**Respiratory Protection Program**

**\*Insert name of facility here\***

****

**Created by:**

**Beth Schubert BSN RN PCCN
253-292-1604**

**(Excerpts from OSHA/Cal used with permission)**

***DELETE THIS ENTIRE PAGE BEFORE SAVING YOUR POLICY***

**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 aerosol transmissible diseases/pathogens (ATDs) and airborne hazardous materials in community care environments. It is designed to be used in conjunction with “Implementing Respiratory Protection Programs: Strategies from the Field,” which provides detailed instructions and tips for program development, specifically in facilities. Use of this template does not guarantee compliance with OSHA standards but is meant to help care facilities fulfill the requirement for a written RPP as one component of a comprehensive program to protect their employees. It is important that you reference your states laws and OSHA requirements for specific policies required for your facility.

Before considering use of a respirator, keep in mind that you must always first implement, where feasible, means to prevent or reduce exposures, and look on respiratory protection as your last and least preferred means of exposure control.

The Respiratory Protection Standard requires employers to include certain policies and procedures in their RPP, but there is some flexibility in the specifics of those policies and procedures. What might work well for one facility 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 facility can customize to meet their specific needs. **Your paramount goal is to develop a site-specific and effectively implemented RPP.**

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

You will also notice red text enclosed in brackets in many places throughout the document. The red 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 however it is most helpful to you. You may want to use it almost exactly as it is written, or you may want to change the wording or organization for a more customized final product. The main thing is to make sure that you include each section that is in the template since each of these components is required by the OSHA Respiratory Protection and ATD Standard.

**Respiratory Protection Program**

**ABC Facility**

**Updated 9/1/2022**

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

**Table of Contents**

**1.0 Purpose and Applicability 1**

**2.0 Responsibilities 1**

2.1 Respirator Program Administrator (RPA) 1

 2.2 Supervisors 2

 2.3 Employees in the Program 2

**3.0 Respirator Selection 3**

3.1 Hazard Assessment 3

 3.2 NIOSH Certified Equipment 3

 3.3 Assignment of Respirators by Task and Location 3

 3.4 Updating the Hazard Assessment 5

 3.5 Voluntary Use of Respirators 5

**4.0 Medical Evaluation 6**

**5.0 Fit Testing 7**

**6.0 Training 8**

**7.0 Respirator Use 9**

**8.0 Storage, Maintenance, and Care of Respirators 10**

8.1 Storage 10

 8.2 Inspection, Maintenance, and Repairs 10

 8.3 Cleaning and Disinfection 11

**9.0 Program Evaluation 11**

**10.0 Recordkeeping 12**

**RPP Appendix A: Respirator Assignments by Task/Location 13**

**Appendix B: (Mandatory) Information for Employees Using Respirators 15**

**RPP Appendix C: Fit Testing Procedures 16**

**RPP Appendix D: User Seal Check Procedures 23**

**RPP Appendix E: WAC 296.842 Link 23**

**1.0 Purpose and Applicability**

It is the policy of **ABC Facility** to protect the health and safety of its employees by 1) eliminating hazardous exposures where possible; and 2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated. In some cases, however, such controls will not reduce exposures to safe levels and the use of respiratory protection may be required.

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 for use of respiratory protection **[Note: as the employer, you are ultimately responsible for ensuring that is indeed the case]**. For health care facilities, the pertinent OSHA regulations include Respiratory protection [1910.134](https://www.osha.gov/laws-regs/interlinking/standards/1910.134) and [COVID MEMO](https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under)

This program applies to all employees and contractors who may need to wear respiratory protection due to the nature of their work at **ABC Facility**. It applies to the use of all respirators including filtering facepiece (disposable) respirators.

**[Note: You must provide a description of how your facility has determined to handle respiratory protection for contractors, nursing registries, and other non-employees. Are contractors held to their own RPP and how so via contract? Will staffing from a temp agency or registry be included with facility employees in all aspects of the facility RPP, training, fit testing, etc., or are responsibilities divided in some way? You must have a clear policy on this and describe it in writing.]**

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

2.1 Respirator Program Administrator (RPA)

**Pat Smith, Health and Safety Officer,** **[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.]** has been designated as the 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 for it to be effective. Upper management has 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 a hazard assessment for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures in the written RPP.

