DEPARTMENT OF CORRECTIONS

Policy Number:	**105.115**
Title:	**Respiratory Protection Program**
Effective Date:	**9/17/19**

PURPOSE: To provide procedures for implementing the department's respiratory protection program.

APPLICABILITY: Department-wide

DEFINITIONS:
Air purifying respirator – a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element

Atmosphere supplying respirator – a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes Supplied-Air Respirators (SAR) and Self-Contained Breathing Apparatus (SCBA)

Canister or cartridge – a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container

Demand respirator – an atmosphere-supplying respirator that admits breathing air to the face piece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation – any occurrence (including such examples as equipment failure, rupture of containers, or failure of control equipment) that may or does result in an uncontrolled significant release of an airborne contaminant, or use of a chemical irritant.

Employee exposure – exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI*)* – a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation, or is no longer effective.

Escape-only respirator – a respirator intended to be used only for an emergency exit.

Filtering face piece (dust mask) – a negative pressure particulate respirator with a filter as an integral part of the facepiece, or with the entire face piece composed of the filtering medium.

Fit test – the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

High efficiency particulate air (HEPA) filter – a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent National Institute for Occupational Safety and Health (NIOSH) 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Immediately dangerous to life or health (IDLH) – an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Loose-fitting facepiece – a respiratory inlet covering that is designed to form a partial seal with the face.

Negative pressure respirator (tight fitting) – a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Physician or other licensed health care professional (PLHCP) – an individual whose legally permitted scope of practice (e.g., license, registration, or certification) allows the professional to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by Procedure D.

Positive pressure respirator – a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) – an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Self-contained breathing apparatus (SCBA) – an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Supplied air respirator (SAR) – an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

Tight-fitting facepiece – a respiratory inlet covering that forms a complete seal with the face.

User seal check – an action conducted by the respirator user to determine if the respirator is properly seated to the face.

PROCEDURES:

A. General

1. Respirators must be used by employees identified by the facility/unit safety administrator/designee when administrative controls/engineering controls, such as ventilation and/or substitution of less toxic materials, are not feasible or cannot completely control the identified respiratory hazards.

2. Employees may request to wear a respirator during operations that do not require respiratory protection. The safety administrator/designee reviews requests on a case-by-case basis.

3. Respirator use is required of, but not limited to, the following positions: designated correctional officer staff (including such examples as: A-team, special operations response team (SORT), special operations group (SOG), segregation unit staff, transport staff, and an on-duty lieutenant on each watch); designated trades and maintenance staff; and designated health services personnel.

4. Classifications that require pre-hire respirator medical evaluation include correctional officers, all trades/maintenance classifications used by DOC, registered nurses, and licensed practical nurses at all facilities.

5. The facility/unit defrays all expenses associated with training, medical evaluations, and respiratory protection for employees participating in the respiratory protection program.

B. Staff Responsibilities

1. The facility safety administrator administers the respiratory protection program. The facility safety administrator/designee must:
   a) Identify work areas, processes, or tasks that require employees to wear respirators and evaluate hazards, to determine which positions require participation in the respirator program;
   b) Select respiratory protection options;
   c) Monitor respirator use to ensure that respirators are used in accordance with their certifications;
   d) Arrange for and/or conduct training;
   e) Administer the medical surveillance program;
   f) Conduct or arrange for annual qualitative or quantitative fit testing;
   g) Ensure required records are maintained;
   h) Maintain a list of respirator qualified employees;
   i) Evaluate the program and update as necessary;
   j) Should an incident occur, provide emergency respirator training, coordinate medical evaluation, and conduct fit testing within 24 hours; and
   k) Conduct periodic evaluations of the workplace to ensure the provisions of this directive policy are being implemented. Any deficiency must be documented on the monthly safety/fire/sanitation inspection reports according to DOC Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)."

2. Supervisors must ensure that the respiratory protection program is implemented in their areas of responsibility. Supervisors must be knowledgeable about program requirements for their own protection and ensure the program is understood and followed by the employees under their supervision. Supervisors must:
   a) Conduct a hazard evaluation for each operation, procedure or area where inhalation hazards may be present in routine operations or during an emergency;
   b) Ensure that affected employees under their supervision (including new employees) have received appropriate training, medical evaluation, and fit testing;
   c) Be aware of tasks requiring the use of respiratory protection;
   d) Enforce the proper use of respiratory protection;
   e) Ensure that respirators are properly cleaned, disinfected, stored, inspected, repaired, discarded, and otherwise maintained;
   f) Ensure that respirators fit well and do not cause discomfort; and
   g) Continually monitor work areas and operations to identify respiratory hazards

3. Each affected employee must wear the employee's respirator when and where required and in the manner the employee was trained. The employee must:
   a) Care for and maintain the employee's respirator according to section I of this policy, below; and
   b) Inform the employee's supervisor if the respirator no longer fits and request a new one respirator.

