



Respiratory Protection Program

Updated
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1.0 PURPOSE AND APPLICABILITY

Eastern Virginia Medical School (EVMS) is an academic medical center engaged in education, research and patient care. This environment may contain aerosol-transmitted diseases (ATDs), such as viruses and tuberculosis, and other airborne hazards, such as dust, fibers, fumes, mists, gases, smoke, or vapors. EVMS will reduce exposures through product substitution, engineering controls, and administrative procedures. Using respirators is the last line of defense to protect employees from inhalation hazards.

To meet the requirements of the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 CFR 1910.134, EVMS has developed this respiratory protection program (RPP). It applies to all faculty, staff, residents, students, volunteers, and temporary employees who are required to wear respirators due to the nature of their work or academic program. Having patient contact qualifies the job position for inclusion in this RPP. Contractors and their employees are not covered under this RPP.

2.0 RPA RESPONSIBILITIES

2.1 Respirator Program Administrator (RPA). The EVMS Environmental Health & Safety (EH&S) Respiratory Protection Program Manager has been designated as the Respirator Program Administrator (RPA). The RPA has received appropriate training and has been given authority for:

- 2.1.1 Conducting a hazard assessment and, with the input of EVMS Occupational Health, selecting the appropriate level of respiratory protection for each task or job title with potential exposure.
- 2.1.2 Developing and monitoring respirator maintenance procedures as needed.
- 2.1.3 Managing and maintaining Respiratory Protection Records Platform. Routinely evaluating the effectiveness of the RPP, with the Academic Occupational Health and Safety Committee (AOHSC) input, and making any necessary changes to the program.
- 2.1.4 Ensuring that respirator fit testing is available at a reasonable time and place.
- 2.1.5 Maintaining a copy of this RPP and ensuring that it is readily accessible.

2.2 EVMS Academic Occupational Health and Safety Committee (AOHSC). The EVMS AOHSC in conjunction with the Infection Control Subcommittee (ICS) assists the RPA by reviewing annual respiratory surveillance information and referring respiratory safety issues across the EVMS campus to the RPA. The AOHSC shall also assist the RPA with evaluating the RPP.

2.3 EVMS Occupational Health is responsible for:

- 2.3.1 Performing annual TB risk assessment
- 2.3.2 Updating OSHA Medical Questionnaire
- 2.3.3 Review Medical Questionnaires and granting medical clearances for fit testing
- 2.3.4 Assisting in selecting the appropriate respiratory protection for each task and job title
- 2.3.5 Ensuring that all medical evaluations are kept in accordance with the requirements of this RPP.

2.4 Group Managers. It is required for each department and academic group included in the RPP to designate a group manager. Group Managers are responsible for:

- 2.4.1 Participating in the hazard assessment process by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and ATD pathogens, and communicating this information to the RPA.
- 2.4.2 Managing group members lists in order to assist the RPA in identifying respirator users and/or tasks for which respirators may be required.
- 2.4.3 Ensuring that their department's/unit's respirator users follow the procedures outlined in the RPP including, but not limited to, allowing respirator users time during work hours to complete the requirements of Respiratory Protection training and testing, and communicating any concerns to the RPA.
- 2.4.4 Ensuring that respirator users under their supervision (including new hires and temporary employees) have received medical clearance, appropriate training, and annual fit testing. Note: Group Managers must notify the RPA of any temporary employees that require fit testing within 3 business days of the temporary employee being hired.
- 2.4.5 Tracking compliance of group members.
- 2.4.6 Purchasing and ensuring the availability of the respirators for which their staff were fit tested and any necessary accessories.
- 2.4.7 Being aware of tasks requiring the use of respiratory protection.
- 2.4.8 Enforcing the proper use of respiratory protection.

2.4.9 Ensuring that respirators are properly cleaned, maintained, stored, and replaced according to the RPP.

2.4.10 Continually monitoring their work areas and operations to identify hazards.

2.5 Required Respirator Users. Faculty, staff, residents, temporary employees working under EVMS supervision, students, and volunteers in areas where the RPA has determined that respirator use is required for employment or as part of an educational program are considered Required Respirator Users. All Required Respirator Users must adhere to all requirements of this RPP.