Specifically, the RPA will:

* Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with exposure and record that information in the “Recommended Equipment Use Chart” in Appendix A of this RPP.
* Develop and monitor respirator maintenance procedures.
* Coordinate purchase, maintenance, repair, and replacement of respirators.
* Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
* Provide or arrange for annual training in the use and limitations of respirators in accordance with 8 CCR Section 5144.
* Provide or arrange for annual respirator fit testing in accordance with 8 CCR Section 5144.
* Maintain records of respirator training, medical clearance, and fit testing as required by 8 CCR Sections 5144 and 3204.
* Maintain a copy of this written RPP and program evaluations, and ensure that they are readily accessible to anyone in the program.
* Review the written RPP at least annually to ensure compliance with 8 CCR Section 5144.

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 chemical exposures and/or aerosol transmissible diseases (ATDs), 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 job 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. They will schedule employees for medical evaluations, training, and fit testing and ensure that they can 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 required questionnaire for medical clearance and participate in a medical examination if necessary.
* Adhere to facility policy on facial hair.
* Attend annual training and respirator fit testing as required in the RPP.
* Use, maintain, and dispose of respirators properly in accordance with training and the procedures in the RPP.

**3.0 Respirator Selection [If your program is only applicable to employees using N95s and/or PAPRs for exposure to ATDs, you may remove any mention of other types of respirators.]**

3.1 Hazard assessment

The RPA will select the types of respirators to be used by facility staff based on the hazards to which employees may be exposed and in accordance with all OSHA regulations and CDC and/or CDPH guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area where there are 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 ATDs such as COVID-19, tuberculosis or pandemic influenza. Maintenance and housekeeping staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATDs.
* A review of work processes to determine which tasks and locations have potential exposures.
* Relative to chemical exposures, quantification, or objective determination of potential exposure levels where possible. This will not be done for ATDs.

3.2 NIOSH Certified Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the environment in which it is going to be used. You can consult the [NIOSH Certified Equipment list](http://www.cdc.gov/niosh/npptl/topics/respirators/cel/cel.html) (http://www.cdc.gov/niosh/npptl/topics/respirators/cel/cel.html) to see what equipment is approved.

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

* **Filtering facepiece respirator (N95 or P100 for ATDs)** is a particulate air-purifying respirator in which the entire facepiece is composed of the filtering medium. These respirators are disposable and designed for a single use. An N95 has a filter efficiency of 95%, while a P100 has a filter efficiency of 99.9% as well as a greater resistance to oil. Other “N”, “R” or “P” categories are available for particulate exposures other than ATDs.

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 facility. 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 anticipates a new exposure. Any employee who believes that respiratory protection is needed during any activity must contact their 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 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 standard or facility policies and the RPA has determined that its use is not necessary to protect the health of the employee, an employee may still request and use a respirator voluntarily.

Employees using respirators voluntarily will be provided with the information in Appendix D to 8 CCR Section 5144 (Appendix B of this RPP). If they are using a respirator other than an N95, they will also be provided initial medical clearance and required to clean, store and maintain them per the requirements of this respirator program. **[You may choose to train and fit test voluntary users, but this is not required. In the facility setting, most voluntary use is by employees who are already included in the respiratory protection program and simply choose to wear a respirator more than is required. In this case, procedures for voluntary use are not necessary.]**

Employees must have the approval of their supervisor to be in the voluntary respirator program, because of the program cost for the initial services. These employees are welcome to attend annual training provided to those in the full respirator program, but it will not be scheduled specifically to accommodate them. If they 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.

### 4.0 [Medical Evaluation](#Medical)

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 and clearances will be performed by a physician or other licensed health care provider (PLHCP) at **Secure Alliance PS**.

Before being assigned to work in an area where respirators are required, each employee will complete one of the questionnaires in Appendix C of this RPP and turn it in to **Secure Alliance PS.**

Employees may also speak directly with the PLHCP if they have questions. The PLHCP will be provided information 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 clearance letter, 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 or the duration that it may be worn. 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 requests re-evaluation.
* Observations made during fit testing and/or program evaluation indicate a need for re-evaluation (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](#Industrial) Testing

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with hood or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by **Secure Alliance PS, Tacoma WA** with the same make, model, style, and size of respirator to be used. Employees with facial hair that interferes with the facepiece-to-face seal will not be fit tested and will not be allowed to wear a respirator with a tight-fitting facepiece.

All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed. 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 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 will be used for all wearers of half-face APRs, including N95 and/or P100 filtering facepiece respirators as well as half-face, reusable APRs. The qualitative test will follow the protocol for saccharine found in Appendix A of the OSHA Respiratory Protection Standard (8 CCR Section 5144) and in Appendix D of this RPP.

