



**Non-Employee Onboarding**

130 Quincy Avenue

Brockton, MA 02302

(P) 508-941-7236

(F) 508-941-6204

[nonemployee@signature-healthcare.org](mailto:nonemployee@signature-healthcare.org)

**SIGNATURE HEALTHCARE AGREEMENTS FOR NON-EMPLOYEES**

*(Please complete this page only and email to [nonemployee@signature-healthcare.org](mailto:nonemployee@signature-healthcare.org). Pages 2 – 8 are for your records)*

I received the Signature Healthcare agreements for non-employees listed below. I understand that I am responsible to review and abide by all Signature Healthcare policies. My signature below indicates that I have read and understand the following policies:

- COVID-19 Waiver of Liability, Assumption of Risk, and Indemnity Agreement for Non-Employees at Signature Healthcare
- Drug Free Workplace Act
- Confidentiality Statement
- Signature Healthcare – Non-Employee Information

Name (Print Clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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**EMERGENCY DATA**

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**In case of an emergency contact:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**COVID-19 WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT FOR STUDENTS AT SIGNATURE HEALTHCARE**

1. The novel coronavirus ("COVID-19") is a disease that includes several symptoms according to the Centers for Disease Control ("CDC"), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. COVID-19 is extremely contagious and contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.
2. Aware of the foregoing, I am voluntarily agreeing to enter the property of Signature Healthcare (including property owned or leased by Signature Healthcare Brockton Hospital or Signature Healthcare Medical Group (collectively "Signature").
3. I am familiar with the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that; accordingly, the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates and complying with same at all times while on Signature property.
4. Signature is dedicated to the safety of its employees, patients, and visitors. However, I understand that it is impossible for Signature to prevent all risk of infection. I acknowledge that Signature has done its best to implement recommended CDC, Department of Public Health, federal, state and local guidelines and put in place preventative measures to reduce the spread of COVID-19; however, Signature cannot guarantee that I will not become infected with COVID-19.
5. I understand that Signature has put in place policies and protocols in order to mitigate the spread of COVID-19. I have read and agree to abide by Signature's policies and protocols for COVID-19 at all times while on Signature property.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19 and the inherent risk of exposure while on Signature property or performing work for Signature, to those who may be infected with COVID-19. I voluntarily assume full responsibility for the risk that I may be exposed to or infected by COVID-19 by my presence on the property or in performing services for Signature and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at Signature may result from the actions, omission, or negligence of myself and others, including but not limited to, Signature employees, agents, contractors, volunteers, and patients. I recognize that Signature cannot limit all potential sources of COVID-19 infection. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with entering Signature's premises and to make an informed decision of those risks.
8. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Signature, and its past, present, and future officers, directors, trustees, employees, attorneys, and agents, with respect to any and all illness, disability, death, or damage to person or property associated with exposure to COVID-19, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law. An employee's right to seek workers compensation benefits will not be affected by this Agreement. I further agree that if any such claim is made, I will indemnify and defend Signature with respect to any such claim, with the exception of an employee's right to seek workers compensation benefits.
9. I have read and fully understand the foregoing Agreement and I am aware that by signing this Agreement I may be waiving certain legal rights, including the right to sue. This Agreement shall be binding upon me and my heirs, legal representatives, and assigns, and shall inure to the benefit of Signature and its successors and assigns.
10. My signature below indicates that I am at least eighteen (18) years of age and intend to be legally bound by the terms of this Agreement.