2.6 Voluntary Respirator Users. Employees in areas or jobs where the RPA has determined that respirator use is not necessary to protect the health of the respirator user, but still wish to wear a respirator, are considered Voluntary Respirator Users. The RPA shall authorize the voluntary use of respiratory protective equipment on a case-by-case basis upon request. All Voluntary Respirator Users must receive the approval of their supervisor and shall have all the requirements of Respirator Users. The RPA will also provide Voluntary Respirator Users with a copy of OSHA Appendix D: *Information for Employees Using Respirators When Not Required under the Standard* (29 CFR 1910.134 Appendix D) and these users must sign the *Voluntary Use of Respiratory Protection Agreement*.

3.0 RESPIRATOR SELECTION

3.1 Hazard Assessment.

3.1.1 **General Hazard Assessments.** In general, those with patient contact will fall under this Respiratory Protection Program. The RPA, with input from supervisors, respirator users, and other safety professionals will conduct hazard assessments on an as-needed basis. The hazard assessment will include the following:

3.1.1.1 Identification of potential exposures including ATDs, nonhuman primates, other microbial agents, and hazardous chemicals.

3.1.1.2 A review of work processes and EH&S clinical inspection records to determine where potential exposures may occur and levels of potential exposure for all tasks and locations.

3.1.1.3 Objective determination of potential exposure levels, where possible. Monitoring will be done by EH&S or performed by a third party, as needed.

3.1.1.4 Discussions with student program directors to determine which students are enrolled in programs, where they will be exposed to

respiratory hazards or airborne infectious diseases, and where respirator use may potentially be deemed necessary.

3.1.2 Updated Hazard Assessments. The RPA will review and update hazard evaluations as needed, such as when an employee, supervisor, or program director identifies or anticipates a new exposure or changes to existing work/program conditions or exposures.

3.2 NIOSH Equipment. The RPA is responsible for surveying partnering facilities to determine respirator selections for use in the RPP. Respirators shall be selected from a sufficient number of brands, models, and sizes so that the respirator is acceptable to and correctly fits the user, at each location. Only National Institute for Occupational Safety and Health (NIOSH) certified equipment shall be used in the program. Equipment issued to respirator users under this RPP may include:

3.2.1 Filtering facepiece respirators (FFR) - disposable, negative-pressure, air-purifying respirators where an integral part of the facepiece or the entire facepiece is made of filtering material. These respirators are designed to be used once and then properly disposed of in a biohazard receptacle.

3.2.1.1 “N95 disposable respirator” is a general term for a specific type-FFR manufactured with NIOSH-approved materials which filter out 95% of particulates $\leq 0.3 \mu$. This is the respirator used by the majority of the EVMS population and is used for protection against certain particles/dusts, the transmission of *M. tuberculosis*, and other airborne infectious diseases.

3.2.2 Air-purifying respirators (APR) – elastomeric, tight-fitting respirators with a filter, canister, or cartridge that removes specific air contaminants from the ambient air by passing through an air-purifying element. APRs must have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. These respirators do not supply oxygen and therefore cannot be used to enter an oxygen-deficient atmosphere.

3.2.3 Powered air-purifying respirators (PAPR) - air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator facepiece, helmet, or hood. These respirators do not supply oxygen and therefore cannot be used to enter an oxygen-deficient atmosphere.

4.0 RESPIRATOR CLEARANCE PROCESS

- 4.1 Medical Evaluation.** In accordance with 29 CFR 1910.134 (e) (1), prior to being fit tested or wearing a respirator, all respirator users must have an initial medical evaluation and be cleared for respirator use by EVMS Occupational Health. Unless otherwise approved by EVMS Occupational Health, the medical evaluation questionnaire must be completed online and consists of the questions from 29 CFR 1910.134 Appendix C.
- 4.2 Medical Evaluation Results.** All respirator users have the right to discuss their medical evaluation results with EVMS Occupational Health.
- 4.3 Medical Reevaluation.** Once cleared, a medical reevaluation, including the completion of a new medical questionnaire will be required annually, or whenever:
- 4.3.1 The respirator user reports medical signs or symptoms that are related to the ability to use a respirator;
 - 4.3.2 EVMS Occupational Health, the respirator user's supervisor, or the RPA requests a reevaluation;
 - 4.3.3 Observations made during fit testing or program evaluation indicate a need for reevaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test);
 - 4.3.4 A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator;
 - 4.3.5 The respirator user (excluding new hires) has completed a medical questionnaire but has not been medically cleared and more than 90 days have passed since the medical questionnaire was completed; and/or
 - 4.3.6 The respirator user (excluding new hires) was medically cleared but has not been fit tested and more than 90 days have passed since the respirator user was medically cleared.
- 4.4 Training.** Training before being fit tested is required annually. All training materials shall be developed by the RPA and, at a minimum, will include the following:
- 4.4.1 The general requirements of the OSHA Respiratory Protection standard.
 - 4.4.2 The specific circumstances under which respirators are to be used.
 - 4.4.3 Respiratory hazards to which employees are potentially exposed during routine and emergency situations.