C. Respirator Selection Procedures

The safety administrator/designee selects respirators to be used on site based on the hazards specific to the site, and in accordance with all Occupational Safety and Health Administration (OSHA) standards. The safety administrator/designee must:

1. Maintain a list of selected respirators with related procedures for use and cartridge change out schedule;

2. Ensure all respirators are certified by NIOSH and used in accordance with the terms of that certification; and

3. Ensure all filters, cartridges, and canisters are labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while in use.

D. Voluntary Respirator Use

1. The safety administrator/designee may authorize voluntary use of respiratory protective equipment as requested by employees on a case-by-case basis, depending on specific workplace conditions.

2. The safety administrator/designee provides a respirator for voluntary use, if the use of respiratory protection in a specific case does not jeopardize the health or safety of the employee.

3. The safety administrator/designee provides all employees who voluntarily choose to wear a respirator with Information for Employees Not Required to Wear a Respirator (attached).

4. Employees voluntarily choosing to wear a half-face air-purifying respirator must comply with the procedures for medical evaluations, respirator use, cleaning, maintenance, and storage. Employees who voluntarily wear filtering facepieces (dust masks) are not subject to the medical evaluation, cleaning, maintenance and storage procedures. Employees must obtain advance permission to wear the respirator from the facility safety administrator.

E. Medical Evaluation

1. Applicants/employees who are required or permitted to wear a respirator must pass a respirator medical evaluation by a physician or other licensed health care professional (PLHCP), who determines the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace.

2. The safety administrator/designee must provide the following information to the PLHCP before the PLHCP makes a recommendation concerning the employee's ability to use a respirator:
   a) The type and weight of the respirator to be used;
   b) The duration and frequency of the respirator use (including use for rescue and escape);
   c) The expected physical work effort;
   d) Additional protective clothing and equipment to be worn;
   e) Temperature and humidity extremes that may be encountered; and
   f) A copy of this written respiratory protection program and a copy of the respiratory protection section of the OSHA standard.

3. Respirator medical evaluation procedure – applicants/new employees
An applicant/new employee requiring a pre-hire respirator medical evaluation within the listed position classifications (as referenced in section A.4, above) must receive a respirator medical evaluation as part of the pre-placement physical exam process (see DOC Policy 103.016, "Pre-Placement Physical Exam and Drug Testing" for the medical evaluation procedures).

4. Respirator medical evaluation procedure – current employees

a) The facility safety administrator must ensure affected employees receive the Respirator Qualification OSHA Questionnaire (attached) or one meeting minimum OSHA requirements provided by the contracting clinic. The Respirator Qualification OSHA Questionnaire and examination must be administered confidentially when any of the following conditions exist.

(1) The employee reports medical signs or symptoms that are related to ability to use a respirator;

(2) A PLHCP, supervisor, or the respiratory program administrator informs the employee that the employee needs to be reevaluated;

(3) Information from the respiratory protection program, including observation made during fit testing and program evaluation, indicates a needs for employee reevaluation; or

(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 the employee.

b) The employee must complete the Respirator Qualification OSHA Questionnaire confidentially. If completing the questionnaire by hand, the employee must place the questionnaire in a sealed envelope and return it to the facility safety administrator. If completing the questionnaire online, the employee must complete the questionnaire and the information is electronically submitted to the contracting clinic. The employee may complete the questionnaire during normal work hours or at a time and place convenient to the employee.

c) The facility safety administrator must ensure the contracting clinic receives all the questionnaires from designated employees. The contracting clinic evaluates the completed Respirator Qualification OSHA Questionnaire and reports/provides results to the employee and the facility safety administrator.

(1) Initial results include:

(a) Employee has no restrictions on respirator use; or

(b) Employee must undergo further testing/evaluation.

i) The facility safety administrator must notify the employee's supervisor;

ii) The supervisor must coordinate the employee's follow-up with the contracting clinic; and

iii) The contracting clinic evaluates the employee and reports to the employee and the facility safety administrator.

