

# **Respiratory Protection Plan for LTC's**

SAMPLE

# Instructions

This template is designed for use by personnel who have been suitably trained and charged with the responsibility of developing and implementing a respiratory protection program (RPP) that addresses exposure to aerosol transmissible disease (ATD) pathogens and other respiratory hazards in LTC work environments. It is designed to be used in conjunction with the “LTC Respiratory Protection Program Toolkit: Resources for Respirator Program Administrators,” which provides detailed instructions and tips for program development specifically in LTCs. Use of this template does not guarantee compliance with OSHA standards, but it is meant to help LTCs fulfill the requirement for a written RPP as one component of a comprehensive program to protect their employees. It is important that you reference [29 CFR 1910.134](#), the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements.

Before considering the use of respirators, keep in mind that you must first implement, where feasible, engineering, work practice and administrative controls as the means to prevent or reduce exposures, and only look at respiratory protection as a last line of defense when exposures cannot be eliminated or substantially reduced in frequency and duration by using these other methods.

As you prepare to develop your program, you must consider whether you will have one comprehensive RPP for the entire LTC, which would cover all inhalation hazards, including infectious agents and chemical exposures, or whether you will have an RPP for chemical exposures and a separate one for exposure to infectious agents. Your decision may depend on the size of your facility and the number of staff with exposure to various inhalation hazards. A single RPP with one program administrator is preferred, to ensure consistency and accountability. However, if two separate RPPs and program administrators exist to cover respirator responsibilities for chemical and infectious exposures, the employer must ensure that overall policies are coordinated, adequate technical expertise is available for each program, and that all aspects of both programs are effectively implemented. Keep in mind that a respirator program encompassing chemical hazards will need to address additional issues beyond solely addressing ATD pathogens.

The OSHA Respiratory Protection standard ([29 CFR 1910.134](#)) requires employers to include certain policies and procedures in their RPP, but there is some flexibility in the content of those policies and procedures. What might work well for one LTC may not work at all for another. For this reason, the template is designed to be flexible and it is made available as an editable Microsoft Word [document](#) that each LTC can customize to meet its specific needs. **Your paramount goal is to develop a site-specific RPP that can be effectively implemented.**

There are places throughout the document where you will need to fill in a blank or change a generic placeholder (such as ABC LTC) to customize it to your facility. These **placeholders and blanks** are always in **{bold curly brackets}**, so that you can find them easily and replace them with the appropriate black text.

Use of this template does not guarantee compliance with OSHA standards, but it is meant to help LTCs fulfill the **requirement for a written respiratory protection program as one component of a comprehensive program to protect their employees**. It is important that you reference 29 CFR 1910.134, the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements. This template is provided for public use and is not protected by copyright. You have permission to edit and use this template as a resource in developing a written respiratory protection program for your facility.

You will also notice text enclosed in ***[bold, italic square brackets]*** in many places throughout the document. This text gives you **instructions, tips, or ideas** for customizing sections that you might want to change. *Make sure to remove the red text in your final document.*

Remember – this template is meant to be used as a helpful guideline for developing your RPP. You may be able to use it with minimal modification, but you will need to change the wording or organization to be specific to your facility and include your site-specific procedures and policies. Make sure that you include each section that is in the template since these components are required by OSHA's Respiratory Protection standard (29 CFR.1910.134).

SAMPLE

# Respiratory Protection Program

**{ABC LTC}**

Updated {LTC Provide Date}

*[We recommend updating the RPP annually or as necessary to reflect changes in workplace conditions that affect respirator use.]*