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**DRUG-FREE WORKPLACE ACT**

In the latter part of 1988, the federal government passed into law a requirement that all government contractors establish guidelines which specifically identify a company's posture regarding drugs in the workplace. Since the Hospital may be a recipient of federal grants and the Hospital is fully committed to the idea of keeping controlled drugs out of the workplace, we have established the following policy:

It is the policy of Signature Healthcare to prohibit in the work place the unlawful possession, use, dispensation, distribution, sale, or manufacture of controlled substances, and to prohibit the use and/or abuse of alcohol in the workplace. Violation of this policy will result in disciplinary action up to, and including termination of employment. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy. In accordance with the Drug-Free Workplace Action of 1988, as a condition of employment, associates must comply with this policy and notify management within five (5) days of a conviction for any criminal drug violation occurring in the workplace. Failure to do so will result in immediate termination of employment. Any associate involved

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with a criminal drug violation occurring in the workplace will be placed on personal leave of absence without pay and could face termination of employment pending the outcome of any legal investigation and conviction.

At the present time, we do not require mandatory drug or alcohol testing of associates but do conduct random drug or alcohol tests when the safety of staff members and/or patients may be in question. Such tests may be deemed necessary based on observed inconsistent or erratic behavior that constitutes a health or safety hazard to others or the personal safety of the associate displaying the behavior.

Information on the dangers of drug and alcohol abuse in the workplace will periodically be posted on the bulletin board s or be made available directly to associates through the Health Services Department. Associate Health Services is aware of public and private agencies that provide support or program s in treating drug or alcohol-related problems and should be contacted if information or assistance is needed. In some circumstances, the Hospital's health insurance plan may provide some financial benefit in support of counseling or rehabilitation programs. In order to determine specific benefit level s that may apply, you should contact your insurance company.

Since the Drug-Free Workplace Act requires that companies be able to document the notification and receipt of its policy by each associate, we are asking that you sign the statement at the bottom of this page and return i t to Human Resources (or inclusion in your personnel file. In this way we can fully document our compliance with the notification process.

We strongly support the intent and purpose of the Drug-Free Workplace Act and encourage all associates to fully comply with the provisions of the program. It is only with everyone's support that we can successfully comply with this policy.

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**CONFIDENTIALITY STATEMENT**

When a patient enters Signature Healthcare, we assume an obligation to keep in confidence all that pertains to him/her. This responsibility is shared by every person employed in any capacity by Signature Healthcare. Reason for admission, diagnosis, treatment or any information regarding our patients, information regarding payment for health care and information that identifies patients, including, but not limited to the patient's name, address, social security number and medical record number, is confidential information. The patient's right to confidentiality must be respected and this policy rigidly adhered to.

When discussing information regarding a patient's medical condition, treatment or payment for health care with another associate or someone to whom you are authorized to use, disclose or request such information, you must make reasonable efforts to limit your use, disclosure or request of such information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request of such information.

In addition, you may have access to information regarding fellow associates or hospital operations. This information is also confidential and you have an obligation to maintain its integrity and confidentiality.

Hospital policy requires that associates discuss patient, hospital, associate information only with those who have a right to know. Associates must refrain from casually discussing any such information with patients, other associates, or persons outside the Hospital. To engage in such discussion is not only considered to be a breach of ethics of the Signature Healthcare, but may result in disciplinary action up to and including the termination of your employment and/or legal action.

This Confidentiality Statement should not be interpreted to prohibit associates from discussing the terms and conditions of their employment and volunteer status in an appropriate manner.

## **SIGNATURE HEALTHCARE – NON-EMPLOYEE INFORMATION**

### **Compliance Overview of Compliance Program**

#### **Your Compliance Team**

- Chief Compliance Officer 508-941-7108
- Compliance Manager 508-941-7065
- Anonymous Hotline - 508-941-7085 (internal)
- Concerns should be raised through “*the chain of command*”--however, if for any reason you are not comfortable doing so, you may bring concerns directly to the Compliance Officer or use the Compliance Hotline.
- Reports may be made anonymously to the Compliance Hotline at 1-855-941-7085.
- All concerns will be kept confidential.
- If you make an anonymous report, please provide enough detail so that the matter may be investigated.
- All reports are taken seriously, and promptly investigated.
- No one may be punished for raising a compliance issue, as long as it was done in good faith.
- Also, *anyone who knows of a violation of a law/regulation must report* the matter promptly to their supervisor or the compliance office.

