Table of Contents

I. Purpose and Regulatory Background

The purpose of the Respirator Protection Program (RPP) is to ensure that all employees of the Indiana Department of Health (IDOH) are protected from exposure to respiratory hazards and that the IDOH are in compliance with 29 CFR§1910.134(c). Engineering controls, such as ventilation and substitution of less toxic materials, are used where feasible; however, engineering controls are not always completely effective in controlling the identified airborne hazards. In these situations, respirators, and other types of personal protective equipment must be used. Respirators are also needed to protect the health of staff during emergencies. It is IDOH policy that use of PPE, including respirators, will be enforced, and failure to comply may result in disciplinary action, up to and including termination for serious or repeated infractions.

Regulatory code 29 CFR §1910.134 applies to all respirators use in general industry and construction workplaces. The standard applies when (1) employees are required to wear respirators to protect themselves from exposure to air contaminants above a specific exposure limit, (2) if the employer requires respirators to be worn, or (3) if respirators are otherwise necessary to protect employee health. The standard affirms the longstanding policy of the Occupational Health and Safety Administration (OSHA) that personal protective equipment (PPE) -- in this instance, respirators -- be the last line of defense when engineering and work practice controls are inadequate to reduce employee exposure, or during the development and installation of other controls.

II. Scope and Application

The IDOH has determined some employees are exposed to respiratory hazards during routine operations. This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as clean-up of spills of hazardous substances. Employees participating in this program do so at no cost to them; the expense associated with training, medical evaluations and equipment are to be paid by the IDOH.

III. Acronyms

1. IDOH - Indiana Department of Health
2. ISO - IDOH Safety Officer

3. NIOSH - National Institute of Occupational Safety and Health
4. OSHA -Occupational Safety & Health Administration
5. PAPR - Powered Air Purifying Respirator
6. PLHCP - Physician or other licensed health care professional
7. PPE - Personal Protective Equipment

IV. Responsibilities

A. Program Administration

The area supervisors, ISO and Fit Test Provider are responsible for administering the respiratory protection program.

1. ISO duties include:
    a. Work with the supervisor and fit test provider to ensure training and testing requirements are met.
    b. Administering the medical surveillance program.
    c. Maintaining required program records.
    d. Evaluating the respiratory protection program.
    e. Updating the written program, as necessary.
2. Supervisor/Manager
    a. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their work areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge.
    b. Supervisors are required to:
        i. Identify work areas, processes, or tasks which require workers to wear respirators and evaluate the associated hazards.
        ii. Train employee in the respiratory hazards to which they are potentially exposed during routine and emergency situations. In addition, train employee on where respirator use is not required.
        iii. Arrange for and ensure employees under their supervision (including new hires) have received appropriate training, fit testing, and medical evaluation as required by OSHA.
        iv. Select appropriate NIOSH approved respiratory protection options.
        v. Ensure the availability of appropriate respirators and accessories.
        vi. Monitor respirators use to ensure that respirators are used in accordance with their certifications.
        vii. Ensure reusable respirators are properly cleaned, maintained, and stored in accordance with the program.
        viii. Ensure proper storage and maintenance of respiratory protection equipment.

ix. Monitor work areas and operations with sufficient frequency to identify respiratory hazards and select proper equipment.

x. Coordinate with the ISO on how to address respiratory hazards or other concerns regarding the program.

2. Fit Test Provider

a. Perform the fit test.

b. Provide education and training on how to don and doff the respirator.

3. Employee

a. Each employee must wear his or her respirator when and where required and in the way they were trained. Employees also are required to:

i. Be familiar with this program.

ii. Complete OSHA medical questionnaire, submit questionnaire for PLHCP review and provide documentation of clearance to wear a respirator at time of fit test.

iii. Care for and maintain the respirators as instructed, and store in a clean sanitary location.

iv. Inform the supervisor if the respirator no longer fits well and request a new one that fits properly.

v. Inform the supervisor of changes in physical status which may affect their ability to be cleared for fit testing.

vi. Inform the supervisor of any potential respiratory hazards or other concerns regarding the program.

V. Program Elements

A. Selection Procedures

The supervisor/ISO selects the respirators to be used, based on the hazards employees encounter and in accordance with all OSHA standards.

