

Respiratory Protection Program

I. PURPOSE

To protect employees from occupational respiratory exposure to potential harmful chemical, physical and biological agents, including airborne dusts, fumes, mists, gases and vapors.

II. PROGRAM ELEMENTS

1. Respiratory Use

- a. Respiratory protection will be selected based on the characteristics of the hazard and the level of exposure. A qualified individual will conduct an evaluation of workplace hazards and select the appropriate respirator to protect against identified hazard(s).
- b. Air monitoring is used to determine respiratory exposure. Where monitoring is not available, the risk assessment methodology is used to identify appropriate protection.

2. Approved Respirators

- a. Facilities must provide employees with only those respirators approved for intended use. All respirators will have a National Institute for Occupational Safety and Health (NIOSH) certification.
- b. Air-purifying respirators must consider assigned protection factors (APF) and the maximum use concentration (MUC) during respirator selection to ensure adequate protection.
- c. Supplied breathing air must meet minimum breathing air quality according to 29 CFR 1910.134(i). https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716
- d. Voluntary Use of Respirators- An employee who chooses to voluntarily use a respirator must be medically cleared to wear a respirator; and instructed on how to clean, properly store and maintain the respirator to ensure it does not present a hazard to the wearer.

A copy of 29 CFR 1910.134 Appendix D will be provided to employees who choose to voluntarily wear a respirator. A link to Appendix D is listed below.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9784

3. Health Surveillance

A qualified occupational health professional must initially and at least annually thereafter evaluate employees who wear respirators to determine if the employee is medically capable to use a respirator. The medical evaluation questionnaire contained in Appendix C of 29 CFR 1910.134 will be utilized. A link to a user-friendly version of Appendix C is listed below.

[Medical Evaluation Questionnaire](#)

A completed copy of the "HAZARD IDENTIFICATION AND RESPIRATOR NEEDS ASSESSMENT" as contained in this document will be provided to the occupational health care professional performing the medical evaluation.

4. Fit Testing

A qualified individual must fit test employees who wear positive or negative pressure, tight-fitting respirators (including disposable respirators) using the same make, model, style and size of the respirator to be used.

Fit tests must be repeated at least annually or when changes occur in the employee's physical condition affecting proper fit of the respirator. Fit testing shall be conducted as required by Appendix A, 29 CFR 1910.134 as provided below:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780

5. Storage

Respirators must be stored in a manner to protect from the following: damage, contamination, dust, sunlight, temperature extremes, excessive moisture and deformation of the face piece and exhalation valves.

6. Inspection

A process must be in place to inspect for proper respirator condition and function.

Where canisters are used, facilities must have a process in place to ensure cartridges are within their expiration dates and changed within specified time frames.

7. Documentation

Facilities using respirators must maintain thorough and up-to-date documentation on respirator inspection and maintenance, medical evaluations of respirator wearers, fit testing, industrial hygiene sampling strategies and employee training.

Workplace air monitoring records and the medical questionnaire/associated medical exam records shall be retained for employment plus 30 years. An individual's workplace monitoring records are considered a confidential medical record and will be treated in the same manner as their medical questionnaire/associated medical exam records.

III. Training

Employees who use respirators will be trained initially and provided refresher training annually on the following respiratory protection topics:

- ✓ Why respirators must be worn,
- ✓ Fit testing and the importance of proper fit,
- ✓ Limitations and the capabilities of respirators,
- ✓ Effective respirator used in emergencies, including what to do in the event a respirator fails,
- ✓ How to inspect, don, doff and use respirators,
- ✓ How to perform a fit-check as required by 29 CFR 1910.134 Appendix B-1 (as linked below)*
- ✓ How to clean a respirator, as required by 29 CFR 1910.134 B-2 (as linked below)**
- ✓ Procedures for maintenance and storage,
- ✓ Medical conditions limiting or preventing the effective use of a respirator, and
- ✓ Local regulations related to respirators.

*https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9781

**https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9782

Forms:

- **Hazard Identification & Respirator Requirement Assessment**
- **Respirator Training Objectives Forms**
- **Employee Respiratory Fit Test Records**

HAZARD IDENTIFICATION AND RESPIRATOR REQUIREMENT ASSESSMENT

NOTE: COMPLETE THIS FORM FOR EACH HAZARD IDENTIFIED WHERE RESPIRATORS ARE REQUIRED. PROVIDE A COPY OF THIS FORM TO THE PROFESSIONAL LICENCED HEALTHCARE PROVIDER (PLHCP).

Facility: _____ **Location:** _____

Title/Job Description: _____

Prepared by: _____ **Date:** _____

PART ONE: TASK ANALYSIS

Describe task: _____

Duration and frequency of respirator use (include use for rescue and escape): _____

Expected physical work effort: _____

Additional protective clothing and equipment to be worn: _____

Temperature and humidity extremes: _____

PART TWO: HAZARD ASSESSMENT

Indicate the type of hazard.