## Table of Contents

<b>1.0</b>	<b>Purpose and Applicability .....</b>	<b>1</b>
<b>2.0</b>	<b>Responsibilities .....</b>	<b>1</b>
	2.1 Respirator Program Administrator .....	1
	2.2 Supervisors .....	2
	2.3 Employees in the Program .....	2
<b>3.0</b>	<b>Respirator Selection .....</b>	<b>2</b>
	3.1 Hazard Assessment .....	2
	3.2 NIOSH-Certified Equipment .....	3
	3.3 Assignment of Respirators by Task and Location .....	4
	3.4 Updating the Hazard Assessment .....	4
	3.5 Voluntary Use of Respirators .....	4
<b>4.0</b>	<b>Medical Evaluation .....</b>	<b>4</b>
<b>5.0</b>	<b>Fit Testing .....</b>	<b>5</b>
<b>6.0</b>	<b>Training .....</b>	<b>6</b>
<b>7.0</b>	<b>Respirator Use .....</b>	<b>7</b>
<b>8.0</b>	<b>Storage, Reuse, Maintenance and Care of Respirators .....</b>	<b>8</b>
	8.1 Storage and Reuse .....	8
	8.2 Inspection, Maintenance and Repairs .....	8
	8.3 Cleaning and Disinfection .....	9
<b>9.0</b>	<b>Program Evaluation .....</b>	<b>9</b>
<b>10.0</b>	<b>Recordkeeping .....</b>	<b>10</b>
	<b>RPP Appendix A: Respirator Assignments by Task or Location .....</b>	<b>11</b>
	<b>RPP Appendix B: Information for Voluntary Users .....</b>	<b>12</b>
	<b>RPP Appendix C: Medical Clearance Questionnaires .....</b>	<b>13</b>
	<b>RPP Appendix D: Selected Fit Test Protocols .....</b>	<b>20</b>
	<b>RPP Appendix E: User Seal Check Procedures .....</b>	<b>28</b>
	<b>RPP Appendix F: Respirator Cleaning Procedures .....</b>	<b>29</b>

## 1.0 Purpose and Applicability

It is the policy of {ABC LTC} to protect the health and safety of its employees by (1) eliminating hazardous exposures where feasible; (2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and (3) using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated.

The purpose of this respiratory protection program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA's [Respiratory Protection standard \(29 CFR 1910.134\)](#) ***[Note: as the employer, you are ultimately responsible for ensuring that is indeed the case. If applicable, replace references to the Federal OSHA standard with your state standard.]***

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work at {ABC LTC}. It applies to the use of air-purifying and air-supplying respirators, including filtering facepiece respirators. If Self-Contained Breathing Apparatus (SCBA) are to be used, significant additions to this RPP will be necessary to achieve compliance with 29 CFR 1910.134 requirements (see note in section 3.2).

***[Note: You must provide a description of how your facility has decided to handle respiratory protection for healthcare workers who are contractors, nursing registries, and other non-employees. Are contractors held to their own RPP and if so, how? Via contract? How will you ensure the adequacy of their RPP? Will staff from a temporary agency or registry be included with LTC employees in all aspects of the LTC RPP, training, fit testing, etc., or are responsibilities divided in some way? You must have a clear policy that ensures all healthcare workers are adequately protected and describe it in writing.]***

## 2.0 Responsibilities

***[You may choose to assign responsibilities differently than below as long as someone is responsible for each of the components of the program]***

### 2.1 Respirator Program Administrator

***[This should be an individual (either a name or a job title or both) rather than a department or group of administrators, and affected employees need to know who that person is.]*** {XXXXXX,} has been designated as the respirator program administrator (RPA). The RPA has received appropriate training and is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. LTC administration has the ultimate responsibility for all aspects of this program and has given {him/her} full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in the written RPP.

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with OSHA's [Respiratory Protection standard \(29 CFR 1910.134\)](#):

- Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location" in Appendix A of this RPP.
- Coordinate the purchase, maintenance, repair, replacement and monitor respirator maintenance procedures.

- Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
- Provide or arrange for annual training on the use and limitations of respirators.
- Ensure that medical evaluations are provided.
- Ensure that annual respirator fit testing is provided.
- Maintain records of respirator training, medical clearance, and fit testing as required by [29 CFR 1910.134](#) and [29 CFR 1910.1020](#).
- Maintain a copy of this written RPP and program evaluations, and ensure that they are readily accessible to anyone in the program.