### 6.0 [Training](#Training)

Annual respirator training will be provided for all employees covered by this program. The training will be conducted by **Secure Alliance PS, Tacoma WA** and will include the following:

* The general requirements of the OSHA Respiratory Protection Standard.
* The specific circumstances under which respirators are to be used.
* Why the respirator is necessary and how proper fit, usage, or maintenance can ensure the protective effect of the respirator.
* The limitations and capabilities of the respirators that will be used.
* How to effectively use the respirators.
* How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95s).
* 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 to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous 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/she has not retained the requisite understanding or skill.

The employee will also receive additional training during the fit testing procedure that will provide him/her an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air for a long familiarity period, 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).

Employees will be given the opportunity during training to provide feedback on the effectiveness of the program and any suggestions they have for improvement.

### 7.0 [Respirator Use](#Industrial)

Employees will use their respirators under conditions specified by this program and in accordance 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 face seal. Such conditions may be a growth of beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, and sometimes 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 policies pertaining to ensuring the safe use of respirators. To assure proper protection, the wearer will perform a user seal check in accordance with manufacturer’s instructions and the training provided at the time of fit testing, each time he/she puts on the respirator. Employees who wear corrective glasses or other personal protective equipment must be sure that such equipment is worn in a manner that does not interfere with the facepiece seal.

When reusable respirators and cartridges are used, the RPA shall determine a cartridge change schedule, which will be included in Appendix A. **[If your facility only has N95s, you may leave this out.]** When filtering facepiece respirators are used, respirators will be discarded according to CDC standards for extended use of N95 Respirators.

Employees may leave the work area to change or adjust their respirator for the following reasons:

* To adjust their respirator if the respirator is impeding their ability to work.
* To wash their face if the respirator is causing discomfort or rash.
* To change filters or cartridges, replace parts, or to inspect the respirator if it stops functioning as intended, or if there is a noticeable increased resistance to breathing.

### 8.0 Storage, [Maintenance](#Maintenance), and Care of Respirators

### 8.1 [Storage](#Storage)

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

Filtering facepiece respirators that will be used in patient care areas will be stored **\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [e.g., *on carts outside patient rooms, at the nurses’ station, etc*.].** These will be discarded after each use.

Reusable respirators that are assigned to individual users will be stored in a **zip-lock plastic bag labeled with the user’s name** **[You may use another storage method such as a plastic container, but the respirator has to be kept in a clean environment where it will not be damaged or contaminated.]** in **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[e.g., employee locker, nurses’ station, etc.]**.

### 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 **XXXXXXX [specify who]** for repair, adjustment, or disposal.

**XXXXXXX [specify who]** is responsible for charging and maintaining PAPR pumps 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.]**

### 8.3 [Cleaning and Disinfection](#Clean)

Reusable respirators will be cleaned with mild soap and water and air dried before storing in 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 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 by the employee conducting the fit testing or training.

### 9.0 Program Evaluation

The RPA will conduct a periodic evaluation of the RPP to ensure that all aspects of the program adhere to the requirements of the OSHA Respiratory Protection Standard and that it is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [How often? We recommend at least annually, but the requirement is “as necessary.” State your procedure here.]**

Program evaluation will include: **[Program evaluation is required by the standard, but there are no rules regarding how you will evaluate, so you may choose an alternative method than 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 fit, use, and maintenance issues) that will be collected at the annual training session.

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](#Dry)

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 and made available in accordance with the OSHA Access to Medical Records Standard (8 CCR Section 3204), for a minimum of thirty (30) years after an employee’s separation or termination. (This is provided by the provider who sees your employee prior to their fit testing.)
* 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 made available to all affected employees, their representatives, and representatives of the Chief of the Division of Occupational Safety and Health (OSHA) upon request.

**WAC 296-842-12010
Keep respirator program records.**

(1) A written copy of the current respirator program must be kept by the employer.

(2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include:

 (a) Employee name;

 (b) Test date;

 (c) Type of fit-test performed;

 (d) Description (type, manufacturer, model, style, and size) of the respirator tested;

 (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test.

(3) Keep training records that include employees’ names and the dates trained.

(4) Keep written recommendations from the LHCP. Reference: See chapter 296-802 WAC, Employee medical and exposure records, for additional requirements that apply to medical records.

(5) You must allow affected employees and their representatives to examine and copy records required by this section.