B. Medical Evaluation

Employees required to wear respirators must pass a medical questionnaire, and if required, an examination before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until they are medically approved to do so. Employees refusing the medical evaluation are not permitted to work in an area requiring respirator use. The medical evaluation is conducted using a questionnaire provided by the current SPD approved occupational health center.

C. Physician or other PLHCP.

1. Medical evaluation procedures are as follows:

a. All examinations and questionnaires are to remain confidential between the employee and the PLHCP.

b. All employees to be fit test are provided a copy of the OSHA medical questionnaire to complete. The completed document is sent to the PLHCP by the employee.

c. The questionnaire is completed confidentially during the employee's work shift.

d. To the extent feasible, the IDOH accommodates employees who are unable to read the questionnaire. Someone other than the employer, at the employee's request, may be asked to assist in reading the document. If this is not possible, the employee will be sent to the PLHCP for a medical evaluation.

e. Follow-up medical exams are granted to employees as required by the standard, and/or as deemed necessary by the PLHCP.

f. All employees are provided the opportunity to speak with the PLHCP about their medical evaluation, if requested.

g. Any employee required to wear a PAPR must be cleared to wear a respirator by the PLHCP and is provided a powered air purifying respirator device.

2. After an employee has received approval and started to use a respirator, additional medical evaluation is provided if:

   a. The employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.

   b. The employee/supervisor informs the ISO of a need for reevaluation.

   c. Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.

   d. A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.

3. A PLHCP evaluates the information found in the medical evaluation. The PLHCP, prior to making a determination for fitness of duty, is provided vital information for respirator usage. This includes the type and weight of the respirator, duration, and frequency of use, expected work effort, additional personal protective clothing/equipment to be used and estimated temperature and humidity extremes that may be encountered. If an employee responds positively to any of questions in the questionnaire, or if the PLHCP upon initial review of the questionnaire deems it necessary, a follow-up medical examination is provided. This follow-up exam includes any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination for safe respirator usage. All examinations are to remain confidential between the employee and the physician. The employee will be provided the physician's written recommendations. The ISO will retain the physician's written recommendations regarding each employee's ability to wear a respirator.

4. Fit Testing

   a. Fit testing is required annually for employees wearing respirators with a negative or positive pressure tight-fitting facepiece. The fit test is conducted prior to the employee being required to use the respirator and uses the same make, model, style, and size of respirator to be used on the job. The IDOH may use a qualitative fit test (QLFT) or a quantitative fit testing (QNFT) approach.

b. Fit testing is conducted:

i. Prior to initial use of the respirator.

ii. If a different respirator facepiece (size, style, model or make) is used.

iii. On an annual basis.

iv. If the employee, employer, PLHCP, supervisor or ISO makes a visual observation of changes in the employee's physical condition that would affect respirator fit. (This might include facial hair, facial scarring, dental changes, cosmetic surgery, or a drastic change in weight.)

v. If an employee passes either test, but notifies the employer that the fit is unacceptable, the employee should select a different respirator and is retested.

D. Respirator Use

1. Employees use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each model. In addition, the respirator shall not be used in a manner for which it is not certified by the NIOSH or by its manufacturer. Each time a respirator is put on, employees must conduct a positive and negative pressure user seal check. Additional personal protective equipment, combined with respirator use, may be necessary to adequately prevent exposure. Use of eye, face or skin protection may be required in certain processes.
2. Tight fitting facepiece respirators are not permitted for use if:
   a. An employee has facial hair that interferes with the sealing surface of the respirator and the face or interferes with the valve function.
   b. Corrective glasses/goggles or other PPE interferes with the seal of the facepiece.
   c. Any other condition interferes with the facepiece seal.
   d. The employee must vacate the respirator use area.
   e. To wash face and respirator facepieces is necessary to prevent respirator induced eye or skin irritation.
   f. If vapor or gas breakthrough is detected.
   g. If there is a change in breathing resistance.
   h. If there is facepiece leakage.
3. If any of the above conditions are caused by a failure of the respirator or any of its components, or if cartridges or filters need to be changed, the IDOH provides replacement parts or repairs the respirator prior to allowing the employee to return to the respirator use area.

