

Respiratory Protection Program Template



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



CHC/NYS DEFINING NEW DIRECTIONS
Community Health Care Association of New York State

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<Community Health Center>

Respiratory Protection Program

Purpose:

The purpose of this plan is to ensure compliance with Occupational Safety and Health Administration (OSHA) Standard 1910.134¹ and staff protection from respiratory hazards through the proper use of respirators.

Responsibility*:

- The Respirator Program Administrator (RPA) is <staff title> and has been determined to be qualified for this role by training and/or experience. The RPA is primarily responsible for all aspects of this program and has the authority to make the necessary decisions to ensure its effectiveness. This authority includes (but is not limited to) selecting and authorizing procurement of the necessary equipment, ensuring each element of the program is implemented. The RPA (or designee) will ensure documentation of each of the program elements is maintained as required by the OSHA Standard.

**Refer to OSHA 1910.134 App D for Information for Employees Using Respirators When Not Required Under the Standard- <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD>*

Program Elements:

- **Risk Assessment:** The RPA will conduct a risk assessment to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE), including respiratory protection, and which staff this may apply to. It will also guide the selection of respirators, referring to the OSHA regulations and considering facility specific risk factors (such as patient populations served and/or history of outbreaks in the community). Manufacturer's instructions and other recognized authorities will be consulted as needed. *Note: A risk assessment is not the same as a medical evaluation (described below). Risk assessments are conducted to identify hazards within the environment. Medical evaluations are conducted to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace.*
- **Respirator Selection:** Respirators will be selected on the basis of Centers for Disease Control and Prevention (CDC) guidance. Only National Institute for Occupational Safety and Health (NIOSH) certified respirators will be selected and used. The RPA or assigned coordinator will be responsible for making final selections, placing orders, and fit testing the supplies.

¹ OSHA Standard Number: 1910.134 Respiratory Protection (Last updated June 8, 2011)
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716

- **Medical Evaluations:** The RPA will ensure medical evaluations are conducted to determine each employee's ability to use a respirator. Medical evaluations must be conducted before the employee is fit tested or required to use the respirator in the workplace.
- **Fit Testing:** The RPA will oversee fit-testing procedures to ensure it meets OSHA compliance requirements. RPAs or designees will perform respirator fit testing.
- **Staff Training:** The RPA will create a training that communicates all potential hazards and elements of a respiratory protection program per OSHA requirements. The RPA will conduct or assign coordinators to conduct staff training on respiratory hazards to which staff members are potentially exposed during routine and emergency situations and in the proper use of respirators, including putting on and removing them and any limitations on their use. Staff will also be trained on the proper care, maintenance, and disposal of the respirator.
- **Program Evaluation:** The RPA will evaluate the program's effectiveness on an annual basis. As more data becomes available, PPE needs will be reevaluated.

Procedures:

1. Risk Assessment

- a. The RPA conducts a risk assessment which includes the respiratory hazards to which staff may be exposed. This includes a reasonable estimate of exposures to respiratory hazard(s) and an identification of the hazards.
- b. The risk assessment presents the estimation of the likelihood of staff exposure to an airborne infectious disease, adverse effects resulting from exposure to such a disease, and if exposure to an airborne infectious disease can be reasonably anticipated.
- c. The risk assessment is conducted annually or more often in the event of an exposure or any other situation in which reassessment appears necessary to ensure program effectiveness.
- d. The RPA presents the assessment tool and results to the infection control committee or equivalent oversight group for approval annually.

2. Selection of Respirators

- a. The RPA selects appropriate respirators based on the respiratory hazard(s) to which there is a risk of exposure and user factors that affect respirator performance and reliability. Selection factors include:
 1. Nature of the hazard, and the physical and chemical properties of the air contaminant;
 2. Concentrations of contaminants, if applicable;
 3. Relevant permissible exposure limit or other occupational exposure limit, if applicable;
 4. Nature of the work operation or process;
 5. Time period the respirator is worn;
 6. Work activities and physical/psychological stress;
 7. Fit testing; and
 8. Physical characteristics, functional capabilities and limitations of respirators.
- b. For further guidance on respirator selection, refer to OSHA Technical Manual Section VIII Chapter 2: V. Respirator Selection²
- c. The RPA selects a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification. NIOSH-certified respirator types can be reviewed here: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1.html
- d. OSHA Quick Card of respirator types (**Attachment F: Protect Yourself - Respirators**)

² OSHA Technical Manual Section VIII Chapter 2: V. Respirator Selection - https://www.osha.gov/dts/osta/otm/otm_viii/otm_viii_2.html#5

- e. The RPA selects respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits any staff member required to wear it.