## 2.2 Supervisors

Supervisors of employees included in the RPP will:

- Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens, and communicating this information to the RPA.
- Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA. ***[This will be a shared responsibility with the RPA since the supervisor knows the day-to-day jobs/tasks their employees do, but the RPA may have more knowledge about respiratory protection requirements.]***
- Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP. Schedule employees for medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

## 2.3 Employees in the Program

Employees assigned to jobs/tasks requiring the use of a respirator will:

- Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
- Adhere to LTC policies on facial hair and respirator seal protection.
- Attend annual training and respirator fit testing as required in the RPP.
- Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP.

## 3.0 Respirator Selection

***[You may remove any mention of types of respirators that are not used at your facility.]*** 3.1 Hazard Assessment

The RPA will select the types of respirators to be used by LTC staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), and other public health guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants. The hazard assessment will include the following as needed:

- Identification of potential exposures. The most common potential exposure for employees involved in patient care will be pathogens associated with ATDs such as tuberculosis.

Maintenance, housekeeping, laboratory, or other staff may have the potential to be exposed to hazardous gases, vapors or dusts in addition to ASD pathogens.

- A review of work processes to determine levels of potential exposure for all tasks and locations
- Quantification or objective determination of potential exposure levels, where possible. This may not be feasible for ASD pathogens.

### 3.2 NIOSH-Certified Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. The NIOSH Certified Equipment List is found at the following Internet address: [www.cdc.gov/niosh/nppt/topics/respirators/cel](http://www.cdc.gov/niosh/nppt/topics/respirators/cel).

The following definitions apply to equipment that may be issued to employees under this program:

- **Air-purifying respirators (APR)** are respirators with a filter, canister, or cartridge that removes specific air contaminants from the ambient air by passing through an air-purifying element. APRs must have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. These respirators do not supply oxygen and therefore cannot be used to enter an atmosphere that is oxygen-deficient.
  - **Filtering facepiece respirators (FFR)** 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. However, a FFR may be reused by the same user, under some circumstances, as long as the respirator has not been obviously soiled or damaged (See discussion of specific conditions in which FFR reuse may be acceptable in section 8.1). An N95 FFR has a filter efficiency of 95% and is not resistant to oil, while a P100 FFR has a filter efficiency of 99.97% and has a strong resistance to oil. Filters with other combinations of filtration efficiency and oil resistance, "N", "R" or "P", categories are available. [You must provide clear guidance on when FFRs will be discarded. You may allow employees to wear the same FFR while carrying out a number of tasks, requiring it to be discarded after it is removed; or, for infection control reasons, you may want to have employees discard FFRs between patients.]
  - **Half mask elastomeric respirators** are reusable air-purifying respirators that fit over the nose and mouth. They are made of rubber or silicone with attached cartridges or filters for removal of gases, vapors, or dusts.
  - **N95 respirator** is a generally used term for a half mask negative pressure air-purifying respirator with NIOSH-approved N95 filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).
  - **Full facepiece elastomeric respirators** are reusable air-purifying respirators that cover the face from the forehead to the chin. They are made of rubber or silicone with a clear plastic lens and have attached cartridges or filters for removal of gases, vapors, or dusts.
- **Powered air-purifying respirators (PAPR)** are air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator facepiece, helmet, or hood.
- **Air-supplying respirators** (also known as atmosphere-supplying respirators) have a source of breathing air that is independent from the work area and supplied to the wearer's facepiece. These include two main types:

- Supplied-air respirators (SARs) are connected to a free-standing cylinder of breathing air, an air compressor, or a system piping breathing air through the building.
- Self-contained breathing apparatus (SCBA) are usually equipped with a full facepiece and have a tank of breathing air worn on the back of the user, and escape respirators which have a small supply of air designed to last a short period of time to allow the user to leave the hazardous area. Air-supplying respirators will not be used for routine healthcare procedures, but may be used by emergency responders. ***[Note: If this type of respirator is going to be used, significant additions to this RPP will be necessary to achieve compliance with [29 CFR 1910.134](#) requirements relative to air source, etc.]***

### 3.3 Assignment of Respirators by Task and Location

The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the LTC. These assignments are listed in Appendix A of this RPP.