(2) Secondary results include:

(a) Employee has no restrictions on respirator use;

(b) Employee is able to wear a respirator with limitations:

i) Facility safety administrator must notify the supervisor; and

ii) The supervisor must consult with the regional human resources director and facility safety administrator to ensure employee is not assigned to perform a duty outside the limitations of respirator use; or

(c) Employee is unable to wear a respirator:

i) Facility safety administrator must notify the supervisor; and

ii) The supervisor must consult with the regional human resources director and facility safety administrator to ensure the employee is not assigned to perform a duty requiring the use of a respirator.

5. All employees have the opportunity to discuss the questionnaire and examination results with the PLHCP.

6. The facility safety administrator must forward the results received from the contracting clinic to the appropriate human resources office, which retains them according to the retention schedule.

F. Fit Testing

Employees must pass the required fit test prior to wearing a tight fitting positive or negative pressure respirator. The facility safety administrator/designee fit tests the employee with the same make, model, style, and size of respirator that the employee actually wears. The facility safety administrator/designee must document the fit test on the Respiratory Fit Test Record (attached). The employee must be fit tested annually after the initial fit test, whenever a different respirator face piece is used and if a change in the employee's physical condition is reported by the employee, supervisor, safety administrator/designee, or PLHCP that could affect respirator fit.

1. General requirements (these procedures do not constitute the employee's formal training on respirator use):

a) Fit tests must not be conducted if there is any hair growth between the skin and the face piece sealing surface. Hair growth is stubble beard growth, beard, mustache or sideburns that cross the respirator sealing surface. Any type of apparel that interferes with a satisfactory fit must be altered or removed.

b) The facility safety administrator/designee shows the employee how to put on a respirator, how it should be positioned on the face, how to set strap tension, and how to determine an acceptable fit. The facility safety administrator/designee must have a mirror available to assist the employee in evaluating the fit and positioning of the respirator.

c) The facility safety administrator/designee assists the employee in determining comfort and adequacy of the respirator fit.

d) The employee must conduct a user seal check. If the employee fails the user seal check, the employee must adjust the respirator to achieve a proper seal. In the event that the respirator cannot achieve a proper seal, the employee must select and fit test a different size respirator.

e) During all fit tests, the employee must wear any applicable safety equipment that may be worn during actual respirator use to determine if the equipment might interfere with respirator fit.

2. Type of fit test

The facility safety administrator/designee chooses one of the following qualitative or quantitative protocols for fit testing the employee.

a) Isoamyl Acetate – odor fit testing (qualitative);
b) Saccharin Solution Aerosol – taste fit testing (qualitative);
c) BitrexTM (Denatonium Benzoate) Solution Aerosol – taste fit testing (qualitative);
d) Stannic chloride – irritant smoke fit testing (qualitative);
e) Generated Aerosol (quantitative);
f) Ambient Aerosol condensation nuclei counter (CNC) (quantitative); or
g) Controlled negative pressure (CNP) (quantitative).

3. Fit test exercises

The employee must perform fit test exercises with all the above fit test types except CNP. Each fit test exercise below is performed for one minute except for the grimace exercise, which must be performed for 15 seconds. If the respirator becomes uncomfortable during the fit test, the employee must adjust the respirator or select another model and begin the seal and fit tests again. The respirator must not be adjusted once the fit test exercises begin. Any adjustment to the respirator voids the test and the fit test must be repeated.

a) Normal breathing – the employee must breathe normally in a normal standing position without talking.

b) Deep breathing – the employee must breathe deeply and slowly in a normal standing position taking caution to not hyperventilate.

c) Turn head side to side – the employee must slowly turn the employee's head from side to side between the extreme positions on each side while standing in place. The employee must inhale at each extreme while momentarily holding the employee's head still.

d) Move head up and down – the employee must slowly move the employee's head up and down while standing in place. The employee must inhale while in up position (i.e. while looking at the ceiling).

e) Talk – the employee must talk out loud slowly and loudly enough to be heard clearly by the test conductor. The employee must read from the Prepared Text for Fit Testing Talk Exercise (attached), count backward from 100, or recite a memorized poem or song.

f) Grimace – the employee must grimace by smiling or frowning. This test only applies to quantitative fit testing.

g) Bending over – the employee must bend at the waist as if to touch toes. Jogging in place may be substituted for this exercise when a shroud-type unit does not permit bending over at the waist.

h) Normal breathing – the employee must breathe normally in a normal standing position without talking.

