# MISERICORDIA UNIVERSITY

# COLLEGE OF HEALTH SCIENCES and EDUCATION

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**POLICY #1: STUDENT CLINICAL/FIELDWORK CLEARANCE**

**Purpose:**

1. The College of Health Sciences and Education has established requirements for those students engaging in clinical/fieldwork education experiences.
2. The documentation of such requirements will be placed on file in the department of the student's major both prior to the beginning of clinical/fieldwork education experience and yearly thereafter.

## Procedures:

Required forms may be secured from the Clinical/Fieldwork Coordinator of the individual department/program.

1. The student will be provided with a Clinical Clearance packet, which contains a checklist. The student must use this list to ensure that all required items are included, prior to submission to the Clinical/Fieldwork Coordinator. Some sites may require additional information, immunizations or testing. Students will be notified of any additional requirements. The students must comply with such requests in order to initiate a clinical/fieldwork education experience at that site.
2. Students are required to obtain clinical clearance as determined by the established protocol of their department. Students are responsible for adhering to each program’s dates.
3. The Health Clearance Form contains all mandatory tests that must be completed by the student’s health care provider. The completed Health Clearance Form and copies of the final lab results must be submitted to the Clinical/Fieldwork Coordinator of the student’s major/program. Submission of this documentation is required for clinical clearance prior to the start of the actual clinical/fieldwork experience.
4. Misericordia University follows the current CDC Hepatitis, COVID-19, and influenza vaccination recommendations when Hepatitis B, COVID-19, and/or influenza vaccinations may be required by your program or clinical fieldwork site. Students who choose not to follow the recommendations may not be able to obtain clinical site placement and thus may be unable to complete and graduate from the academic program.
5. It is the responsibility of the student to maintain current clinical clearance.
6. There will be verification by the Clinical/Fieldwork Coordinator that all required clinical documentation has been completed.
7. Clinical Clearance will be withheld if all requirements are not fulfilled. As a result, the clinical/fieldwork experience start will be delayed.
8. Some clinical/fieldwork sites may require copies of any/all clinical clearance documentation. Students will be required to sign a statement allowing Misericordia University to release such information.
9. Any change in medical status following the initial and/or follow up health clearances must be reported to the Clinical/Fieldwork Coordinator, and the student must provide appropriate documentation, as directed by the students program of study, to continue/resume classroom, laboratory and / or clinical/fieldwork activities.

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**POLICY #2: CRIMINAL RECORD CHECK AND CHILD ABUSE HISTORY CLEARANCE**

**Purpose:**

To inform students interested in pursuing careers in the Health Sciences and Education that:

1. Criminal Record Check, (Federal and/or State), Child Abuse History Clearance, may be required by the program, by the professional licensing board, or by any site providing clinical placements for students during their education.
2. The student must authorize release of the results of any Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance when requested by the program, university, or clinical placement site.
3. All costs associated with the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance are the responsibility of the student unless specifically stated otherwise by the party requesting the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance.
4. A positive Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance may result in any of the following:
	* Inability to find a clinical placement
	* Dismissal from a clinical placement
	* Inability to obtain professional licensure
	* Legal ramifications
	* Inability to matriculate or continue within a program within the College of Health Sciences and Education
	* Inability to meet requirements for graduation from the program of study
5. Any student with a history of a positive finding on a Criminal Record Check or Child Abuse History Clearance should seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements prior to entering a program in the College of Health Sciences and Education.

## Procedures:

1. Any student with a history of a positive finding or a change in status on a Criminal Record Check or Child Abuse History Clearance must inform the Clinical/Fieldwork Coordinator who will inform the Department Chair and Dean of the College of Health Sciences and Education. The student should also seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements.
2. Any program requiring mandatory Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for these clearances.
3. Clinical/Fieldwork Placements that have required Criminal Record Checks, (Federal and/or State), and/or Child Abuse History Clearances policies will be clearly identified for students prior to placement in the facility.\*

*\*Students should be aware that the individual sites may institute changes in policies without notice. Should this occur the student is still responsible for meeting the requirements of the site.*

1. In cases where students are the direct recipient of the criminal record check the

student must supply the Clinical/Fieldwork Coordinator with a copy of the report. Any student who fails a Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance has the right to appeal the result with the vendor and/or authorized issuing agency completing the clearance. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. In the event a student fails a criminal record check the Clinical/Fieldwork Coordinator will notify the Department Chair and Dean. The student will be notified if s/he cannot be placed at a site.

1. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the respective program.

# MISERICORDIA UNIVERSITY

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**POLICY #3: CPR CERTIFICATION**

**Purpose:**

1. To establish criteria for CPR certification.
2. To establish a procedure for submitting results.

## Procedures:

1. Students are required to obtain certification in professional level/healthcare provider Adult (one and two person)/Infant/Child/AED CPR at their own expense.
2. Certification must be kept current for the length of time the students/clinical employee are enrolled in any clinical/fieldwork education experience.

3. A copy of the official certification card must be submitted to the designated clinical/fieldwork coordinator by the date specified by each department.

1. Students will not be allowed to participate in clinical/fieldwork education experiences unless they provide proof of the approved level of CPR certification.
2. It is the responsibility of the students to be aware of the expiration date. They must submit a copy of the current CPR card to the designated clinical education/fieldwork coordinator prior to the respective expiration date. Failure to comply with these requirements will result in a delay in their clinical placement or removal from the clinical/fieldwork education site. If students are removed from the site and do not obtain clearance within the timeline designates by department, students will be subject to disciplinary action by their department.

# MISERICORDIA UNIVERSITY

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**POLICY #4: CLINICAL/FIELDWORK INCIDENT REPORT**

 **Purpose**:

 To provide guidelines for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences and Education student who is participating in a clinical/fieldwork education experience.

 An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff or student. Any situation when an incident report is filed at a clinical/fieldwork education site, a Misericordia University Clinical/Fieldwork Incident report form must be filed.

## Procedures:

1. See the site’s documentation for specific policies regarding reporting of clinical/fieldwork incidents.
2. In the event of any student injury where treatment is not covered by the individual site, the student will incur the expense.
3. Forms for reporting clinical/fieldwork incidents may be obtained from the department’s clinical education/fieldwork coordinator.
4. This form must be completed by the student’s clinical employee/supervisor, (clinical employee – an appointed employee whose duty is to supervise college students at the clinical /fieldwork education site, who will, in that capacity, have direct client contact and involvement in clinical/fieldwork activities), and signed by both the student and the clinical employee/supervisor.
5. The original report will be forwarded to the department’s chairperson. Copies will be distributed as follows: the student, the controller’s office, and the student’s department file.

**College of Health Sciences**

**and Education**

CLINICAL/FIELDWORK INCIDENT REPORT

**Purpose:** This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical/fieldwork activity. The report is to be completed by the student’s clinical employee/supervisor and signed by both the student and the clinical employee/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: student; controller’s office; department student file.

## PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS. I.

**Student Name:**

**Misericordia University e-mail address**:

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Employee/Supervisor Name: Title:**

**II.** **What was the student doing when the incident occurred? (**Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

**III.** **How did the incident occur?** (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if

necessary.)

**IV.** **If an injury resulted, explain who was injured and the nature and location of the injury.**

(Describe fully, including parts of the body affected.)

**V. Was medical attention received?** (Describe by whom, where and when.)

*Signature is required in the appropriate space below* ***only if*** *student sustained an injury.*

Treatment **received** (student’s signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment **refused** (student’s signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Who was notified of the incident?** (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia University personnel. Include the dates when notified and by whom).

**VII. Provide a plan to keep other such incidents from occurring in the future.** (This section is completed by the clinical employee/supervisor in consultation with the student. List mutually agreed upon strategies.)

**Additional Comments: (Attach additional sheets as needed.)**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# MISERICORDIA UNIVERSITY

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**POLICY # 5: POLICY FOR INJURIES FROM SHARP INSTRUMENTS AND BLOOD BORNE PATHOGENS EXPOSURE**

**Purpose:**

 To develop a standard policy for the prevention and treatment of sharp instrument injury and blood borne pathogens exposure incurred during clinical/fieldwork education experiences. This policy is in compliance with Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan to which Misericordia University adheres.