### 3.4 Updating the Hazard Assessment

The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

### 3.5 Voluntary Use of Respirators

***[You may choose whether or not to allow voluntary use. If you do not allow it, you may remove this section of the program]***

When the use of a respirator is not required by a substance-specific OSHA standard, the OSH Act or LTC policies and the RPA has determined that its use is not necessary to protect the health of the employee, an employee may still request to use a respirator voluntarily.

Employees using respirators voluntarily will be provided with the information in [Appendix D to 29 CFR 1910.134](#) (Appendix B of this RPP). If they are using a respirator other than a filtering facepiece respirator, they will also be provided initial medical clearance and required to clean, store, and maintain the respirator as per the requirements of this RPP. Employees who choose to voluntarily use respirators should advise their supervisor of the need to be included in the applicable sections of the respirator program. If approved, the employees using a respirator other than a filtering facepiece respirator are required to attend annual training provided to those in the full respirator program, as 29 CFR 1910.134(k)(1)(v) requires training in the procedures for cleaning, maintenance and storage of the respirator. If employees voluntarily using respirators are aware of a change that warrants review of medical clearance or repeat fit testing, they should bring that to the attention of their supervisor. ***[You may choose to fit test voluntary users, but this is not required. In the LTC setting, most voluntary use is by employees who are already included in the RPP and simply choose to wear the same type of respirator more often than is required. In this case, procedures for voluntary use are not necessary.]***

## 4.0 Medical Evaluation

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Medical evaluations will be performed by a physician or other licensed health care professional (PLHCP) at **{ABC LTC Occupational Health Clinic}**. *[This can be the LTC's occupational employee health service or clinic, or another provider of your choice as long as the evaluations are kept medically confidential, conducted by an individual licensed in your state to perform such evaluations, and are provided at no cost to the employee. To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee's immediate supervisor and others in the employee's direct line of authority.]*

Before being assigned to work in an area where respirators are required, each employee will complete the questionnaire in Appendix C of this RPP and deliver it to **{ABC LTC Occupational Health Clinic}**. *[Any other questionnaire may also be used, as long as it includes the same information as the questionnaire provided in [Appendix C of the OSHA Respiratory Protection standard](#).]* Employees may also speak directly with the PLHCP if they have questions. The PLHCP will be provided with a copy of the RPP, information from the RPA about the type of respiratory protection to be used by employees, duration and frequency of respirator use, expected physical effort, other protective equipment worn, and any expected extremes of temperature or humidity.

The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. The PLHCP may make this determination based on the questionnaire alone, but may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems are necessary. 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 that it may be worn, and the acceptable level of exertion while wearing the respirator. A copy of this written determination shall also be provided by the PLHCP to the employee.

An additional medical evaluation is required when:

- The employee reports medical signs or symptoms that are related to the ability to use a respirator.
- A PLHCP, supervisor, or the RPA requests a reevaluation.
- Observations made during fit testing or program evaluation indicate a need for reevaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

## 5.0 Fit Testing

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by *[Insert who will be doing the fit testing. This may be your employee health or infection control department, a unit supervisor, or an outside consultant. There is no requirement for certification of fit testers but you must be sure that the person doing the fit testing understands and follows the fit test protocol and understands how to train the wearer to don the respirator properly and do a user seal check. At least 15 minutes per*

***person will be needed to show the employee how to put the respirator on, position it, and assess its comfort, perform the user seal check, and complete the fit testing. Providing these instructions during fit testing is considered a review and may not constitute the subject's formal training on respirator use.] {XXXXXXX} with the same make, model, style, and size of respirator to be used. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function.***