3. Medical Evaluations

- a. < Staff Title- must be a physician or other licensed health care professional (PLHCP)> is designated to perform medical evaluations using the OSHA medical questionnaire. This may be conducted as part of an initial medical examination that obtains the same information as the OSHA medical questionnaire, OSHA Standard 1910.134 App C (**Attachment A – OSHA Respirator Medical Evaluation Questionnaire** - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC>).
- b. The OSHA medical questionnaire and examinations are administered confidentially, during normal working hours, and in a manner that ensures that the staff member understands its content.
- c. The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. Staff members are provided with an opportunity to discuss the questionnaire and examination results with the designated PLHCP.
- d. The PLHCP will provide a written recommendation to the employer, which may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn, the duration and frequency that it may be worn, and the acceptable level of physical work effort while wearing the respirator.
- e. The medical evaluation will be completed before the staff member is fit tested or required to use the respirator in the workplace.

4. Fit-Testing*

- a. Staff members are required to pass qualitative fit test (QLFT) or quantitative fit test (QNFT) prior to initial use of the respirator, whenever a different respirator (size, style, model or make) is used, and at least annually thereafter (**Attachment B - Fit-Testing Documentation Form**).
- b. The fit test is administered using an OSHA-accepted protocol (**Attachment C - Fit Testing Checklist**).
- c. An additional fit test is conducted whenever the staff member reports, or the employer, PLHCP, supervisor, or RPA makes visual observations of, changes in the staff member's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

If notified that the fit of the respirator is unacceptable to any staff member, the RPA will ensure that staff member is given a reasonable opportunity to select a different respirator and to be retested.

Respirators are not to be worn by staff members who have physical conditions or facial hair that interferes with respirator seal or function; if a staff member wears corrective glasses or goggles or other PPE, the equipment must be worn in a manner that does not interfere with the seal of the respirator.

**More info can be found here: Fit Testing Procedures - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA> and User Seal Check Procedures - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB1>*

5. Respirator Use and Maintenance*

- a. Respirators are stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and packed or stored to prevent deformation.
- b. Respirators are kept accessible to the appropriate staff members and stored in compartments or in covers that are clearly marked as containing respirators and in accordance with any applicable manufacturer instructions.
- c. Respirators provided to staff are clean, sanitary, and in good working order as per manufacturer instructions and OSHA Standard 1910.134 Appendix B-2³, as applicable.
- d. Filtering facepiece respirators (FFR), also commonly referred to as “N95” respirators, are 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. An FFR may be reused by the same user, under some circumstances, as long as the respirator has not been soiled or damaged.
- e. When applicable, reusable respirators are issued for the exclusive use of an individual staff member and cleaned and disinfected as often as necessary to be maintained in a sanitary condition; respirators issued to more than one staff member shall be cleaned and disinfected before being worn by different individuals; non-disposable respirators used in fit testing and training shall be cleaned and disinfected after each use.
- f. Respirators are inspected before each use, during cleaning (if applicable) and in accordance with the manufacturer's recommendations and shall be checked for proper function before and after each use (if reusable).

³ OSHA Standard Number: 1910.134 App B-2 Respirator Cleaning Procedures
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9782

- g. When applicable, respirator inspections include the following: a check of respirator functions, parts, and labels (including expiration date); respirators that fail an inspection or are otherwise found to be defective are removed from service and are discarded or repaired (if applicable).
- h. When applicable, repairs or adjustments to respirators are made only by persons appropriately trained to perform such operations and using the respirator manufacturer's NIOSH-approved parts designed for the respirator; and are made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed.