4. CNP test exercises

The employee must perform each fit test exercise below for one minute except for the grimace exercise, which must be performed for 15 seconds. If the respirator becomes uncomfortable during the fit test, the employee must select another model and begin the seal and fit tests again. The respirator must not be adjusted once the fit test exercises begin. Any adjustment to the respirator voids the test and the fit test must be repeated.

a) Normal breathing – the employee must breathe normally while standing in a normal standing position without talking. When completed, the employee must hold the employee's head straight ahead and hold the employee's breath for ten seconds during test measurement.

b) Deep breathing – the employee must breathe slowly and deeply while standing in a normal standing position and being careful not to hyperventilate. When completed, the employee must hold the employee's head straight ahead and hold the employee's breath for ten seconds during test measurement.

c) Turn head side to side – the employee must slowly turn the employee's head from side to side between the extreme positions on each side while standing in place. The employee must inhale at each extreme while momentarily holding the employee's head still. When completed, the employee must hold the employee's head full left and hold the employee's breath for ten seconds during test measurement. Next, the employee must hold the employee's head full right and hold the employee's breath for ten seconds during test measurement.

d) Move head up and down – the employee must slowly move the employee's head up and down while standing in place. The employee must inhale in up position (i.e. while looking at the ceiling). When completed, the employee must hold the employee's head full up and hold the employee's breath for ten seconds during test measurement. Next, the employee must hold the employee's head full down and hold the employee's breath for ten seconds during test measurement.

e) Talk – the employee must talk out loud slowly and loudly enough to be heard clearly by the test conductor. The employee must read from the Prepared Text for Fit Testing Talk Exercise, count backward from 100, or recite a memorized poem or song. When completed, the employee must hold the employee's head straight ahead and hold the employee's breath for ten seconds during the test measurement.

f) Grimace – the employee must grimace by smiling or frowning for 15 seconds.

g) Bending over – the employee must bend at the waist as if to touch toes. Jogging in place may be substituted for this exercise when a shroud-type unit does not permit bending over at the waist. When completed, the employee must hold the employee's head straight ahead and hold the employee's breath for ten seconds during the test measurement.

h) Normal breathing – the employee must remove and re-don the respirator within a one-minute period. The employee must breathe normally while in a standing position without talking. When completed, the employee must hold the employee's head straight ahead and hold the employee's breath for ten seconds during test measurement.

G. General Use Procedures

1. Employees must not use their respirators in a manner that is not certified by NIOSH or the manufacturer.

2. Employees must conduct user seal checks each time they wear their respirators by using the positive and negative pressure check or the manufacturer's recommended seal check procedures.

   a) Facepiece positive pressure check
   The employee must close the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators, this method of leak testing requires the employee to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

   b) Facepiece negative pressure check
   The employee must close off the inlet opening of the canister or cartridge(s) by covering with the palm of the employee's hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly and hold the employee's breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test may be performed by covering the inlet opening of the cartridge with a nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

   c) Manufacturer's recommended user seal check procedures
   The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the facility safety administrator/designee demonstrates that the manufacturer's procedures are equally effective.

3. Employees must not wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal. Employees must not wear headphones, jewelry or other articles that may interfere with the facepiece to face seal. Facial hair is defined as hair on the face which comes between the sealing surface of the respirator and the face.

4. The facility safety administrator/designee must ensure that corrective glasses or goggles, or other personal protective equipment (PPE), does not interfere with the seal of the facepiece to the face of the user. An employee falling into this category must contact the employee's facility safety administrator/designee and/or supervisor for further recommendations.

5. The facility provides prescription inserts for employees needing corrective eyewear and required to wear full-face respirators.

   a) Upon initial and annual fit testing, the employee must notify the safety administrator of the need for a prescription insert.

   b) The safety administrator coordinates the purchase of appropriate adaptors and prescription inserts.

c) Staff may obtain a prescription eyewear order form and directions from the safety administrator. Employees are not reimbursed for unauthorized purchases.

d) Security staff with prescription inserts must carry the prescription inserts in their belt pouches during working hours. Non-security staff with prescription inserts must store their inserts in convenient locations.

e) The facility pays for the initial prescription insert and for additional inserts required as a result of a prescription change, or damage occurring while the employee is performing work-related duties.