All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn. Fit tests will be provided at the time of initial assignment and annually thereafter. Additional fit tests will be provided whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Employees who will be using only a PAPR with loose-fitting facepiece, hood, or helmet do not need to be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting respirator may be assigned a PAPR with a loose-fitting facepiece, hood, or helmet for all tasks requiring a respirator. ***[Insert your policy here. There is flexibility here for you to formulate your own policy regarding facial hair and people who cannot pass a fit test with any of the tight-fitting respirators you have available. Providing a PAPR may be the simplest solution, but one that has other costs. You may require employees to be clean-shaven where the respirator seals to the face, but you must be prepared to enforce that policy. You may also choose to reassign employees who can't wear tight-fitting respirators to areas without exposure.]***

Employees will be offered a selection of several models and sizes of respirators from which they may choose the one that correctly fits and is most acceptable/comfortable.

A qualitative fit test may be used for all wearers of half mask APRs, including filtering facepiece respirators with N95 or P100 filters and elastomeric APRs. The qualitative test will follow the protocol ***{for saccharine or Bitrex® solutions} [choose one and delete the other]*** found in [Appendix A of the OSHA Respiratory Protection standard](#) (29 CFR 1910.134) and in Appendix D of this RPP. Another available test is the quantitative ambient aerosol condensation nuclei counter (CNC) fit testing protocol ***[choose if applicable]*** and can be used to replace the qualitative test ***[If you will be using a quantitative test, indicate the chosen protocol from Appendix A of the OSHA standard here and in Appendix D of this RPP.]***

## **6.0 Training**

Annual respirator training will be provided for all employees covered by this program. The training will be conducted by ***{XXXXXXXXX} [Insert who will be doing training]*** and will include the following:

- The general requirements of the OSHA Respiratory Protection standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.

- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
- The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.

Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.

Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions (see Appendix E of this RPP). ***[Generally, the hands-on training provided during fit testing does not meet the requirements of the standard and a separate training session will be necessary. Appendix E of this RPP currently contains mandatory Appendix B-1 of the Respiratory Protection standard on User Seal Check Procedures. Manufacturers of filtering facepiece respirators often provide their own recommended procedures for user seal checks. You should insert copies of the applicable respirator manufacturers' instructions for user seal checks in Appendix D of the RPP.]***

Employees will be given the opportunity during training, annual retraining and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement. ***[The standard requires that you get feedback from employees when evaluating your program and it makes sense to gather the feedback at the annual training. However, you may choose some other mechanism for obtaining feedback.]***

## 7.0 Respirator Use

Employees will follow procedures for proper use of their respirators under conditions specified by this program and in accord with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in Appendix A of this RPP.

Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good seal. Such conditions may be a beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, piercings, and temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.

Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer's instructions and the training provided at the time of fit testing, each time he or she

puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.

When respirators with cartridges are used, the RPA shall determine a cartridge change schedule, which will be included in Appendix A. Odor or taste may not be used as the primary basis for determining the useful life of a cartridge for gases or vapors. In addition to the manufacturer's recommendations, the [NIOSH Respirator Selection Logic](#) and [Federal OSHA Respirator e-Tool](#) can aid in the development of a change schedule for cartridges. ***[If your facility only has filtering facepiece respirators then you may leave this out.]*** When filtering facepiece respirators are used, respirators should be discarded after each use or sooner if breathing becomes difficult or if the respirator is damaged, soiled or contaminated.

Employees must leave the respirator use area:

- To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
- To wash their face if the respirator is causing discomfort or rash.
- To change the respirator, filters, cartridges, or canister elements.
- To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses).