*For further guidance on respirator maintenance and care, refer to OSHA Technical Manual Section VIII Chapter 2: IX. Maintenance and Care -

https://www.osha.gov/dts/osta/otm/otm_viii/otm_viii_2.html#9

6. Staff Training

- a. Training occurs prior to requiring a staff member to use a respirator. Retraining shall be administered annually, and when the following situations occur:
 - i. Changes in the workplace or the type of respirator render previous training obsolete;
 - ii. Inadequacies in the staff's knowledge or use of the respirator indicate that the staff member has not retained the requisite understanding or skill; or
 - iii. Any other situation arises in which retraining appears necessary to ensure safe respirator use.
- b. Training is conducted to ensure that each staff member can demonstrate knowledge of the following:
 - i. Potential exposure to hazards in the workplace;
 - ii. When and why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
 - iii. What the limitations and capabilities of the respirator are;
 - iv. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions (if applicable);
 - v. How to inspect, put on and remove, use, and check the seals of the respirator;
 - vi. What the procedures are for cleaning, inspection, maintenance, storage, and disposal of the respirator as applicable to the type (disposable vs reusable);
 - vii. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and the general requirements of the OSHA Standard.

- c. When a staff member has received training within the last 12 months that addresses the elements specified, he/she is not required to repeat such training provided that the staff member can demonstrate knowledge of those element(s). Previous training not repeated initially by the employer must be provided no later than 12 months from the date of the previous training.
- d. Training is conducted in a manner that is understandable to staff as evidenced by training/program evaluations.
- e. Staff members that are not required to wear respirators may refer to OSHA Standard 1910.134 Appendix D⁴ with the basic advisory information on respirators.

7. Program Evaluation

- a. Evaluations are conducted annually to ensure that the written respiratory protection program is being properly implemented, and to consult staff members to ensure that they are using the respirators properly (**Attachment D – Respiratory Protection Program Evaluation Form**).
- b. Evaluations also include organizational considerations (as necessary) to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.
- c. Employers must regularly consult with employees wearing respirators to assess their views on the program (**Attachment E - Staff Evaluation Form**), including:
 - i. Program effectiveness
 - ii. Identified issues/problems
 - iii. Respirator fit & selection
 - iv. Potential and known hazards
 - v. Use under workplace conditions
 - vi. Proper maintenance

8. Recordkeeping

- a. Written information is established and retained as documentation regarding medical evaluations, fit testing, and the respiratory protection program. This information facilitates staff involvement in the program, assists in auditing the adequacy of the program, and provides a record for compliance determinations by OSHA.

⁴ OSHA Standard 1910.134 Appendix D- Information for Employees Using Respirators When not Required Under Standard. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9784

- b. Records of medical evaluations are retained and made available in accordance with the OSHA Standard 1910.1020- Access to employee exposure and medical records⁵ (generally, for the duration of employment plus thirty years).
- c. Fit Testing Records include the following:
 - i. The name or identification of the employee tested;
 - ii. Type of fit test performed;
 - iii. Specific make, model, style, and size of respirator tested;
 - iv. Date of test; and
 - v. The pass/fail results
- d. Fit test records are retained for respirator users until the next fit test is administered.
- e. A written copy of this plan and records of revisions and approvals are retained for documentation purposes.
- f. Written materials are available upon request to affected staff members and to the OSHA representatives for examination and copying.

Date Program Established: _____

Date Plan Approved: _____

Approved By: _____

⁵ Standard Number:1910.1020- Access to employee exposure and medical records.
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020>

Attachment A- OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (check one): Male Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (check one): Yes No
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (check one): Yes No

13. If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "Yes" or "No").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes No

2. Have you *ever had* any of the following conditions?

- a. Seizures Yes No
- b. Diabetes (sugar disease) Yes No
- c. Allergic reactions that interfere with your breathing Yes No
- d. Claustrophobia (fear of closed-in places) Yes No
- e. Trouble smelling odors Yes No