#### **Compliance Program - Required Elements**

Department of Health & Human Services, Office of Inspector General (“OIG”) has established eight elements required for an effective compliance program.

- Development of written standards of conduct, as well as written policies and procedures that promote the hospital’s commitment to compliance.
- The designation of a chief compliance officer and other appropriate bodies, e.g., a corporate compliance committee.
- The development and implementation of regular, effective education and training programs for all employees.
- The maintenance of a process, such as a hotline, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.

#### **Responsibility**

- Compliance is **EVERYONE’S** responsibility.
- **EVERY** department or individual should know what laws, regulations and internal standards relate to their respective area or function.
- The Compliance Office’s role is to educate, facilitate, and support employee efforts, but it is **NOT** a substitution for compliance by each and every employee/provider of Signature Healthcare Corporation.

#### **Code of Ethical Behavior**

- Signature Healthcare is dedicated to providing excellent care to the community it serves. To ensure that integrity is maintained in the pursuit of our mission, Signature Healthcare has a Code of Ethical Behavior and maintains an ethical environment in all aspects of its operations.
- All managers, associates, members of the Medical Staff and volunteers are expected to maintain the highest level of personal and business ethics in all interactions with patients, their families or caretakers, vendors, colleagues, and the communities we serve.
- Admission to Signature Healthcare Brockton Hospital will be based upon the medical needs of the patient and will not be influenced by race, age sex, sexual orientation, religion, national origin, disability or source of payment.
- Patients will be discharged from Signature Healthcare Brockton Hospital only when it has been determined by a physician that their medical needs can be met in a more appropriate setting.
- Billing to third party payors, patients and guarantors will be prompt, accurate and include only charges for services rendered to the patient.
- Collection practices will meet federal and state regulations regarding debt collection.
- Managers, associates, providers, members of the Medical Staff and volunteers are expected to protect Signature Healthcare assets, including confidential and proprietary information.
- All Signature Healthcare assets are to be used solely for authorized Signature Healthcare related activities and are not to be subject to misuse or abuse.

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- All patients, regardless of age, sex, sexual orientation, national origin, religion, disability or ability to pay are afforded the rights mandated by law and accepted professional practice.
- Patients (or their representatives) have the right to refuse treatment or withhold or withdraw treatment within the limits of the law. Ethical dilemmas, which arise in the care and treatment of patients, are resolved on a case-by-case basis, the patient and/or family members participate in the resolution as appropriate. Documentation of the outcome of the resolution is contained in the medical record.
- An Ethics Committee serves as a resource to the institution in ethical matters.
- Signature Healthcare is committed to improving patient care and customer satisfaction. This is partially accomplished using a systematic approach to respond to complaints initiated by patients, patient's families and visitors.
- The employee grievance procedure is designed to provide employees with an acceptable means of expressing concerns and suggestions and thereby resolving matters in a fair and equitable manner.

## **Infection Control**

**Germs can be spread**

- Person to person
- Through the air
- From infected surfaces
- Insects/animal droppings
- Contaminated food/water
- Blood & body fluids

**Hand Washing**

- Proper hand washing is the single most important tool in preventing the spread of disease.

**Alcohol-based Hand Sanitizer**

- Use when you cannot wash your hands
- Kills bacteria on contact
- Does not dry out hands like plain alcohol
- Can be used over and over
- Just as good as soap and water\*
  - \*exception – GI "stomach" bugs (i.e. Cdiff, Norovirus)
- Alcohol-based hand sanitizers kill 99% of all bacteria; however they are not effective against C.difficile spores.
- You must use soap and water to remove the spores from your hands.