- 4.4.4 Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- 4.4.5 The limitations and capabilities of the respirators that will be used.
- 4.4.6 How/when to use the respirators, including emergency situations and situations in which the respirator malfunctions.
- 4.4.7 How to inspect, put on (don), remove (doff), use, and check the seals of the respirator (for tight-fitting respirators).
- 4.4.8 The procedures outlined in this program for maintenance, storage, cleaning, and disposal of respirators. Employees who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.
- 4.4.9 How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- 4.4.10 How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.
- 4.4.11 During the fit test, the employee will also receive training on how to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator user will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check for their respirator.
- 4.4.12 The training shall be conducted in a manner that is understandable to the employee.
- 4.4.13 Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

4.5 Fit Test. After being medically cleared and completing the training, the respirator user must be fit tested for a respirator and a fit test record completed. The fit test (either QNFT or QLFT) will be conducted by trained individuals in EH&S, or department fit testers that have received training by EH&S. The fit test shall be conducted using OSHA-Accepted Fit Test Protocols (29 CFR 1910.134 Appendix A *Fit Testing Procedures (Mandatory)*). These protocols are found in the EH&S internal QNFT and QLFT SOPs.

- 4.5.1 QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.

- 4.5.2 Passing results for QNFT are equal to or greater than 100 for tight-fitting half-facepiece respirators or equal to or greater than 500 for tight-fitting full-facepiece respirators. Note: EVMS uses PortaCount predetermined assigned protection factors. The maximum use concentration will be calculated based on the assigned fit factor (passing results from the QNFT fit test) and the permissible exposure limit to ensure that the respirator will properly protect the employee.
- 4.5.3 An additional fit test will be conducted when there is a change in physical condition that could affect respirator fit such as facial scarring, dental changes cosmetic surgery, or changes in body weight.
- 4.5.4 If the employee reports that the fit of the original respirator is unacceptable, the employee may choose a different respirator and be retested.

5.0 RESPIRATOR USE

- 5.1 All respirator users will follow procedures for the proper use of their respirators under conditions specified by this program and in accordance with the training they receive on the use of each particular model or type of respirator.
- 5.2 Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good seal. Such conditions may be a *beard, long mustache, sideburns, razor stubble, scars, other facial deformities, piercings, and temple pieces on glasses*. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.
- 5.3 Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the respirator user will perform a user seal check, in accordance with the manufacturer's instructions and the training provided at the time of fit testing, each time he or she puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.
- 5.4 When filtering facepiece respirators are used, respirators should be discarded after each use or sooner if breathing becomes difficult or if the respirator is damaged, soiled, or contaminated.
- 5.5 When there is a change in work area conditions the employee shall be reevaluated for the continued effectiveness of the respirator.
- 5.6 Employees must leave the respirator use area:
 - 5.6.1 To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
 - 5.6.2 To wash their face if the respirator is causing discomfort or rash.
 - 5.6.3 To change the respirator, filters, cartridges, or canister elements.

- 5.6.4 To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece (e.g., fogging of eyeglasses).

5.7 If gas or vapor breakthrough is detected by the employee, the employer must replace or repair the respirator before allowing the employee to return to work.

6.0 STORAGE, REUSE, MAINTENANCE, AND CARE OF RESPIRATORS

6.1 Training. Employees who use reusable respiratory equipment will be instructed on proper care, use, cleaning, and storage.

6.1.1 Storage and Reuse. Store respirators in a clean dry location. Reusable respirators should be stored in a sturdy, nonporous, airtight container such as a re-sealable plastic bag after air drying.

6.1.2 PAPRs. The hose and pump portions of PAPR are reusable and should be cleaned per the manufacturer's instructions and stored after use. Each user must have their own hood. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer's instructions.

6.1.3 Half and Full Face Respirators. These respirators are reusable and should be cleaned after each use. Half and Full Face Respirators must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants.