## Procedures:

* 1. Standard Precautions and Transmission Based Precautions will be observed during any tasks that involve exposure to blood, body fluids, or tissues.
	2. During clinical/fieldwork education experiences, site specific policies and procedures will apply regarding the care and use of needles and other exposure to blood borne pathogens. During academic education experiences, the Misericordia University policies and procedures will apply.
	3. After use, disposable syringes, needles and other sharp instruments will be placed in the appropriate puncture resistant sharps container.
	4. The student is responsible for reviewing the clinical/fieldwork education site’s documentation for specific policies regarding reporting of clinical/fieldwork incidents.
	5. In the event a student is injured with a sharp instrument or otherwise exposed to blood borne pathogens during the clinical/fieldwork education experience, the clinical/fieldwork education coordinator and/or the Administrative Specialist must be notified immediately.
	6. As outlined in the College of Health Sciences Policy #4 Clinical/Fieldwork Incident Report, a Clinical/Fieldwork Incident Report form must be completed and returned within 10 working days from the date of the incident. Forms for reporting these incidents may be obtained from the department’s clinical/fieldwork coordinator
	7. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

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**POLICY #6: HIPAA CONFIDENTIALITY**

**Purpose:**

To provide guidelines for providing HIPAA confidentiality education to all Misericordia University Health Sciences and Education students who will participate in clinical/fieldwork education experiences.

## Procedures:

1. Prior to the commencement of student placement at the clinical/fieldwork education site, each Health Sciences and Education department Clinical/Fieldwork Coordinator will arrange for the students to complete HIPAA training.
2. Upon completion of HIPAA training, students will submit verification of their HIPAA training to their department Clinical/Fieldwork Coordinator.
3. Copies of the verification will be maintained in the students’ department academic file and/or in the students’ individual clinical file housed at the clinical/fieldwork education site.
4. See the clinical/fieldwork education site’s documentation for specific policies regarding HIPAA education.
5. Any student who has not successfully completed HIPAA training by the specified date will not be allowed to begin a clinical/fieldwork experience as scheduled. Individual program policies regarding absence will be applied in these cases.

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**POLICY #7: ESSENTIAL FUNCTIONS DOCUMENTATION PROCESS**

**Purpose:**

 To provide a consistent, timely, accurate method for documenting a student’s capacity to perform essential functions.

1. All students will be advised of the essential functions required of their Health Sciences and Education majors/certificate program prior to formally entering the programs.
2. Medical clearances related to the essential functions will be required of all students prior to their entering the laboratory or clinical/fieldwork education settings, following any subsequent change in health or functional status, and as deemed necessary by each individual department.
3. By reviewing the list of essential functions, it is expected that students will be able to indicate their likeliness of successful compliance, document any limitations related to essential functions, and request specific accommodations relevant to the listed tasks, as necessary. Ideally, potential accommodations will be considered prior to entrance into the major or certificate program. Minimally, the medical clearances required prior to participation in the laboratory or clinical/fieldwork settings must define any limitations and the accommodations needed to comply with the essential functions.
4. Reasonable accommodations will be provided to support students with documented disabilities. An accommodation cannot pose a threat to the patient, staff, student, or interfere with the program’s essential functions, if it is to be considered reasonable.
5. In compliance with a policy respecting student’s rights to privacy, confidential information will be released on a need-to know basis. In the clinical setting, information about a student’s accommodations which relate to the clinical performance standards will need to be shared with clinical/fieldwork educators and those involved with accommodation delivery and facilitation. The student may or may not choose to disclose the underlying condition or specific details of their disability. Accommodations that relate solely to classroom experience need not be revealed to clinic personnel. The student must sign a written release (provided by the Student Success Center (SSC) defining the information that will be shared in the clinical setting. Accommodations provided in the clinic are specific to the site and the clinical/fieldwork experience and may not be the same as the classroom.
6. Clinical/Fieldwork site assignment/selection may include a consideration of the site’s ability for flexibility, ability to work with students with disabilities, and facility and logistical characteristics. The clinical/fieldwork site will make the determination as to whether or not it can provide the reasonable accommodations.
7. This process is intended to ensure equal access to professional programs. However, it is not an assurance of student success.