H. Self-Contained Breathing Apparatus (SCBA)

1. Conditions for use

a) Only trained, medically-approved, and fit-tested employees may don a self-contained breathing apparatus (SCBA) as described in this policy.

b) The facility safety administrator/designee must identify and maintain a list of employees authorized to use a SCBA.

c) An employee must don SCBAs only upon watch commander authorization.

d) An employee may only wear SCBAs to support primary security and maintenance functions, perform initial assistance during an evacuation, escort responding emergency personnel, and extinguish fires in the incipient stage. Fires that are spreading, or are beyond the point of being suppressed by portable fire extinguishers, must be handled by responding outside fire department personnel.

e) Employees are not authorized to use turnout gear or other thermal protective clothing and equipment.

f) The facility safety administrator/designee must identify the locations of the SCBA units.

g) At least two standby employees who have been trained and equipped with SCBAs must be available to provide effective emergency rescue when needed. The staff must stay outside of the contaminated environment. They must be able to maintain visual, voice, or signal communication with those inside the contaminated area.

2. Determination of need

Individual facilities may assess the need for SCBAs based on the following (meeting any one of the following criteria may be sufficient to determine that the use of SCBA units is unnecessary):

a) Availability of instant mechanical offender discharge from cell;
b) Ability of offender to exit cell normally;
c) Size of the cell hall or living unit (square footage and/or population size);
d) Existence of a smoke evacuation system; and
e) Local fire departments will assist in offender evacuation.

3. Maintenance

a) A qualified outside vendor must annually inspect and flow test all SCBA units.

b) The facility safety administrator/designee must inspect all SCBAs monthly. The facility safety administrator/designee must maintain air cylinders in a fully-charged state and recharge them when the pressure falls to or below 90% of the manufacturer's recommended pressure level. The facility safety administrator/designee must also check the regulator and warning devices to ensure proper function.

c) Staff must check SCBAs for proper function before and after each use. Employees must notify the safety administrator/designee of any malfunction encountered during use.

d) The facility safety administrator/designee must ensure that SCBA cylinders and cascade tanks are hydro tested in accordance with Transportation Regulations 49 CFR, parts 173 and 178.

e) The facility safety administrator/designee must ensure that compressed breathing air used in the SCBA cylinders meets the minimum requirements for grade D breathing air described in American National Standards Institute (ANSI)/compressed gas association commodity specification for air.

4. Ongoing surveillance
The facility safety administrator/designee must provide ongoing surveillance and advise the warden if deficiencies are found in:
a) Conditions of use;
b) Maintenance; or
c) Training.

I. Maintenance and Care

1. Cleaning and disinfecting

a) Respirators must be cleaned and disinfected at the following intervals:
(1) Respirators issued for the exclusive use of an employee must be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;
(2) Respirators issued to more than one employee must be cleaned and disinfected before being worn by different individuals;
(3) Respirators maintained for emergency use must be cleaned and disinfected after each use; and
(4) Respirators used in fit testing and training must be cleaned and disinfected after each use.

b) The employee must complete the following cleaning procedures:
(1) Remove filters, cartridges or canisters
Disassemble facepieces by removing speaking diaphragms; and demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

(2) Wash components in warm (43° C or 110° F maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

(3) Rinse components thoroughly in clean, warm (43° C or 110° F maximum), and preferably running, water. Drain the components.

(4) Immerse respirator components when the cleaner used does not contain a disinfecting agent in one of the following solutions:
   (a) Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43° C or 110° F;
   (b) Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 gms ammonium and/or potassium iodine/100 cc of 45% alcohol) to one liter of water at 43° C or 110° F; or
   (c) Other commercially-available cleansers or equivalent disinfectant quality, when used as directed, if use is recommended or approved by the respirator manufacturer.

(5) Rinse components thoroughly in clean, warm (43° C or 110° F maximum), and preferably running, water. Drain components. Detergents or disinfectants that dry on face pieces may result in dermatitis. Some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

(6) Hand dry components with a clean, lint-free cloth or air dry.

(7) Reassemble the facepiece and replace filters, cartridges, and canisters where necessary.

(8) Test the respirator to ensure that all components work properly.

(9) Place the respirator in a clean, dry plastic bag, or other airtight container.

2. Storage

Respirators must be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Respirators must be packed and stored to prevent deformation of the facepiece and exhalation valve.