6.1.4 Disposable Filtering Facepiece Respirators. When caring for patients in clinical areas, disposable filtering facepiece respirators, such as the N95, must be discarded after each patient encounter (except in emergency situations) or sooner if no longer in working condition (contaminated, structural defects, wear, etc.). Disposable filtering facepiece respirators in non-clinical areas must be discarded when the respirator is no longer in its original working condition (contaminated, structural defects, wear, etc.).

6.2 Inspection, Maintenance, and Repairs

6.2.1 All respirators must be inspected by the user prior to each use. Inspections should include a check of:

6.2.1.1 Condition of the various parts including, but not limited to, the facepiece, head straps, valves, cartridges, canisters, or filters.

6.2.1.2 All rubber or plastic parts, for pliability and signs of deterioration.

6.2.1.3 For PAPR - connecting hoses, airflow, and batteries.

- 6.2.2 Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to EH&S for replacement at the department's expense.

6.3 Cleaning and Disinfection

- 6.3.1 The disposable N95 respirators used by the majority of respirator users at EVMS do not need to be cleaned or disinfected. N95s should be disposed of as medical waste after patient contact.
- 6.3.2 Reusable respirators will be cleaned by the respirator user with mild soap and warm water and air-dried before storing in a plastic bag for reuse, as described in 29 CFR 1910.134 Appendix B-2, *Respirator Cleaning Procedures (Mandatory)*
- 6.3.3 Reusable respirators issued for the exclusive use of an employee will be cleaned and disinfected by the user as often as necessary to maintain a sanitary condition.
- 6.3.4 Reusable respirators used in fit testing and training will be cleaned and disinfected after each use by the fit tester.

7.0 PROGRAM EVALUATION

7.1 The RPA, Occupational Health Medical Director, and AOHSC in conjunction with the ICS will conduct a periodic evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done as needed, but at least annually.

7.2 Program evaluation will include, but is not limited to:

- 7.2.1 A review of the written program.
- 7.2.2 Periodic review of RPP audits conducted by EVMS Internal Audit (IA).
- 7.2.3 A review of feedback obtained from program stakeholders.
- 7.2.4 A review of respirator selection, proper use, and proper maintenance.
- 7.2.5 Amendment of the RPP and/or appendices as necessary to reflect any procedural changes that are implemented as a result of program evaluation will be communicated to respirator users and their supervisors. The program shall be updated as necessary to reflect those changes in workplace conditions affecting respirator use.

8.0 RECORDKEEPING.

8.1 The following records are maintained as follows:

8.1.1 Medical clearance forms shall be retained by EVMS Occupational Health and shall be made available in accordance with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained as a confidential record as follows:

8.1.2 Employees – for thirty (30) years after an employee’s separation or termination.

8.1.3 Students – maintained in accordance with the Student Health Record Retention Policy.

8.1.4 Temporary Employees and Volunteers – maintained in accordance with the Occupational Health Record Retention Policy.

8.2 Fit test records shall be maintained by EH&S until the next fit test, not to exceed three years. See Appendix A for QNFT Record and Appendix B for QLFT Record.

8.3 Training records shall be maintained by EH&S until the next training, not to exceed three years.

8.3.1 A copy of this RPP shall be kept by EH&S and made available, publicly, by posting on the EVMS myPortal.

9.0 COMPLIANCE

9.1 Cases of noncompliance shall be handled as detailed in Appendix C: Respiratory Protection Escalation Procedure.

FIT TEST REPORT

1/31/2024

ID NUMBER	1234		
LAST NAME	TEST	CUSTOM1	
FIRST NAME	TEST	CUSTOM2	
COMPANY	EHS	CUSTOM3	
LOCATION	2142G	CUSTOM4	
TEST DATE	1/24/2022 15:06	PORTACOUNT S/N	8038152815
DUE DATE	1/24/2023	N95 COMPANION	Y
RESPIRATOR	3M 1860 N95 [100]	PROTOCOL	OSHA 29CFR1910.134
MANUFACTURER	3M	PASS LEVEL	100
MODEL	1860		
MASK STYLE	N95	APPROVAL	
MASK SIZE	SMALL	EFFICIENCY<99%	True

<u>EXERCISE</u>	<u>DURATION (sec.)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	200+	Y
DEEP BREATHING	60	200+	Y
HEAD SIDE TO SIDE	60	200+	Y
HEAD UP AND DOWN	60	200+	Y
TALKING	60	200+	Y
GRIMACE	15	Excl.	
BENDING OVER	60	200+	Y
NORMAL BREATHING	60	200+	Y
OVERALL FF		200+	Y