**Procedures**:

1. Departments distribute Clinical Clearance Forms (CCF) and Essential Functions Document (EFD) to students in accordance with each department time line.
2. Students submit completed forms to the designated person in each department.
3. The Clinical/Fieldwork Coordinator reviews final paragraph of CCF to determine if the Health Care Provider has indicated that the student is able to fulfill the essential functions of the profession, with or without accommodations.
4. If a student requests accommodation, the student must contact the Office for Students with Disabilities to initiate the process. Once it is determined by the Assistant Director SSC/Office for Students with Disabilities (OSD), Clinical Director, Clinical/Fieldwork site and the student if accommodations are appropriate, then an Accommodation Plan will be developed collaboratively. A copy of the Accommodation Plan is attached to the CCF.
5. The Clinical/Fieldwork Coordinator has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required and the learning objectives. If the site is agreeable, the Clinical/Fieldwork Coordinator and student meet with clinical/fieldwork site to review the Accommodation Plan.

# MISERICORDIA UNIVERSITY

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**POLICY # 8: DRUG SCREENING POLICY**

 **Purpose:** To inform students interested in pursuing careers in the Health Sciences and Education of the following:

1. Drug Screening may be required by the program, by the professional credentialing/licensing board, or by any site providing clinical/fieldwork placements for students during their education.
2. The student must authorize release of the results of any Drug Screening when requested by the program, university, or site.
3. All costs associated with Drug Screening are the responsibility of the student unless specifically stated otherwise by the party requesting the Drug Screening.
4. A positive drug screening may result in any of the following:
	* inability to find a clinical placement
	* delay in clinical placement
	* dismissal from a clinical placement
	* inability to obtain professional licensure/certification
	* legal ramifications
	* inability to matriculate or continue within a program within the College of Health Sciences and Education
	* inability to meet requirements for graduation from the program of study

## Procedures:

1. Any program requiring mandatory Drug Screening prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for Drug Screening.
2. Clinical/Fieldwork Placements that have required Drug Screening policies will be clearly identified for students prior to placement in the facility\*

\**Students should be aware that the individual sites may institute changes in policies without notice. Should this occur, the student is still responsible for meeting the requirements of the site.*

1. In the event a student fails a drug screen and is notified by the vendor directly, the student must notify the Clinical/Fieldwork Coordinator who will notify the Department Chair and Dean of the College of Health Sciences and Education. Any student who fails a drug screening has the right to appeal the results with the vendor and/or authorized laboratory completing the screen. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. The student will be notified if s/he can or cannot be placed in a facility. If a delay in placement results the department will determine when and if a make-up opportunity will be granted.
2. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state credentialing/ licensing required for practice, and may be dismissed from the respective program.

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# POLICY #9: RESPIRATORY PROTECTION

# Purpose:

To establish a respiratory protection program for all students and faculty of Misericordia University who may be required to wear an N95 mask to work in an atmosphere with potential exposure to contagious airborne pathogens.