E. Cleaning, Maintenance and Storage

1. Respirators are to be regularly cleaned and disinfected in accordance with the manufacturer's instructions.

2. For PAPR disinfection under normal use, unless the manufacturer directs otherwise, wipe the clear face shield with disinfectant wipes (70% isopropyl alcohol) after each use.
3. The supervisor ensures an adequate supply of the appropriate cleaning and disinfection supplies. If supplies are low, employees should notify the supervisor.
4. Respirators are to be properly maintained to ensure that they function properly and can adequately provide protection to the employee.
5. Maintenance involves a thorough visual inspection for cleanliness and/or defects.
6. Worn or deteriorated parts must be replaced prior to use. No components are replaced, or repairs made beyond those recommended by the manufacturer.
7. Regulator or alarm repair of atmosphere-supplying respirators are conducted by the manufacturer.
8. The following list is used when inspecting respirators:
    a. Facepiece: cracks, tears, or holes, facemask distortion, cracked or loose lenses/face shield
    b. Head straps: breaks or tears, broken buckles/clasps, overstretched elastic bands
    c. Valves: residue or dirt, cracks or tears in valve material, absence of valve flap
    d. Filter/Cartridges: proper cartridge for hazard, approval designation, intact gaskets, cracks, or dents in housing
    e. Air Supply Systems: breathing air quality/grade, condition of supply hoses, hose connections, settings on regulators and valves
9. Respirators that are defective or have defective parts are taken out of service immediately. If an employee discovers a defect in a respirator during an inspection, the employee shall bring the defect to the attention of the supervisor. The supervisor coordinates repair or replacement of all defective respirators.
10. The appropriate person then decides whether to:
    a. Temporarily take the respirator out of service until it can be repaired.
    b. Repair the respirator; or
    c. Dispose of the respirator due to a defect or irreparable problem.
11. Employees are permitted to leave their work area to perform limited maintenance on their respirator in an area free from respiratory hazards. Situations when this is permitted include: face or respirator washing to prevent skin/eye irritation; replacement of filter, cartridge, or canister; leakage is detected in the facepiece; vapor or gas breakthrough is detected; or detection of any damage to the respirator or its components.
12. When a respirator is taken out of service, it is tagged as such to prevent accidental use of a malfunctioning device. All defective respirators are stored separately from functional respirators.

13. PAPR are stored in a clean, dry area and in accordance with the manufacturer's recommendations. Each employee cleans and inspects their respirator in accordance with the provisions of this program. PAPR will be connected to a charger following use. A supply of respirators and replacement components will be stored in the original manufacturer's packaging.

F. Training

1. Employees are provided training on the contents of this respiratory protection program, their responsibilities under it, and the OSHA respiratory protection standard, 29 CFR1910.134. Employees are trained prior to using respirators in the workplace. Responsible supervisor(s) are trained prior to using a respirator in the workplace or prior to supervising employees required to use respirators.
2. The overall program covers the following topics:
    a. The IDOH respiratory protection program.
    b. The OSHA respiratory protection standard.
    c. The respiratory hazards encountered at the worksite.
    d. The proper selection and use of respirators.
    e. Additional personal protective equipment.
    f. Respirator limitations.
    g. How to put-on, perform user seal (fit) checks and remove mask.
    h. Fit testing.
    i. Emergency use procedures.
    j. Respirator maintenance if applicable and storage.
3. Employees are retrained annually, or as needed (i.e., relocation to another department using a different type of respirator). Employees are required to demonstrate their understanding of the topics covered in the training through hands-on exercises and a written quiz. A respirator fit test is documented by the fit tester. The documentation includes the type, model, and size of respirator for which each employee has been trained and fit tested.

G. Program Evaluation

The supervisor conducts periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations include regular consultations with employees who use respirators for recommendations of improvement or problematic issues. Records reviews, site inspections and periodic air monitoring may also be used to assist in program review.

VI. Documentation and Recordkeeping

A. A written copy of this program and the OSHA standard is available to employees. Training records and fit test records are maintained by the supervisor and ISO. The records are updated as new employees are trained, when existing employees receive refresher training, and/or new fit testing is conducted.

B. Medical evaluations are maintained in accordance with the OSHA medical records standard 29 CFR1910.1020. The PLHCP's written recommendations regarding the employee's ability to use a respirator are maintained by the employee and ISO.

VII. Reference

OSHA Respiratory Protection Program (RPP) requirements: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134