

April 15, 2004

TO: ALL CCRF OFFICERS

FROM: RADM John Babb
CCRF Director

SUBJECT: Respiratory Protection Program

CCRF has been directed by the Surgeon General to develop a Respiratory Protection Program in order to have officers ready to respond to infectious events such as SARS. Related to this, you are probably aware that being currently fit-tested for an N-95 or greater respirator is a requirement for the Intermediate and Advanced levels of Readiness as defined in the Manual Circular on Readiness, which was signed by the Assistant Secretary for Health on December 22, 2003.

In order to adequately prepare officers to deploy in such an environment, we have developed a Respiratory Protection Program to fit-test officers with filtering facepiece respirators. Although some other respirator types may offer different levels of protection, they are not appropriate for CCRF's mission and this defined mission.

CCRF has recently entered into a contract with the 3M Corporation to conduct on-line medical evaluations and training; fit-testing; and respirator purchase and storage. 3M will provide fit-testing in 12 pre-identified locations around the country where CCRF has the highest concentration of officers. While we will fund the actual contract, we cannot pay for any travel or per diem for officers who travel to these sites. If you are not located within a reasonable distance, or are unable to travel to the sites listed below, you may be fit-tested through your own identified resources. Please visit the CCRF RPP website in order to access instructions.

CCRF also recognizes that many officers are fit-tested through their own duty station. Those officers can be a great asset to the Corps, but we will need to ensure that we know who you are. If you are currently (within the last 12 months) fit-tested for a filtering face piece respirator, please visit the CCRF website at <http://ccrf.hhs.gov/ccrf/RPP.htm> and select the option to indicate that you have been fit-tested. The website will soon allow officers to specify the details of the fit-testing. Officers that are currently fit-tested are not eligible to be fit-tested via the CCRF/3M contract, as the contractor bills us for all officers who get a medical evaluation, obtain training, and/or get fit-tested.

If you are NOT currently fit-tested, and you would like to participate in this program, please follow this process:

- Print the form at the end of this message, complete it, and sign it.
- FAX the form to CCRF at 301-443-3119. This form allows us to have access to the limited medical information that you are or are not able to be fit-tested, per the medical evaluation by 3-M occupational health physicians.
- Then go immediately to the CCRF website at <http://ccrf.hhs.gov/ccrf/RPP.htm>. Choose the option that you would like to be fit-tested and choose the location of your

choice.

- By April 27, you will be assigned a password to login to 3M's medical evaluations website at <http://www.respexam.com> to begin your online medical clearance. This must be completed by May 4, 2004.
- Once cleared, you must quickly complete 3M's online training program. After successfully being medically cleared AND completing the training program, you will be given an appointment during the day(s) 3M will be fit-testing in your designated city. These appointments will occur in the latter half of May or early June. Note: If you have a beard, it must be removed prior to fit-testing.

Officers that have significant health problems such as pulmonary disease, heart disease, or poorly controlled hypertension may not want to pursue involvement in this program. A few officers may require additional testing before being fit-tested. This will be determined by 3M's medical evaluation team.

Our goal is to include officers from every category and every deployment role in order to better prepare the Corps for potential public health emergencies.

(Authorization on next page)

Authorization For Use Or Disclosure of Health Information For Respirator Fit Testing

Please complete all Sections of this Form, Date and Sign

I. I, _____, hereby voluntarily authorize the disclosure of information from my respirator medical evaluation.

II. **The information is to be disclosed by:**

Physicians and any other medical professionals who medically evaluate me for fitness to wear a respirator as contractors to 3M Corporation
3M Center
St. Paul, MN 55144-1000

III. **The information is to be disclosed to:**

3M Corporation and/or its contractors
3M Center
St Paul, MN 55144-1000

My employer - Office of the Surgeon General
Office of Public Health and Science
U.S. Department of Health and Human Services

IV. **Purpose or need for this disclosure is:** to determine my medical ability to use a respirator.

V. **The information to be disclosed from my respirator medical evaluation:** information related to whether I am medically cleared to be fit tested for and wear a respirator.

VI. I understand that I may revoke this authorization in writing submitted at any time to 3M, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature unless I have specified a different expiration date or expiration event here. _____.

I understand that the physicians and other medical professionals referenced in Paragraph II are performing the medical evaluation of me solely for the purpose of determining my health ability to wear a respirator as part of my employment. Therefore, if I do not sign this authorization, I will not be fit tested to wear a respirator.

I understand that the information disclosed by this authorization may be subject to redisclosure by the recipients, noted in Paragraph III, and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule. 45 CFR Part 164.

Signature

Date

FAX completed form to CCRF at 301-443-3119