**Patients with Active Tuberculosis are sick**

- They may have fever, cough, and weight loss
- They can spread it

**Patients with Latent Tuberculosis do not have symptoms**

- Their body has the infection under control
- They cannot spread the disease
- They may never get active TB

**Prevention & Recommended Work Practices**

- Tuberculin skin testing on hire and annually
- Can identify active and latent TB
- May provide treatment before latent becomes active

## **HIPAA/HIM/IT**

### *Introduction to Privacy and Security and the Health Information Management and Information Technology Departments*

#### **HIPAA Overview**

##### **Key Words & Acronyms:**

- HIPAA - Health Insurance Portability and Accountability Act of 1996
- PHI - Protected Health Information
- IIHI - Individually Identifiable Health Information (pictures)
- CE - Covered Entity (hospitals, physician offices, retail, banks)
- BA – Business Associate
  - HiTech Act (2009), Part of American Recovery & Investment Act
    - Business Associates now civilly and criminally liable for privacy/security violations (contractors, warehouses, consulting services, etc.)
    - Breach notification requirements for all entities
    - Fine and penalty increases for violations
    - Right to request electronic health record in electronic format

#### **How Did HIPAA Change Privacy/Security?**

- Standardized type of information to protect and requires standard security of systems
- Required a Privacy Officer/Security Officer
- Gave patients rights:
  - To request a disclosure report of anyone ever having been provided with copies of their medical record
  - Gave the right to request an amendment
  - Gave patient Opt-Out rights – Patient directory

#### **What is Protected Health Information (PHI)?**

- Protected Health Information (PHI) is not just the medical record.
- Name, address, DOB, social security #, fax number, email address, fax #, URL address, IP address, license #, biometric identifiers (finger and voice prints)
- Medical record, health plan #, diagnosis, photographs, prescriptions & labels on IV bags
- Billing information, account #, claim data, referral authorization
- Telephone notes
- Written, Verbal, Electronic formats

#### **Who Must Comply?**

- Signature Health as the covered entity
  - Everyone who works at SHBH and SMG
  - Physicians
  - Volunteers
  - Students & Residents
  - All Business Associates

#### **Example of Real Breaches**

- Reviewing medical records of family members, neighbors, etc. to see how they're doing.
- Leaving papers with patient's identifying information in a public area visible to others
- Failing to confirm a correct fax number
- Talking in public areas, talking too loudly
- Emailing to the wrong address, not using encryption
- Not logging off computers
- Using a cell phone to take pictures of a patient
- Post a picture of a patient's open wound on Facebook
- Posted details about their clinical day without mentioning the patient's name, but giving out details about the injuries to allow others to guess who it was.

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- Only allowed to use Protected Health Information (PHI) for the Treatment, Payment and Hospital Operations (TPO)
- "Minimum Necessary" – Only access those parts of a medical record that you need to complete your job ("Role Specific")
- SHC Audits – Elective and requested

**Authorization**

Obtain a patient's signed authorization or their representative to release information to:

- The media
- To an employer (e.g. a patient's boss calling to verify a patient had surgery)
- To family

**Breach Notification**

Breach of security; or (b) that personal information of a Massachusetts resident was acquired by or used by an unauthorized person or used for an unauthorized purpose.

- The Attorney General (AGO);
- The Director of the Office of Consumer Affairs and Business Regulation (OCABR); and
- The affected Massachusetts resident
- If more than 500 patients –media and SHC website

**Penalties for Non-Compliance**

- Sanctions
  - Written warning/termination/dismissal from student program
  - HIPAA Criminal Penalties
    - \$50,000- \$1,500,000 fines
    - Imprisonment up to 10 years
  - HIPAA Civil Penalties
    - \$100 - \$50,000 for each violation
    - \$1,500,000 for all such violations of an identical provision in a calendar year
    - State Laws

**Remember a few simple things to protect PHI**

- Speak quietly when discussing patient's condition for the purpose of care (TPO)
- Avoid using patient's names in public areas
- Store PHI in areas that are not accessible to public or patients if at all possible (printers, fax machines)
- Be aware of your surroundings and protect PHI at all costs
- Check fax machine numbers and always use a fax cover sheet with your number should it end up in the wrong hands
- Leave minimal necessary information if needing to leave voicemails with patients (e.g., " I'm calling from Signature Healthcare. Please return my call at 508-xxx-xxxx"). Do not leave a diagnosis or specific department that would lead to knowing type of diagnosis.