3. Have you *ever had* any of the following pulmonary or lung problems?

- a. Asbestosis Yes No
- b. Asthma Yes No
- c. Chronic bronchitis Yes No
- d. Emphysema Yes No
- e. Pneumonia Yes No
- f. Tuberculosis Yes No
- g. Silicosis Yes No
- h. Pneumothorax (collapsed lung) Yes No
- i. Lung cancer Yes No
- j. Broken ribs Yes No
- k. Any chest injuries or surgeries Yes No

l. Any other lung problem that you've been told about Yes No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath Yes No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes No

c. Shortness of breath when walking with other people at an ordinary pace on level ground Yes No

d. Have to stop for breath when walking at your own pace on level ground Yes No

e. Shortness of breath when washing or dressing yourself Yes No

f. Shortness of breath that interferes with your job Yes No

g. Coughing that produces phlegm (thick sputum): Yes No

h. Coughing that wakes you early in the morning Yes No

i. Coughing that occurs mostly when you are lying down Yes No

j. Coughing up blood in the last month Yes No

k. Wheezing Yes No

l. Wheezing that interferes with your job Yes No

m. Chest pain when you breathe deeply Yes No

n. Any other symptoms that you think may be related to lung problems Yes No

5. Have you *ever had* any of the following cardiovascular or heart problems?

a. Heart attack Yes No

b. Stroke Yes No

c. Angina Yes No

d. Heart failure Yes No

e. Swelling in your legs or feet (not caused by walking) Yes No

f. Heart arrhythmia (heart beating irregularly) Yes No

g. High blood pressure Yes No

h. Any other heart problem that you've been told about Yes No

6. Have you *ever had* any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest Yes No
- b. Pain or tightness in your chest during physical activity Yes No
- c. Pain or tightness in your chest that interferes with your job Yes No
- d. In the past two years, have you noticed your heart skipping or missing a beat Yes No
- e. Heartburn or indigestion that is not related to eating Yes No
- f. Any other symptoms that you think may be related to heart or circulation problems Yes No

7. Do you *currently* take medication for any of the following problems?

- a. Breathing or lung problems Yes No
- b. Heart trouble Yes No
- c. Blood pressure Yes No
- d. Seizures Yes No

8. If you've used a respirator, have you *ever had* any of the following problems?

If you've never used a respirator, check the following space ___ and go to Question 9.

- a. Eye irritation Yes No
- b. Skin allergies or rashes Yes No
- c. Anxiety Yes No
- d. General weakness or fatigue Yes No
- e. Any other problem that interferes with your use of a respirator Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

- 10. Have you *ever* lost vision in either eye (temporarily or permanently):** Yes No
- 11. Do you *currently* have any of the following vision problems?**
- a. Wear contact lenses Yes No
 - b. Wear glasses Yes No
 - c. Color blind Yes No
 - d. Any other eye or vision problem Yes No
- 12. Have you *ever* had an injury to your ears, including a broken ear drum:** Yes No
- 13. Do you *currently* have any of the following hearing problems?**
- a. Difficulty hearing Yes No
 - b. Wear a hearing aid Yes No
 - c. Any other hearing or ear problem Yes No
- 14. Have you *ever* had a back injury** Yes No
- 15. Do you *currently* have any of the following musculoskeletal problems?**
- a. Weakness in any of your arms, hands, legs, or feet Yes No
 - b. Back pain Yes No
 - c. Difficulty fully moving your arms and legs Yes No
 - d. Pain or stiffness when you lean forward or backward at the waist Yes No
 - e. Difficulty fully moving your head up or down Yes No
 - f. Difficulty fully moving your head side to side Yes No
 - g. Difficulty bending at your knees Yes No
 - h. Difficulty squatting to the ground Yes No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs Yes No
 - j. Any other muscle or skeletal problem that interferes with using a respirator Yes No

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos Yes No
- b. Silica (e.g., in sandblasting) Yes No
- c. Tungsten/cobalt (e.g., grinding or welding this material) Yes No
- d. Beryllium Yes No
- e. Aluminum Yes No
- f. Coal (for example, mining) Yes No
- g. Iron Yes No
- h. Tin Yes No
- i. Dusty environments Yes No
- j. Any other hazardous exposures Yes No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents
(either in training or combat) Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications) Yes No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters Yes No
- b. Canisters (for example, gas masks) Yes No