3. <u>Inspection and Repairs</u>

a) The supervisor must ensure that respirators are properly inspected at all times to ensure proper functioning and adequate protection for employees. All inspection documents must be sent to the facility safety administrator/designee, who retains them according to retention schedules.

b) Designated employees must inspect emergency use respirators, such as the Avon® mask, escape-only respirators, and SCBA, at least monthly. Emergency use respirator inspections must be documented in accordance to OSHA standard 1910.134(h)3(iv), using the Emergency Use Respiration Inspection form (attached), which must be sent to the facility safety administrator/designee, who retains them according to retention schedules..

c) Respirator users must use the following checklist when inspecting respirators for cleanliness and defects:

(1) Facepiece
- (a) Cracks, tears or holes;
- (b) Face mask distortion;
- (c) Cracked or loose lenses or faceshield;

(2) Head straps
- (a) Breaks or tears;
- (b) Broken buckles;

(3) Valves
- (a) Residue or dirt;
- (b) Cracks or tears in valve material;

(4) Filters/cartridges
- (a) Approval designation;
- (b) Gaskets;
- (c) Cracks or dents in housing;
- (d) Proper cartridge for hazard;

(5) Air supply systems
- (a) Breathing air quality/grade;
- (b) Condition of supply hoses;
- (c) Hose connections; and
- (d) Settings on regulators and valves.

d) Respirator users must notify the facility safety administrator/designee in the event that a respirator does not fit or is in need of repair.

e) The facility safety administrator/designee ensures all worn or deteriorated parts are replaced with those recommended by the manufacturer.

f) The manufacturer conducts repairs to regulators or alarms of air supplies or SCBA respirators.

g) Defective respirators

Respirators that are defective or have defective parts must be immediately taken out of service. If, during an inspection, the employee discovers a defect in a respirator, the defect must be brought to the attention of the supervisor. The supervisor gives all defective respirators to the facility safety administrator/designee.

4. Change schedules

a) Protection against particulates

The employee must change the cartridges on the respirator at the first sign of difficulty in breathing (i.e., resistance) while wearing the mask.

b) Gas and vapor cartridges

The employee must change the cartridges on the respirator in accordance with the facility safety administrator's/designee's written determination or as indicated by the respirator's 'end-of-service-life indicator' (ESLI).

J. Training

1. The facility safety administrator/designee must provide training to employees who use respirators and to the supervisors on the contents of this policy and on the OSHA respirator protection standard. Employees who use respirators must be trained prior to using a respirator in the workplace. Supervisors must be trained prior to supervising employees who must wear respirators.

2. The safety administrator/designee must re-train employees annually, when changes in the workplace or the type of respirator(s)render previous training obsolete, when it is observed that an employee has not retained the requisite understanding or skill, and as necessary to ensure safe respirator use. All re-training must be documented and forwarded to the employee development division for recordkeeping purposes.

3. The training course must include the following topics:
   a) The department policy on respiratory protection;
   b) The OSHA respiratory protection standard;
   c) Respiratory hazards encountered in the work areas and the health effects;
   d) Proper selection and use of respirators;
   e) Respirator donning and user fit checks;
   f) Fit testing;
   g) Emergency use procedures;
   h) Cleaning, disinfecting, inspection, repair, maintenance, and storage; and
   i) Medical signs and symptoms limiting effective use of respirators.

INTERNAL CONTROLS:

A. Fit test records and updates are retained by the facility safety administrator.

B. The facility safety administrator/designee retains the list of employees authorized to use a SCBA.

C. Employee development maintains all training records for new and existing employees in the agency-approved electronic training management system.

D. The respirator medical evaluation results are retained by the appropriate human resources office.

E. Emergency Use Respiration Inspection forms and other respirator inspection documents are retained by the facility safety administrators/designees.

F. Facility safety administrators document any respiratory protection deficiencies on the monthly safety/fire/sanitation inspection reports according to DOC Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)."

ACA STANDARDS: None

REFERENCES: Policy 103.016 "Pre-Placement Medical Exam and Evaluation"
Policy 105.113 "Personal Protective Equipment (PPE)"
Policy 105.125 "A Workplace Accident and Injury Reduction Program (AWAIR)"

Policy 105.180, "Tuberculosis Control for Applicants, Employees, Contractors, Volunteers, and Students"
Policy 500.520 “Tuberculosis Prevention and Control for Offenders”
Occupational Safety and Health Administration (OSHA) Standards 1910.134

REPLACES: Policy 105.115, "Respiratory Protection Program,"10/20/15.
All facility policies, memos, or other communications, whether verbal, written or transmitted by electronic means, regarding this topic.

ATTACHMENTS:
Information for Employees Not Required to Wear a Respirator (105.115B)
Respirator Qualification OSHA Questionnaire (105.115C)
Respiratory Fit Test Record (105.115D)
Prepared Text for Fit Testing Talk Exercise (105.115F)
Emergency Use Respirator Inspection (105.115G)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Facility Services