## 8.0 Storage, Reuse, Maintenance and Care of Respirators

### 8.1 Storage and Reuse

Reusable respirators will be stored in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

When caring for infectious patients, disposable filtering facepiece respirators will be discarded after each use (i.e., patient encounter). It should be noted that Tuberculosis is not transmitted via contact and, therefore, reuse by the same wearer in the care of the same patient is acceptable as long as the filtering facepiece respirator is not damaged or soiled. The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear. ***[The RPA must describe the facility policies regarding when FFRs will be used and discarded. This includes policies pertaining to training and procedures to reduce contact transmission and when reuse of the FFRs by employees are allowed.]*** Disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag labeled with the user's

name, as per your program policy { \_\_\_\_\_ } ***[e.g., in the patient's room, etc.]***

Reusable elastomeric respirators that are assigned to individual users will be cleaned and disinfected/sterilized after use and stored at room temperature in a dry area that is protected from

exposure to hazardous contaminants in { \_\_\_\_\_ } ***[e.g., employee locker, nurses' station, etc.]*** as per the manufacturer's instructions. ***[The respirator has to be kept in a clean environment where it will not be damaged or contaminated].***

PAPRs will be cleaned and stored after use { \_\_\_\_\_ } ***[e.g., in Central Supply, at the nurses' station, etc.]*** and will be provided {to employees upon request for use during aerosol-

**generating procedures being conducted on patients with suspected or confirmed airborne infectious disease or}** for use by individuals who are unable to wear a respirator with a tight-fitting facepiece. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer's instructions ***[Edit this section to describe when PAPRs will be provided in your facility.]***

## **8.2 Inspection, Maintenance and Repairs**

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

- Condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.
- All rubber or plastic parts, for pliability and signs of deterioration.
- PAPR connecting tubes or hoses, air flow, and batteries.

Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to {XXXXXX} ***[specify who]*** for repair, adjustment or disposal.

{XXXXXX} ***[specify who]*** is responsible for charging and maintaining PAPR pumps, filters, and batteries when they are stored or not in use.

Filters on reusable particulate respirators will be changed by the wearer whenever it becomes difficult to breathe. ***[Note: If you include the use of respirators with chemical cartridges in this RPP, you will need to add language about the schedule for changing cartridges and process of removal, cleaning/disinfection/sterilization, and storage.]***

***For respirators maintained for emergency use, {XXXXXXX} [specify who] must:***

- ***Keep respirators accessible to the work area.***
- ***Store respirators in such a manner as to be clearly marked for emergency use.***
- ***Store respirators in accordance with any applicable manufacturer instructions.***
- ***Inspect respirators at least monthly and in accordance with the manufacturer's recommendations.***
- ***Check for proper function before and after each use.***
- ***Certify the respirator with documentation of date of inspection, inspector name/signature, findings, remedial action taken if necessary, and serial number.***
- ***Provide certification information on a tag or label kept with the respirator or included in inspection reports stored as paper or electronic files.***

## **8.3 Cleaning and Disinfection**

Reusable respirators will be cleaned with mild soap and warm water and air dried before storing in a plastic bag for reuse, as described in Appendix F of this RPP (which is mandatory [Appendix B-2 of the Respiratory Protection standard](#) ***[Note: If the manufacturer of your PAPRs has additional instructions for cleaning/disinfection/sterilization procedures, you should also include them here].***

Reusable respirators issued for the exclusive use of an employee will be cleaned and disinfected **(by the user)** ***[change this if your facility has a procedure for centralized respirator cleaning]*** as often as necessary to maintain a sanitary condition.

Reusable respirators used in fit testing and training will be cleaned and disinfected after each use.

## 9.0 Program Evaluation

The RPA will conduct a periodic evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done

( \_\_\_\_\_ ) *[How often? Some recommend at least annually, but the requirement is “as necessary.” State your procedure here.]*

Program evaluation will include, but is not limited to: ***[Program evaluation is required by the standard, but there are no rules regarding how you will evaluate, so you may choose alternatives to what is described below.]***

- A review of the written program.
- Completion of a program evaluation checklist based on observations of workplace practices.
- A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session. ***[Add other program evaluation methods if used at your facility]***

The RPP will be revised as necessary and records of revisions will be kept on file with the written program. Any procedural changes that are implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

## 10.0 Recordkeeping

The RPA will ensure that the following records are maintained:

- Personnel medical records such as medical clearance to wear a respirator shall be retained by {XXXXXXXXX} ***[specify who and where stored]*** as part of a confidential medical record. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard ([29 CFR 1910.1020](#)), and maintained for a minimum of thirty (30) years after an employee’s separation or termination.
- Documentation of training and fit testing will be kept by {XXXXXXXXX} ***[specify who and where stored]*** until the next training or fit test.
- A copy of this RPP and records of program evaluations and revisions shall be kept by {XXXXXXXXX} ***[specify who and where stored]*** and made available to all affected employees, their representatives, and representatives of OSHA upon request.