- c. Cartridges Yes No

11. How often are you expected to use the respirator(s)? Check "yes" or "no" for all answers that apply to you:

- a. Escape only (no rescue) Yes No
 b. Emergency rescue only Yes No
 c. Less than 5 hours per week Yes No
 d. Less than 2 hours per day Yes No
 e. 2 to 4 hours per day Yes No
 f. Over 4 hours per day Yes No

12. During the period you are using the respirator(s), is your work effort:

- a. **Light (less than 200 kcal per hour)** Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

- b. **Moderate (200 to 350 kcal per hour)** Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. **Heavy (above 350 kcal per hour)** Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions: Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

<i>Name of Toxic Substance</i>	<i>Estimated Maximum Exposure Level Per Shift</i>	<i>Duration of Exposure Per Shift</i>

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

Attachment B - Fit Testing Documentation Form

Name of Employee Tested	Type of Test (Qualitative or Quantitative)	Type of Respirator Used (Make, Model, Style/Size)	Date of Test	Results of Test (Pass/Fail)

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Attachment C - Fit Testing Checklist

Staff Name: _____

Department / Unit: _____

Date: _____

The Respiratory Program Administrator will conduct or oversee fit testing procedures to ensure respirator fit. This is checklist for a qualitative Fit Test. This test is conducted annually or if other conditions require a retesting. Qualitative fit testing provides a pass or fail result based on the wearer detecting a test agent. It provides a subjective measure of the quality of the seal of the facepiece to the wearers face. These tests are suitable for disposable respirators and half masks. The test agent can either be detected by taste or by smell.

Step 1 – Coordinate the test	
Description	Check
Set a specific time slot for each person being tested. <i>(30 minutes Suggested).</i>	<input type="checkbox"/>
Arrange for each person to be fit-tested individually. <i>(This way they will not be distracted by other people in the room. Test takes 20-40 minutes).</i>	<input type="checkbox"/>
Instruct persons tested to be cleanly shaven. <i>(If applicable).</i>	<input type="checkbox"/>
Instruct person being tested not to eat or drink anything other than water within 30 minutes of their allocated time-slot. <i>(This reduces the risk of food or drink leaving a residual taste in their mouth that could be confused with a fit test failure).</i>	<input type="checkbox"/>
Determine if persons being tested should bring their own masks, or if identical models (sizes where appropriate) will be provided for the tests. <i>(This applies if respirators have already been issued and fit testing is being carried out retrospectively. If respirators have not already been issued, explain that one will be specified and provided at the time of the test).</i>	<input type="checkbox"/>

Step 2 – Check the equipment you need	
Description	Check
Nebulizers: Ensure they are washed and rinsed and that they work properly. <i>(Saccharin and bitter/bitrex solutions can sometimes crystallize and block the nebulizer. If this happens the bulb becomes hard to squeeze and no aerosol comes out. Wash with warm water and use the pins provided to unblock nebulizers. Spraying in front of a dark background makes it easier to see the fine mist emerging from the spout). Ensure that the sensitivity and test solution bulbs are pre-labeled.</i>	<input type="checkbox"/>
Test Solutions:	<input type="checkbox"/>

Respiratory Protection Program Toolkit

<p>Check that you have enough of each of the solutions. On average one teaspoon should be enough to test 10 people. Each bottle should be able to test about 150 people.</p> <ul style="list-style-type: none"> – <i>Screw the cap firmly on the bottle to prevent saccharin solution leaking out and crystallizing as a white powder around the cap. In particular, try and avoid getting any of the powder into the nebulizer or it may become blocked.</i> – <i>If this occurs during a fit test then ideally have a spare one available to use. Otherwise you will have to halt the test, wash the nebulizer using the ‘pin’ provided to dislodge any blockages, and then start the test again from the beginning. Finally, avoid storing the solutions in a cold place as the saccharin can crystallize into a lump inside the bottle. If this occurs, you may have to leave the bottle in warm water for a while to dissolve the saccharin back into solution.</i> – <i>The bitter/bitrex solution is less prone to crystallizing out of solution.</i> 	
<p>Respirators: Ensure there are enough samples of each respirator you are testing (together with different sizes when applicable). <i>(One for each person and a few spares should be enough).</i></p>	<input type="checkbox"/>