FIT TEST OPERATOR _____ **DATE** _____
 K. OLIVAR

NAME _____ **DATE** _____
 TEST TEST

Note:

Respirator Fit Test Card

Name: TEST TEST Test Date: 1/24/2022
 ID: 1234 Next Test Date: 1/24/2023

Respirator

Mfg: 3M
 Model: 1860
 Style: N95
 Size: SMALL

Results

Overall FF: 200+
 FF Pass Level: 100
 Pass: Y
 Operator: K. OLIVAR

Protocol: OSHA 29CFR1910.134

Fit Test Method: QNFT using TSI PortaCount

*** Your company contact information here ***



RESPIRATOR QUALITATIVE FIT TEST RECORD

NAME: _____ DATE: ____/____/____
MM DD YYYY

EVMS AFFILIATION: Student PROGRAM, YEAR: _____

Employee DEPARTMENT: _____

CONDITIONS PRESENT THAT MAY AFFECT RESPIRATOR FIT:

- None Facial Hair Glasses
 Facial Scar Dentures Absent Other: _____

COMMENTS: _____

RETURN COMPLETED FORMS TO EHS (FAX: 446-7242) AT THE END OF EACH DAY

RETURN COMPLETED FORMS TO EHS (FAX 446-7242) AT THE END OF EACH DAY

OFFICE USE ONLY Occupational Health Phone #: 757-446-5870

Medical Clearance Confirmed via: SciShield Phone _____
FULL NAME OF HEALTH CARE PROFESSIONAL

Medically Cleared on: ____/____/____ Trained on: ____/____/____
MM DD YYYY MM DD YYYY

Testing Agent: Bitrex Saccharin

Perform the following exercises in sequence:

1. Normal breathing	5. Talking
2. Deep breathing	6. Bending at waist
3. Turning head side-to-side	7. Normal breathing
4. Nodding head up-and-down	

Comments: _____

Respirator Selection

Pass	Fail	Not Tested	MFG	Model	Size	Approval #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3M	1860	Regular	NIOSH TC-84A-0006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3M	1860S	Small	NIOSH TC-84A-0006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3M	1804 VFlex	Regular	NIOSH TC-84A-5469
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3M	1804 VFlex	Small	NIOSH TC-84A-5470
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

ACKNOWLEDGMENT OF TEST RESULTS

PERSONNEL FIT TESTED ____/____/____
MM DD YYYY

STAFF MEMBER WHO PERFORMED THE FIT TEST ____/____/____
MM DD YYYY

ENVIRONMENTAL HEALTH & SAFETY

LEWIS HALL 2132
 700 W OLNEY ROAD
 NORFOLK, VA 23507
 TEL 757.446.5798
 FAX 757.446.7242



Respiratory Protection Escalation Procedure

EVMS EH&S uses SciShield to track compliance with Respiratory Protection. EH&S notifies individuals that they are due to start the process for fit testing through the SciShield automated system. In each EVMS Medical Group (MG) clinical department, an employee is designated as a Group Manager within SciShield. Students are also managed similarly. Clinical Fit Testers are trained to fit test employees for the convenience of the department, and all employees shall be notified of their ability to be fit tested at EH&S by scheduling an appointment at www.evmsfittest.acuityscheduling.com. Each Group Manager is responsible for tracking the compliance of their group members through the respiratory protection process (training, medical clearance, and respirator fit testing). EH&S shall run a regular report to determine delinquencies for each MG and student group and notify individuals of these delinquencies. Enforcement for non-compliant individuals shall be handled as follows:

Students: Reported to the Director of Student Rights and Responsibilities, and EH&S shall track follow-up accordingly.

Employees (faculty, staff, residents/fellows):

- First Notification to:
 - Employee
 - cc to: group manager, supervisor, or residency coordinator (as applicable)

- Second Notification (forward prior email)
 - Employee
 - cc to: group manager, department manager or administrator, or GME Program Director (as applicable)
 - cc to: MG Compliance Officer (for non-resident/fellow employees only)
 - Assistant MG Quality Officer (for non-resident/fellow employees only)

- Third Notification (forward prior emails)
 - Employee
 - Cc to: Chair/Department Head or Vice Dean of GME, HR Generalist, and Associate Vice President of Compliance and Legal Services
 - cc to: MG Compliance Officer and MG CEO (for non-resident/fellow employees only)

**EVMS Environmental
Health & Safety**

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