**Procedures:**

1. Members of the Misericordia University Clinical Education Committee, trained in respiratory fit testing, will provide qualitative and/or quantitative fit testing for each student or faculty required to wear a tight-fitting respirator.
2. Trained fit testers will be responsible for:
	* Evaluating and selecting appropriate respirators
	* Conducting fit testing
	* Providing respiratory training that includes:
		+ Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the respirator effectiveness
		+ What the limitations of the respirator are
		+ How to inspect, put on, remove, use and fit check the respirator
		+ Maintenance and storage procedures
		+ Recognition of medical signs and symptoms that limit respirator use
	* Completing the Respirator Wearer/Tester Verification Form
3. Students and faculty MUST receive medical clearance for respirator use before fit testing can begin. Additional medical examinations may be required at the discretion of the medical provider if a student or faculty member reports signs or symptoms related to his/her ability to wear a respirator or when a change occurs in the workplace that may result in a substantial increase in physiological burden place on the employee required to use a respirator.
4. Individual departments will provide their students and faculty with the medical questionnaire clearance form.
5. The Student Health Center will review and sign the medical questionnaire. This form may also be signed by the student’s or faculty member’s physician, physician assistant, or nurse practitioner outside of Misericordia University.
6. Respirator wearers MUST perform a positive or negative fit check each time the respirator is put on. This procedure is outlined below:
	* Negative Fit Check:
		+ Close off the inlet opening of the cartridge by covering with the palms of your hand (or cover the inlet opening of the cartridge with a thin latex or nitrile glove).
		+ Inhale gently so the facepiece collapses slightly and hold breath for ten seconds.
		+ If the facepiece remains in a slightly collapsed condition with no inward leakage of air, the tightness of the respirator is considered satisfactory.
	* Positive Fit Check:
		+ Close off the exhalation valve and exhale gently into the facepiece.
		+ The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage at the seal.
		+ This method of leak testing may require the wearer to first remove the exhalation valve cover before closing off the valve and then replacing the cover after the check is complete.
7. Respirator Wearers MUST:
	* Inspect the respirator for damage before entry into a contaminated environment and after each use. This includes checking the respirator function, tightness of connections, and the condition of the facepiece, and head straps.
	* Wear an assigned respirator when executing a task that has been determined to require respirator protection
	* Store respirator in an area accessible to the work area
	* Store respirator in a clean container or bag to keep the respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals
	* Remain clean-shaven when performing tasks involving respirator use.
	* Report all circumstances that may affect the fit of a respirator
	* Report all medical conditions that may compromise the ability to wear a respirator
8. The Misericordia University Student Health Center will maintain the following records on students and faculty:
	* Fit Test records and medical questionnaire
	* Medical determination records for respirator use
9. Students and faculty will provide a copy of the medical questionnaire and fit test form to the Student Health Center if these forms are signed at another facility.
10. Individual departments will maintain the following record on their students and faculty:
	* Signed Respirator Wearer/ Tester Verification Form
11. The Misericordia University Clinical Education Committee will:
	* Schedule respirator fit training for departments that may be required to wear a respirator.
	* Maintain records of trained fit testers in the committee’s Google Drive
	* Evaluate the respirator program annually or whenever a behavior or suggestion is brought to the attention of the committee, which suggests a re-evaluation of the program, is necessary. This evaluation may include:
		+ Consultation with supervisors in departments where respirators are worn
		+ Consultation with respirator wearers
		+ Review of the written program

**RESPIRATOR/ WEARER VERIFICATION FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

* Provided the fit tester with my medical questionnaire clearance form signed by:
	+ Student Health Center
	+ Primary Care Physician
	+ Physician assistant or Nurse Practitioner outside of Misericordia University
* Have been fitted with an appropriate respirator by a trained fit tester
* Understand that I must perform a positive or negative fit check each time I put on a respirator using one of the procedures outlined below:
	+ Negative Fit Check:
		- Close off the inlet opening of the cartridge by covering with the palms of your hand (or cover the inlet opening of the cartridge with a thin latex or nitrile glove).
		- Inhale gently so the facepiece collapses slightly and hold breath for ten seconds.
		- If the facepiece remains in a slightly collapsed condition with no inward leakage of air, the tightness of the respirator is considered satisfactory.
	+ Positive Fit Check:
		- Close off the exhalation valve and exhale gently into the facepiece.
		- The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage at the seal.
		- This method of leak testing may require the wearer to first remove the exhalation valve cover before closing off the valve and then replacing the cover after the check is complete.
* Understand that as a respirator wearer I must:
	+ Inspect the respirator for damage before entry into a contaminated environment and after each use. This includes checking the respirator function, tightness of connections, and the condition of the facepiece, and head straps.
	+ Wear an assigned respirator when executing a task that has been determined to require respirator protection
	+ Store respirator in an area accessible to the work area
	+ Store respirator in a clean container or bag to keep the respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals
	+ Remain clean-shaven when performing tasks involving respirator use.
	+ Report all circumstances that may affect the fit of a respirator
	+ Report all medical conditions that may compromise the ability to wear a respirator

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Respirator Wearer’s Signature Date

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Respirator Tester’s Signature Date