Step 3 – On the day of the test	
Description	Check
<p>Assemble the hood: Make a 10cm (~4 inch) ‘gap’ between the persons face and the inside of the hood by pulling apart the front and back of the hood at the top. You can clip together the two press-studs on the top corners of the hood to hold it in this shape.</p>	<input type="checkbox"/>
<p>Prepare the nebulizers:</p> <ul style="list-style-type: none"> – <i>Use the foam block provided in the kit with the round holes as a holder to stand the nebulizers upright and ready for use.</i> – <i>Don’t pour in too much solution. A teaspoon is enough for several people. A quarter teaspoon is more than enough for one person.</i> – <i>Each nebulizer is marked ‘Sensitivity Solution’ or ‘Fit Test Solution’. DO NOT put the wrong solution into the nebulizer or you risk using the wrong solution in the tests. (The two solutions have different concentrations and should not be mixed or confused with each other).</i> – <i>Check that BOTH nebulizers are working by spraying against a dark background. You should see a fine mist coming from the spout.</i> – <i>Wash your hands afterwards to reduce the risk of surface contamination. Consider using gloves in case the solutions leak.</i> 	<input type="checkbox"/>
<p>Prepare the person being tested: Explain the purpose of the test and what you want them to do.</p> <ul style="list-style-type: none"> – <i>Follow instructions given.</i> – <i>Explain that the test is very rigorous, and it is possible to taste very tiny amounts of the solution should they get inside the respirator. They should follow your instructions precisely and should not talk until asked to do so. They need to avoid laughing/significant talking or doing anything different from the test protocol.</i> 	<input type="checkbox"/>

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<ul style="list-style-type: none"> – <i>If they wear other Personal Protection Equipment (PPE) explain that during the Fit Test they should wear whatever other PPE they would normally wear when using the respirator, such as safety eyewear or normal spectacles.</i> – <i>Explain that if they pass, this result is specific to this particular respirator and they should not use another type or model unless they are fit tested on that one too.</i> – <i>If they fail explain they can be tested on the same respirator a second time even though they failed at the first attempt. This is because failures are often a result of not taking enough care during fitting. If they fail twice, then they should not see this as a failure on their part. It is just an indication that the respirator tested has been shown not to fit them well enough and an alternative must now be tried in order to find a model that will provide them with an adequate fit.</i> – <i>Explain the importance of avoiding a false test result due to trace amounts of the solution getting into their mouth. This is why they will be asked to wash their hands, face and lips before the fit test stage begins and to keep these clean throughout.</i> 	
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Step 4 – Conducting the test	
Description	Check
<p>Remember these Practical Tips:</p> <ul style="list-style-type: none"> – <i>Remind the person to breathe through their mouth with their tongue slightly out. Remind them that they are trying to taste the solution, not smell it.</i> – <i>Regularly check the nebulizer. Frequently check that you can see the spray entering the hood. If the mist can't be seen, then the nebulizer may have become blocked and you will need to unblock it.</i> – <i>*If doing the Sensitivity Test and Fit Test on the same day, ensure a good time gap between the two to give time to rid the taste from the person's mouth and to wash hands and lips to avoid cross contamination. 5 minutes should be enough. Ensure they have a drink of water to help clear any leftover taste.</i> – <i>Alternative to Rainbow Passage: If preferred, it is acceptable for the person to count down from 100, or recite some other passage known to them, as long as they continue to talk out aloud for one minute.</i> 	<input type="checkbox"/>
<p>Perform the Sensitivity Test</p> <p>Remember: This portion of the test is done without wearing the respirator. The objective is to find out if the person can taste the solution and HOW MANY squeezes of the nebulizer to use in the Fit Test which follows.</p> <ul style="list-style-type: none"> – <i>Have the test subject put on the hood without the respirator.</i> – <i>Position the hood so that there is at least 6 inches between the subject's face and hood window.</i> – <i>Have subject breathe through their mouth with tongue extended.</i> – <i>Use nebulizer #1 sensitivity test solution and inject the aerosol into the hood through the hole in the hood window. Inject ten squeezes of the bulb, fully collapsing and allowing the bulb to fully expand on each squeeze. Both plugs of the nebulizer are removed during use. Hold the nebulizer upright to ensure aerosol generation.</i> – <i>Ask the subject if they can taste the solution after 10 squeezes. If subject can taste the solution, then 10 squeezes is what is required. If not, squeeze another 10 squeezes and ask again if they can taste the solution. You will continue up to 30 squeezes and at that point you will ask the subject if they can taste the solution. If they can taste it, then you will note the number of squeezes. You will perform increments of 10 until the subject either states</i> 	<input type="checkbox"/>

