# Written Respiratory Protection Program

**[Enter Your Company Name Here]**

**[Enter Date Here]**

**Template provided by:**

**Multnomah County Health Department**

NOTICE: This document is designed to aid in meeting the minimum requirements for a written respiratory protection program. Employers are not required to use this exact format when establishing a respiratory protection program. To ensure compliance with 1019.134 and Oregon OSHA, an employer may use this or an alternative format that will satisfy requirements of the standard. An organization’s Respiratory Protection Program needs to be adapted to the facility’s needs. All templates can be modified or duplicated. The use of this document is not a substitute for reading the full standard.

## Purpose

It is the policy of **[enter your company name here]** to provide employees with a safe and healthy work environment. The guidance in our Respiratory Protection Plan is designed to reduce employee exposure to infectious air contaminants encountered in the healthcare setting during care and contact with individuals with known or suspected COVID-19 and is expected to provide protection from other airborne respiratory hazards.

We work to:

* + 1. Eliminate hazardous exposures where possible
    2. Minimize hazardous exposures where the cannot be eliminated
    3. Use appropriate respiratory protection and other personal protective equipment (PPE) when the frequency and duration of exposures cannot be substantially reduced or eliminated.

Employees who voluntarily wear an N95 filtering facepiece respirator (FFR) when not required for routine duties will not be subject to medical clearance and fit testing. Those employees will be provided with the information provided in OSHA 1910.134 [Appendix D](#_heading=h.j5bu9u4hej23).

Instructions provided by the manufacturers of respirators our employees use will be incorporated as part of our written program. Employee training will include reference to these instructions where appropriate.

## Respiratory Program Administrator

Our facility’s Respiratory Program Administrator is: [**Enter Name Here**]

Duties and responsibilities of the Respiratory Protection Program Administrator include:

* The development and implementation of facility’s Respiratory Protection Program
* Conducting a workplace evaluation for respiratory hazards
* Selection of respirators and monitoring and maintaining respiratory protection inventory
* Overseeing training on respiratory protection for healthcare workers
* Overseeing employee medical clearance to wear respirators
* Overseeing respirator fit testing
* Ensuring that correct use, storage, and replacement of respirators is monitored
* Evaluating the Respiratory Protection Program regularly (at least yearly and when changes occur) to ensure that procedures and staff protection are maintained
* Maintaining Respiratory Protection Program records including documentation, medical clearance, and fit testing

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Review and revise annually or when changes to the Respiratory Protection Program or Respiratory Program Administrator assignment have changed. Respiratory Program Administrator Responsibilities may be designated to others, but responsibility for all aspects of the Respiratory Protection Program should be clearly assigned.

## Hazard Assessment

An evaluation of our job tasks and activities revealed that participation in the following could present a ‘high’ or ‘extremely high’ risk for COVID-19 transmission based on CDC guidance. Individuals performing these tasks will be included in our Respiratory Protection Program.

* Entering the rooms or care environment of a person with suspected or confirmed COVID-19, an airborne transmissible illness.
* Environmental decontamination services that are required to wear an N95.
* Resident/client/patient care involving suctioning, providing nebulized medications, putting on or removing CPAP or BiPAP machines, or other procedures that may generate aerosols.
* Personal care service (bathing, changing, transporting, turning, feeding) of residents suspected or confirmed to have COVID-19.
* Transporting or escorting individuals with airborne transmissible illness such as COVID-19.
* [**Other – enter activity description**]

## Respirators Used in Our Facility

We have selected the following NIOSH certified N95 respirators for use at our facility.

* Flat fold Mask

Manufacturer \_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Cone Mask

Manufacturer \_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Duckbill

Manufacturer \_\_\_\_\_\_\_\_\_\_\_\_  Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Note***: If identified hazards include any of the following, additional respiratory protection could be indicated. For exposure to non-infectious contaminants such as heavy metals, asbestos, fumes, vapors, solvents, pesticides, please consult with OR OSHA for additional guidance.*

**SUPPLY OF PPE**

We will adhere to [CDC’s Optimizing Personal Protective Equipment (PPE) Supplies](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

Our process for monitoring current N95 respirator stock:

Our process for re-ordering supplies:

Additional procedures for ensuring an adequate supply of N95 respirators:

## Medical Evaluations

Employees are not permitted to wear respirators (except for voluntary use of N95 FFRs) until a physician or other licensed healthcare professional has determined that they are medically able to do so.

The medical questionnaire and examinations will be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee.

* **Option 1: Local Medical Evaluations**

Our facility uses a local provider for medical evaluations. The Oregon OSHA Respiratory Medical Evaluation Questionnaire for medical screening is utilized.

A printable copy of the Oregon OSHA Respiratory Medical Evaluation form can be found at:

**English**: <https://osha.oregon.gov/OSHAPubs/pubform/medical-eval-english.pdf>

**Spanish**: <https://osha.oregon.gov/OSHAPubs/pubform/div2-med-eval-spanish.pdf>

Medical evaluations will be conducted using the questionnaire provided. The Respiratory Program Administrator will provide a copy of this medical questionnaire to all employees requiring medical evaluations. A Spanish language version is provided and wherever possible, we assist employees who are unable to read the questionnaire. When not feasible, the employee will be sent directly to the provider for medical evaluation. To support medical confidentiality, employees will be provided a stamped and addressed envelope to send directly to the medical evaluator.