[Statutory Authority: RCW 49.17.010, .040, .050, and .060. 17-18-075 (Order 16-17), § 296-842-12010, filed 09/05/2017, effective 10/06/2017. Statutory Authority: RCW 49.17.050. 09-19-119 (Order 09-02), § 296-842-12010, filed 09/22/09, effective 12/01/09. Statutory Authority: RCW 49.17.010, .040, .050, and .060. 07-05-072 (Order 06-39), § 296-842-12010, filed 02/20/07, effective 04/01/07. Statutory Authority: RCW 49.17.010, .040, .050, and .060. 03-20-114 (Order 02-12), § 296-842-12010, filed 10/01/03, effective 01/01/04.]

**RPP Appendix A: Respirator Assignments by Task/Location**

**(Specifies minimum level of respiratory protection required)**

**[Adapt as needed for tasks and exposures in your facility by deleting any section that does not pertain to your facility.]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task/Location** | **Potential Exposure** | **Respirator****Type** | **Employees Included** |
| Performing high hazard procedures on cases with confirmed or suspected *airborneinfectious disease (AirID*)or present when such procedures are including:**Sputum induction****Bronchoscopy****Aerosolized admin of meds****Pulmonary function testing****Other clinical procedures****that may aerosolize** **infectious agents**  | Infectious aerosols | N95 | **[Specify type ofpersonnel, e.g.by job title (all rows)]** |
| Performing high hazard procedures on confirmed or **suspected influenza or** **COVID-19** cases or present during such procedures | Infectious aerosols | N95  |  |
| Entry into airborne infection isolation room or other area occupied by confirmed or suspected case of AirID | Infectious aerosols | N95 |  |
| Performing patient care or present during performance of procedures on an AirID confirmed or suspected case | Infectious aerosols | N95 |  |
| Cleaning/decontaminating area occupied byAirID confirmed or suspected case, or after patient has left if space has not yet been adequately ventilated | Infectious aerosols | N95 |  |

#### Appendix B : (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

##### [Guide to Respiratory Protection at Work](http://www.dir.ca.gov/dosh/dosh_publications/respiratory.pdf)

Respirators are an effective method of protection against designated hazards when carefully 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 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: Fit Test Protocol**

#### Fit Testing Procedures (Mandatory)

**Part I. OSHA-Accepted Fit Test Protocols**

**A. Fit Testing Procedures--General Requirements**. The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT. The Secure Alliance PS Questionnaire is located on their website [www.secureallianceps.com](http://www.secureallianceps.com) under services.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown 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. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator.

(a) Position of the mask on the nose

(b) Room for eye protection

(c) Room to talk

(d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

(a) Chin properly placed;

(b) Adequate strap tension, not overly tightened;

(c) Fit across nose bridge;

(d) Respirator of proper size to span distance from nose to chin;

(e) Tendency of respirator to slip;

(f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which would interfere with respirator fit.

14. Test Exercises.

(a) The following test exercises are to be performed for all fit testing methods prescribed in this appendix, except for the CNP method. A separate fit testing exercise regimen is contained in the CNP protocol. The test subject shall perform exercises, in the test environment, in the following manner:

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

(6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)

(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

**3. Saccharin Solution Aerosol Protocol**. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a sweet taste.

(4) Using an Inhalation Medication Nebulizer, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

Note to subsection 3. (a): If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall get thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except for plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).

(4) A second Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 ml of warm water.

(6) As before, the test subject shall breathe through the slightly open mouth with the tongue extended, and report if he/she tastes the sweet taste of saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10, or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed. (11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

**4. Saccharin Solution Aerosol Qualitative Fit Test Protocol.** The Saccharin solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Saccharin is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening. The Saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Saccharin.

will take note of the number of squeezes required to solicit a taste response.

(11) If the Saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste Saccharin and may not perform the Saccharin fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(1(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts #14 and #15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Saccharin to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Saccharin can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Saccharin is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Saccharin is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor 3) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall not be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Saccharin to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Saccharin is detected. If the test subject does not report tasting the Saccharin, the test is passed.

(11) If the taste of Saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried, and the entire test procedure is repeated (taste threshold screening and fit testing).

**RPP Appendix D: User Seal Check Procedures**

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks.

A. Positive pressure check. Close off 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 wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the 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 can be performed by covering the inlet opening of the cartridge with a thin latex or 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.

II. 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 employer demonstrates that the manufacturer's procedures are equally effective.

All guidelines were taken from WAC 296-842 as it pertains to use of N95 respirators in residential care facilities. LAST UPDATED: 10/12/2021
<https://www.lni.wa.gov/safety-health/safety-rules/chapter-pdfs/WAC296-842.pdf>