

UMass Memorial Health Care

**USE OF PERSONALLY OWNED RESPIRATORS
CAREGIVER AGREEMENT**

I, _____ [Insert name of workforce member], _____ [insert title of workforce member], have requested to use a personally purchased and owned respirator.

I understand and agree to the following:

- 1) The healthcare worker is responsible for assuring that the respirator fits appropriately.
- 2) The equipment and manufacturer's instructions for use are reviewed by the Environmental Health & Safety and Infection Control departments prior to use within UMMHC locations.
- 3) The equipment must be able to be disinfected with the current UMMHC disinfectant wipes or supplies approved by UMMHC Infection Control
- 4) The owner is responsible for disinfecting the equipment appropriately according to the manufacturer's guidelines and in accordance with UMMHC procedures
- 5) The caregiver must agree to use the approved respirator only in a manner consistent with UMMHC COVID-19 PPE Mask guidelines and only during those times that require that particular level of protection
- 6) The equipment meets or exceeds the standard of protection provided by medical respirators and personal protective equipment provided by UMMHC

I understand that no personal devices may be utilized in the workplace without having followed the process and receiving approval as outlined above. UMass Memorial reserves the discretion to discontinue approving the use of outside devices at any time, and I understand and agree that in such case, I will utilize devices issued to me by UMass Memorial.

Name of Workforce Member:

Title:

Date:

Signature: _____

Name of Infection Control Representative:

Title:

Date:

Signature: _____

Name of UMMHC EH&S Representative:

Title:

Date:

Signature: _____

The original, signed copy of this document will be kept by UMMHC Environmental Health and Safety Department, and a copy will be provided to the workforce member.