**Safeguards to Protect PHI**

- Log off your PC when you are away from it – Workstations on Wheels (WOWs) in hallways
- Do not share your password with anyone – call the Help desk by dialing HELP (x4357)
- Obtain appropriate authorization IN WRITING from patients before releasing their PHI
- Dispose of documents with PHI in shredder bins only
- ENCRYPT – Type "encrypt" or "send secure" in subject of Outlook emails to external sources

**SHC takes privacy very seriously- It is YOUR responsibility to report a privacy related issue.**

- Contact your supervisor
- Contact Privacy Officer x17679 or x17072
- Contact HIM, x12674
- Anonymous Line for any compliance issues, 855-941-7085 (x17085)

## Environment of Care

### 7 Basic Functions

- Safety
- Hazardous Materials
- Security
- Fire & Life Safety
- Equipment
- Emergency Management
- Utilities
- Environmental Safety Committee

### Fire Safety – Life Safety

#### CODE RED

Remember to **R.A.C.E.**

- **Rescue** anyone in danger
- **Alarm** – pull alarm; call x**12233**\*
- **Contain**, close doors and windows
- **Extinguish**, or **Evacuate** area

\*Hospital only. (Off site locations dial 911)

#### ABC Fire Extinguishers (Red)

- “A” Combustibles (paper, wood)
- “B” Flammable liquids / grease
- “C” Electrical

#### Water Mist Fire Extinguishers (White, Non-ferrous, AC)

- “A” Combustibles (paper, wood)
- “C” Electrical

### Fire Safety Reminders

- Know locations of pull stations, fire doors and emergency exits
- Keep corridors and fire/smoke doors clear
- Maintain 18-inch clearance from sprinkler heads
- Know your department specific and Facility Fire Plan
- Remember: No Smoking is allowed inside any Signature Healthcare buildings, or grounds

### Work Related Injuries

- Immediately report any injury to your manager/supervisor
- Complete a Work Related Incident Report
- Report to Employee Health or ED

### Equipment Management

- **All** patient care equipment **MUST** be inspected prior to use
- **Check** for the inspection sticker. Look for “**Due Date**”
- **Check** equipment and plugs before use
- Be sure to plug portable equipment to **charge**





## Badge Identification Form

\*\*\*There will be a \$20.00 fee deducted from your next paycheck for lost badge replacements\*\*\*

### 1. Circle One:

Signature Medical Group (SMG)	Brockton Hospital	Student/Observer
Contractor/Temp	Resident	Other:

### 2. Circle One:

New Hire	Rehire	Transfer
Title Change	Lost (\$20.00 fee)	Replacement (No fee)
Name Change	Previous Name:	
Other:	Student	

### 3. Please complete all fields below:

**CHECK ONE** ☐ COMPLETE LAST NAME ON BADGE ☒ FIRST INITIAL OF LAST NAME ONLY

Last Name	First Name	Credentials (if any)
Job Title Student	Department	Managers Name
Shift Hours	License Plate # (REQUIRED)	State

❖ Please be advised that any punctures made to the badge will cause it to deactivate

Signature \_\_\_\_\_

❖ I acknowledge that my new badge will not be activated until the following day and I will need to submit my clock in/ out times to my manager.