**RPP Appendix A: Respirator Assignments by Task or Location**  
***[Adapt as needed for tasks and exposures in your facility]***

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
<p>Performing aerosol-generating procedures on patients suspected or confirmed with a disease requiring Airborne Precautions or present when such procedures are performed <i>[see <a href="#">HICPAC 2007</a> or other public health guidance for lists of diseases]</i>, including:</p> <p><b>{Sputum induction}</b></p> <p><b>{Bronchoscopy}</b></p> <p><b>{Aerosolized administration of medications}</b></p> <p><b>{Pulmonary function testing}</b></p> <p><b>{Other clinical procedures that may aerosolize}</b></p>	Infectious aerosols	<p>N95 respirator or a more protective respirator (such as a PAPR)</p> <p><b><i>[Note: your facility may choose to specify PAPR use (more protective than an N95 respirator) for aerosol-generating procedures on a patient with a disease requiring Airborne Precautions]</i></b></p>	<b><i>[Specify type of personnel, e.g., by job title (all rows)]</i></b>
Performing aerosol-generating procedures on patients suspected or confirmed with influenza cases or present during such procedures.	Infectious aerosols	N95 respirator or a more protective respirator (such as a PAPR)	
Entry into airborne infection isolation room or other area occupied by patients suspected or confirmed with a disease requiring Airborne Precautions.	Infectious aerosols	N95 respirator or a more protective respirator (such as a PAPR)	
Performing, or present during, routine patient care and support operations on a patient suspected or confirmed with a disease requiring Airborne Precautions.	Infectious aerosols	N95 respirator or a more protective respirator (such as a PAPR)	
Cleaning/decontaminating an area occupied by a patient suspected or confirmed with a disease requiring Airborne Precautions, or cleaning/decontaminating such an area after a patient has left but before the space has been adequately ventilated.	Infectious aerosols	N95 respirator or a more protective respirator (such as a PAPR)	
Laboratory operations involving aerosol transmissible disease pathogens <i>[see <a href="#">HICPAC 2007</a> or other public health guidance]</i> for which the biosafety plan requires respiratory protection <i>[List specific operations here and/or in your facility's biosafety plan]</i>	Infectious aerosols	As specified in biosafety plan	
<b><i>[List any other exposures and job tasks for which your facility has determined the use of respiratory protection is required; you may go beyond OSHA requirements]</i></b>	<b><i>[Specify]</i></b>	<b><i>[Specify according to your facility's policy]</i></b>	

**RPP Appendix B: Information for Voluntary Users**

**Appendix D to Sec. 1910.134: (Mandatory) Information for Employees**  
**Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

## **RPP Appendix C: Medical Clearance Questionnaires**

### **OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC>

## **RPP Appendix D: Selected Fit Test Protocols**

*[The protocols for qualitative fit testing with saccharin and Bitrex®, and the quantitative fit testing using the ambient aerosol condensation nuclei counter (CNC) protocol are included. Edit this section to include the specific fit test protocols from Appendix A of the OSHA standard that will be used at your facility.]*

*[NOTE: It is understood that most, if not all, will be performing Qualitative Fit Testing, Regardless of which one cite the kit/device manufacturers instructions here]*

## **RPP Appendix E: User Seal Check Procedures**

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB1>

<https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf>

## **RPP Appendix F: Respirator Cleaning Procedures**

*[Insert the manufacturers "Instructions For Use" here and follow those recommendations]*