnaires if the questions are the same and requirements of this section are met.

(a) Administer the examination or questionnaire at no cost to employees:

- (i) During the employee's normal working hours; or
- (ii) At a time and place convenient to the employee.
- (b) Maintain employee confidentiality during examination or questionnaire administration:
 - (i) Do **not** view employee's answers on the questionnaire;
 - (ii) Do **not** act in a manner that may be considered a breach of confidentiality.

Note: Providing confidentiality is important for securing successful medical evaluations. It helps make sure the LHCP gets complete and dependable answers on the questionnaire.

(c) Make sure employees understand the content of the questionnaire.

(d) Provide the employee with an opportunity to discuss the questionnaire or exam results with the LHCP.

Step 5: Provide follow-up evaluation for employees when:

- (a) The LHCP needs more information to make a final recommendation; or
- (b) An employee gives any positive response to questions 1-8 in Part 2 OR to questions 1-6 in Part 3 of the DOSH medical evaluation questionnaire in WAC 296-842-22005.

Note: Follow-up may include:
 1. Employee consultation with the LHCP such as a telephone conversation to evaluate positive questionnaire responses;
 2. Medical exams;
 3. Medical tests or other diagnostic procedures.

Step 6: Obtain a written recommendation from the LHCP that contains only the following medical information:

- (a) Whether or not the employee is medically able to use the respirator;
- (b) Any limitations of respirator use for the employee;
- (c) What future medical evaluations, if any, are needed;
- (d) A statement that the employee has been provided a copy of the written recommendation.

Step 7: Provide a powered, air-purifying respirator (PAPR) when the LHCP determines the employee should not wear a negative-pressure air-purifying respirator **AND** is able to wear a PAPR.

Reference: See WAC 296-842-13005 for requirements regarding selection of air-purifying respirators.

Note: 1. You may discontinue medical evaluations for an employee when the employee no longer uses a respirator.
 2. If you have staff conducting your medical evaluations, they may keep completed questionnaires and findings as confidential medical records, if they are maintained separately from other records.

Use Table 7 to determine medical medical evaluation frequency.

**Table 7
Evaluation Frequency**

Type of Evaluation:	When required:
Initial medical evaluations	<ul style="list-style-type: none"> • Before respirators are fit-tested or used in the workplace.
Subsequent medical evaluations	<ul style="list-style-type: none"> • If any of these occur: <ul style="list-style-type: none"> – Your licensed health care professional (LHCP) recommends them; for example, periodic evaluations at specified intervals. – A respirator program administrator or supervisor informs you that an employee needs reevaluation. – Medical signs or symptoms (such as breathing difficulties) are: <ul style="list-style-type: none"> ■ Observed during fit testing or program evaluation; or ■ Reported by the employee. – Changes in worksite conditions such as physical work effort, personal protective clothing, or temperature that could substantially increase the employee's physiological stress.

[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 17-18-075, § 296-842-14005, filed 9/5/17, effective 10/6/17. Statutory Authority: RCW 49.17.050 and 29 C.F.R. Subpart Z. WSR 09-19-119, § 296-842-14005, filed 9/22/09, effective 12/1/09. Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060. WSR 07-05-072, § 296-842-14005, filed 2/20/07, effective 4/1/07; WSR 03-20-114, § 296-842-14005, filed 10/1/03, effective 1/1/04.]