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY BELOW THIS LINE**

Employee ID#	Worksite	Cost Center (Dept)
Assigned Security Badge #	Person Assigning Badge #	Effective Date

Photocopy of New Badge

**Student Medical Screening Requirements for Pre-Placement**

- Signature Healthcare requires written documentation demonstrating immunity or protection against the communicable diseases listed below.
- An immunization summary is NOT considered acceptable documentation for Titers or Chest X-rays. Official laboratory report for Titers /Chest X-ray report for positive TB test must be brought to your appointment.

**THOSE WHO ARE NOT MEDICALLY CLEARED WILL NOT BE PERMITTED TO BEGIN THEIR ASSIGNMENT**

**Employee Health Department Requirements**

**Please Use the List Below to Gather the Appropriate Documentation Prior to Your Start Date. All information should be emailed or faxed to the Employee Health Department (contact information is at the top of this form)**

1. **MMR (Measles, Mumps and Rubella)** - One of the following is required:
  - Official Documentation of 2 doses of MMR vaccine
  - MMR Titer (blood test) **Official Lab Report**- indicating immunity
2. **Varicella (Chickenpox)** - One of the following is required:
  - Official Documentation of 2 doses of Varicella vaccine
  - Varicella Titer (blood test) **Official Lab Report**- indicating immunity
3. **Hepatitis B** – One of the following is required:  
**For all employees who may potentially be occupationally exposed to blood and body fluids**
  - Official Documentation of 3 doses of Hepatitis B vaccine
  - Hepatitis B Surface Antibody Titer (blood test) **Official Lab Report**
4. **Tuberculosis Screening and Chest X-Ray** - One of the following is required:
  - Documentation of TB testing - TB Test within the last 12 months
  - If you have previously tested positive - **Official Chest X-ray Report**
5. **Tetanus/Diphtheria/Pertussis (Tdap)**
  - All personnel in hospitals and clinics should have received 1 or more doses of the Tdap vaccine within the last 10 years.
6. **Influenza**
  - **Massachusetts Department of Public Health** requires all healthcare workers to receive an annual flu vaccine, provide documentation of annual flu vaccine or sign a declination that it was not received. This applies to those hired October through April (including students, volunteers, and contracted staff)

**Completed by School Representative**\_\_\_\_\_  
Student Name\_\_\_\_\_  
DOB\_\_\_\_\_  
School/Semester/Year\_\_\_\_\_  
Signature of School Representative\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date

## Facial Hair Guidelines for N-95 Respirator Fit-Testing and Use

OSHA does not permit the use of respirators with tight-fitting facepieces to be worn by individuals with facial hair. Facial hair between the skin and face seal of the respirator will interfere with the seal of the respirator. Individuals with mustaches and short goatees that do not interfere with the seal of the respirator can be fit tested and wear a respirator.

Facial hair can impact the effectiveness of the face seal. If you have facial hair, please note that a fit-test **CANNOT** be performed if:

- you have a beard
- you have a goatee or moustache that extends past the seal of the N-95
- you have more than one day's hair growth on your face

Tips for those with facial hair:

- shave the morning of the fit-test
- continue to shave daily while you are required to wear an N-95 respirator
- if you have a goatee or moustache and are fit-tested, keep your goatee or moustache trimmed to assure that it does not impact the seal

The picture below shows a person wearing the N-95 respirator. You can see what portion of the face that the respirator will cover.



The pictures below are examples of facial hair that would interfere with the face seal:



The pictures below show examples marked with a ✓ are acceptable.

The facial hair examples with an “X” are not allowed. Because the facial hair will interfere with the face seal:



According to OSHA, 29 CFR 1910.134(g)(1)(i)(A), an employer shall not permit respirators with tight-fitting facepieces to 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; and/or
- Any condition that interferes with the face-to-facepiece seal or valve function.

To access the entire OSHA Respiratory Protection Standard, please use the following link: [OSHA Respiratory Protection Standard](#)

Please contact Employee Health Services regarding any questions about this issue. **Per the requirements of the standard, individuals that are not clean shaven on the day of the fit testing will not be fit tested. You will need to return another time with an appointment fit test.**