Medical evaluations will be completed by:

**Name of Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Contact Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employees will be:

* Permitted to complete the questionnaire during normal work hours
* Granted follow-up medical exams as required by the Respiratory Protection standard or as indicated by the Medical Evaluations Provider.
* Provided an opportunity to speak with the Medical Evaluations Provider about their medical evaluation if requested.
* **Option 2: Online Vendor Medical Evaluations**

Our organization uses an online vendor for medical clearance to use a respirator.   The respiratory program administrator will ensure employees are provided opportunity and resources for completing the confidential medical evaluation.

Medical evaluations will be completed by:

**Name of Online Vendor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employees will be:

* Permitted to complete the questionnaire during normal work hours
* Granted follow-up medical exams as required by the Respiratory Protection standard or as indicated by the Medical Evaluations Provider.
* Provided an opportunity to speak with the Medical Evaluations Provider about their medical evaluation if requested.

## Fit Testing

Our employees that are required to wear N95 respirators must pass an initial fit-test before using their respirators. Employees are fit tested for the same make, size, and model mask that they will wear.

Fit testing will be repeated each year.  In addition, a new fit test procedure is performed when a new model, make or size of respirator is used, or if the shape or size of the worker’s face has changed significantly (such as with surgery or significant weight gain or loss).

The presence of facial hair (beard, mustache, or stubble) that could interfere with the fit of the mask on the face is not allowed during fit testing or N95 use. Employees undergoing fit testing are provided a copy of the [*Respirator (N95) Fit Test Record*](#_heading=h.1ci93xb) for completion during the fit-testing process.

Once completed, the employee’s Respirator (N95) Fit Test Record will be kept at [**enter designated document storage location**] for recordkeeping purposes.

After completing and passing fit-testing, the employee will be trained on proper use of the respirator and provided ongoing supply as needed.

## Respirator Use

Employees using N95 respirators will follow procedures for use included in the Respiratory Protection Program. This includes:

* Completing necessary steps for medical evaluation and fit-testing
* Using N95 respirators when caring for those individuals known or suspected of having COVID-19.
* Identifying respirator defects and notifying the Respiratory Program Administrator so that appropriate follow-up can be made
* Changing respirators if they become wet, heavily contaminated, misshapen or otherwise damaged
* Using and maintaining respirators according to manufacturer recommendations
* Performing a seal check each time the mask is donned
* Maintaining facial hair or any other item (other PPE, jewelry, prescription eyewear) so that it is not between the user’s face and the sealing surface of the mask
* Removing respirators when they are outside of the contaminated room or environment
* Practicing proper doffing and disposal of used respirator

## Training

The program administrator will ensure training is provided to respirator users and supervisors. Employees must be trained before using a respirator and retrained annually or whenever they change jobs or use a different respirator. Supervisors must be trained before using a respirator or supervising employees who wear respirators.

Training will cover the following topics:

• This respiratory protection program

• The Oregon OSHA respiratory protection standard, 1910.134

• Respiratory hazards and their health effects

• Selection and use of respirators

• Limitations of respirators

• How to put on respirators and perform user seal checks

• Fit testing

• Emergency procedures

• Maintenance and storage

• Medical signs and symptoms that limit the use of respirators

## Program Maintenance and Evaluation

The Respiratory Program Administrator will conduct periodic evaluations of the care environment to ensure that all aspects of the Respiratory Protection Program are implemented. The review will include discussions with respirator users, supervisors, and HVAC systems managers. Records will be reviewed including medical evaluation and fit testing forms.

Respiratory Protection Program review will include at least the following:

* Asking staff about respirator fit, ease of use, and comfort
* Reviewing the appropriateness of respirators for hazards identified in the facility
* Proper N95 respirator use, maintenance, and disposal

# Customizable Forms

## Respirator Fit test Record for

## N95 Filtering Facepiece Respirator

**[Enter Your Company Name Here]**

\*Note: An approved medical evaluation must be completed before fit-testing

Date: \_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Fit Testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the fit testing method used:   Qualitative Quantitative

BitrexTM  Saccharine Other \_\_\_\_\_\_\_\_

This employee was medically cleared for filtering facepiece respirator use.

* Yes
* No – if no, do not proceed with fit testing

This employee is clean shaven and without facial hair or stubble in the mask-to-face seal area.

* Yes
* No – if no, do not proceed with fit testing

The employee was shown how to properly put on, perform a seal check, and remove the respirator and able to demonstrate this correctly.

* Yes
* No – if no, do not proceed with fit testing

Respirators tested include:

|  |  |  |  |
| --- | --- | --- | --- |
| **N95 Manufacturer and Model and NIOSH #** | **Size** | **Pass** | **Fail** |
|  |  |  |  |
|  |  |  |  |

Signature of Fit Tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

## Respirator Training Record

**[Enter Your Company Name Here]**

Employee Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have been trained in the use of N95 filtering facepiece respirators and that training included:

* Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
* What the limitations and capabilities of the respirator are;
* How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
* How to inspect, put on and remove, use, and check the seals of the respirator;
* What the procedures are for maintenance and storage of the respirator;
* How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
* The general requirements of the respiratory protection standard.
* Identifying my organization’s Respiratory Program Administrator (RPA)
* Where to find our company’s written Respiratory Protection Plan

I am confident to use my N95 respirator. If I have difficulties with my N95 or have other issues around its use, or if I believe I need additional training, I will contact my supervisor or Respiratory Program Administrator for assistance.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## OSHA Appendix D

## *(This content on this page should not be altered. OSHA Appendix D must be given to employees who voluntarily use an N95 when it is not required for protection.)*

**Appendix D to § 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 respirators 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 designed 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.

[63 FR 1270, Jan. 8, 1998; 63 FR 20098, 20099, Apr. 23, 1998]

Stat. Auth.: ORS 654.025(2) and 656.726(3).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 3-1998, f. 7/7/98, ef. 7/7/98.