☐ **None.** No chemicals used or no airborne hazards released (dusts, fumes, vapors, gases, mists).

☐ **Potential.** Chemicals used and airborne hazards released with potential exposures. Respirators may be required until monitoring is completed and/or controls installed. Fit testing is required if respirators are worn.

☐ **Voluntary use.** Sampling confirms no overexposure, but employees voluntarily use respirators for the task. Fit testing recommended, but not required.

☐ **Confirmed.** Documented overexposure to airborne hazards. Respirators required. Fit testing required.

List Chemicals, documented exposure levels and their permissible exposure limits: _____

PART THREE: RESPIRATOR SELECTED

Indicate respirator type, model and brand. Face piece type:

- ☐ Filtering Face piece
- ☐ Supplied air
- ☐ Half face
- ☐ Full face
- ☐ SCBA
- ☐ PAPR
- ☐ Other: _____

Cartridge type (for vapors):

- ☐ Organic vapor ☐ Ammonia
- ☐ Ethylene Oxide/Propylene Oxide
- ☐ Formaldehyde ☐ Acid gas
- ☐ Other: _____

Change out Schedule (note: change at end of shift unless otherwise noted): _____

Filter type:

N=Not Oil Resistant:

☐ N95

☐ N99

☐ N100

R=Oil Resistant:

☐ R95

☐ R99

☐ R100

P=Oil Proof:

☐ P95

☐ P99

☐ P100

PART FOUR: MAINTENANCE

Maintenance: **Clean daily unless otherwise noted.**

Disposal of Respirator: ☐ Daily ☐ Weekly ☐ Other _____

Disposal of Cartridges/Filters: ☐ End of Shift ☐ Weekly ☐ Other _____

Respirator Training Objectives

General Awareness Training

Participants will:

- Be able to explain the difference between a mask and a respirator.
- Be able to identify potential workplace respiratory hazards.
- Be able to identify the different types of respirators used within the facility and for which hazards.
- Understand the consequences of improper respirator use, fit and maintenance.
- Understand the importance of medical evaluations prior to using a respirator.
- Understand the limitations of respirators.

Additional Training for Respirator Users

Participants will:

- Understand the importance of respirator fit testing.
- Understands the importance of a secure respirator fit and ensuring there is no facial hair in the respirator sealing area.
- The importance of notifying management in the event of the inability to achieve a secure respirator fit due to respirator malfunction or facial change due to tooth extraction, weight loss or gain, surgery, etc.
- Know how to properly don and doff a respirator.
- Understand how to properly use, care, store, and inspect a respirator.
- Be able to demonstrate a respirator fit check.
- Has been provided information to be able to respond effectively in emergency situations including those where the respirator malfunctions.

Materials Used:

- ☐ Power Point Presentation
- ☐ Lecture
- ☐ Written Respirator Program
- ☐ Two-page summary handout
- ☐ Mask demonstration samples (please specify):

- ☐ Respirator demonstration samples (please specify):

- ☐ Quiz
- ☐ Other:

EMPLOYEE RESPIRATORY FIT TEST RECORD

COMPLETE FOR EACH INDIVIDUAL WHO IS FITTED FOR A NEGATIVE OR POSITIVE-PRESSURE TIGHT-FITTING RESPIRATOR.

Medical clearance examinations are required prior to fit testing. Only NIOSH certified respirators are permitted.

Instructor Name: _____ Signature: _____

Employee Name: _____ Employee ID Number: _____

Employee Signature: _____ Fit Test Conducted By: _____

Date: _____

Employee Medically Qualified? ☐ Yes ☐ No ☐ Pending Date of Medical Evaluation: _____

Medical Approval Attached? ☐ Yes ☐ No

Respirators Fitted: (Define type, size, manufacturer, and model number): _____

Limitations Noted:

☐ Beard ☐ Dentures ☐ Glasses ☐ Contact Lenses ☐ Facial Surgery ☐ Dental Work ☐ No Limitations

Explain (or indicate other limitations not included above): _____

FIT TESTING

☐ Satisfactory Positive Pressure Fit Check

Qualitative Fit Test: ☐ Pass ☐ Fail

☐ Satisfactory Negative Pressure Fit Check

☐ Satisfactory Saccharin Mist Test

Quantitative Fit Test: ☐ Pass ☐ Fail

☐ Satisfactory Bitrex Solution Aerosol

Equipment Used: _____

☐ Satisfactory Banana Oil (Isoamyl Acetate)

☐ Satisfactory Irritant Smoke

Copy of results attached: ☐