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<p><i>that they can taste the solution or you reach 30 squeezes. If by 30 squeezes there is no taste, then a different test is required or switch to a different solution.</i></p> <ul style="list-style-type: none"> – <i>Remove the hood and give the subject at least 5 minutes to clear the taste. Having them rinse with water may be helpful.</i> 	
<p>Perform the Respirator Fit-Test</p> <ul style="list-style-type: none"> – <i>Have the test subject don the respirator and perform a user seal check.</i> – <i>Have the user don any applicable safety equipment that may be worn during actual respirator use.</i> – <i>Have subject don the test hood as before and breathe through their mouth with tongue extended.</i> – <i>Use nebulizer #2 with test solution and inject the fit test aerosol using the same number of squeezes as required in the sensitivity test (10, 20, 30).</i> – <i>A minimum of 10 squeezes is required fully collapsing and allowing the bulb to expand. The nebulizer must be held in an upright position to ensure aerosol generation.</i> – <i>To maintain an adequate concentration of aerosol during the test, inject one half the number of squeezes (5, 10, 15) every 30 seconds during the fit test procedure.</i> – <i>After the initial injection of aerosol, ask the subject to perform the following test for 60 seconds each:</i> <ul style="list-style-type: none"> ✓ <i>Normal Breathing- no talking</i> ✓ <i>Deep breathing- do not hyperventilate</i> ✓ <i>Turn head side to side- Inhale at each side</i> ✓ <i>Move head up and down- inhale as they look up</i> ✓ <i>Talking the test conductor should hear them-Read prepared text, count backwards from 100*</i> ✓ <i>Bending over- Hold hood in place. Light jog could be substituted</i> ✓ <i>Normal Breathing- no talking</i> 	<input type="checkbox"/>

Step 5 – Completing the test

Description	Check
<p>Before removing the hood: Ask the person to put their hand inside the hood and then, with one finger, break the seal of the respirator on their face. Ask them to take a breath through their mouth. They will probably grimace in surprise at the sudden taste of the strong solution inside the hood. <i>(This is a very good way of building people’s confidence in the respirator, because they will realize that if it can be this effective at keeping out an apparently high concentration of test agent for so long, then it will be able to protect them in the workplace, provided they have been careful to fit it correctly each time. Make this point to them afterwards).</i></p>	<input type="checkbox"/>

Step 6 – If someone fails a fit test

Description	Check
<p>Repeat the Test</p> <ul style="list-style-type: none"> – <i>Person can be tested twice on the same respirator.</i> – <i>You only fail if you fail twice on the same size and model of respirator.</i> – <i>You may also elect to arrange for fit testing on an alternative model or size as soon as possible.</i> 	<input type="checkbox"/>

Attachment D - Respiratory Protection Program Evaluation Form

This form has been completed by the Respiratory Program Administrator (RPA) as part of the annual evaluation of the Respiratory Protection Program.

Date of Completion: _____

In the program year beginning < Month, year > and ending < Month, Year >, the RPA has noted the following organizational considerations as factors for evaluating the effectiveness of the program (consider new locations, changes in staffing/services provided, etc.):

Program Activity:

The RPA has reviewed the current Respiratory Protection Program Risk Assessment and presented it to the Infection Control Committee on < Date>. See below of a summary of any changes in risk factors or ratings:

Have respirators selected changed from previous year(s)? Yes No

If yes, please list reason(s) for change in selection: _____

Number of Medical Evaluation Questionnaire completed: _____

Number of staff trained on the OSHA Standard and Respiratory Protection Program: _____

Methods of Training included:

Number of staff members Fit-tested: _____ Number passing Fit-Test: _____

Number of staff members consulted/completed program evaluations: _____

See below for a summary of feedback collected via staff consultations/evaluations:

Attachment E - Staff Evaluation Form

You have been provided with this form to assess your views on the Respiratory Protection Program.

Staff Name: _____

Title: _____

Date: _____

Please rate, on a scale of 1 to 5, your overall assessment of the effectiveness of the Respiratory Protection Program, with 1 indicating highly ineffective and 5 indicating highly effective.

Not Effective					Highly Effective
1	2	3	4	5	

Please rate, on a scale of 1 to 5, your overall assessment of the program relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
I am aware of the potential and known respiratory hazards associated with my position and job duties.	1	2	3	4	5
The respirators selected for staff use provide appropriate protection and proper fit.	1	2	3	4	5
Identified issues/problems have been promptly addressed.	1	2	3	4	5
I feel comfortable using a respirator under current workplace conditions.	1	2	3	4	5
Training provided me with appropriate knowledge of the OSHA Standard and Respiratory Protection Program Elements.	1	2	3	4	5

Please provide any additional comments below:

Attachment F - OSHA Quick Card of Respirator Types



Protect Yourself Respirators

Respiratory protection must be worn whenever you are working in a hazardous atmosphere. The appropriate respirator will depend on the contaminant(s) to which you are exposed and the protection factor (PF) required. Required respirators must be NIOSH-approved and medical evaluation and training must be provided before use.

Single-strap dust masks are usually not NIOSH-approved. They must not be used to protect from hazardous atmospheres. However, they may be useful in providing comfort from pollen or other allergens.



Approved filtering facepieces (dust masks) can be used for dust, mists, welding fumes, etc. They do not provide protection from gases or vapors. **DO NOT USE FOR ASBESTOS OR LEAD**; instead, select from the respirators below.



Half-face respirators can be used for protection against most vapors, acid gases, dust or welding fumes. Cartridges/filters must match contaminant(s) and be changed periodically.



Full-face respirators are more protective than half-face respirators. They can also be used for protection against most vapors, acid gases, dust or welding fumes. The face-shield protects face and eyes from irritants and contaminants. Cartridges/filters must match contaminant(s) and be changed periodically.



Loose-fitting powered-air-purifying respirators (PAPR) offer breathing comfort from a battery-powered fan which pulls air through filters and circulates air throughout helmet/hood. They can be worn by most workers who have beards. Cartridges/filters must match contaminant(s) and be changed periodically.



A Self-Contained Breathing Apparatus (SCBA) is used for entry and escape from atmospheres that are considered immediately dangerous to life and health (IDLH) or oxygen deficient. They use their own air tank.



For more complete information:

OSHA Occupational Safety and Health Administration
U.S. Department of Labor
www.osha.gov (800) 321-OSHA

OSHA 3280-10N-05

References and Additional Resources

1. OSHA Standard Number: 1910.134 Respiratory Protection
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716
2. California Association of Health Facilities Fit-Test Video:
<https://vimeo.com/14838220>
3. 3M Video Mask vs. Respirator
<https://www.youtube.com/watch?v=JR2uLfEVD2w>
4. OSHA Training Videos
<https://www.osha.gov/respiratory-protection/training>
5. Respiratory Protection for Healthcare Workers Training Video
<https://www.youtube.com/watch?v=6qkXV4kmp7c>
6. OSHA Hospital Respiratory Protection Program Toolkit
<https://www.osha.gov/Publications/OSHA3767.pdf>
7. California Department of Public Health Implementing Respiratory Protection Programs in Hospitals– a Guide for Respirator Program Administrators
<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/CDPH%20Document%20Library/HCRsp-CARPPGuide.pdf>
8. Minnesota Department of Health-Respiratory Protection Program
<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/index.htm>
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9. The Joint Commission. Implementing Hospital Respiratory Protection Programs: Strategies from the Field
https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/topics-library/implementing_hospital_rpp_2-19-15pdf.pdf?db=web&hash=E5125587C1CC06C49B113D356081D585
10. AAOHN Respiratory Protection Training and Resources
<http://aaohn.org/page/respiratory-protection-1278>
11. OSHA – Respirator Safety: Donning and Doffing and User Seal Checks
<https://www.youtube.com/watch?v=Tzpz5fko-fg>