

LBCC RESPIRATORY PROTECTION PROGRAM

A. INTRODUCTION:

In accordance with OSHA Personal Protective Equipment (OSHA 1910.132) & Respiratory Protection code (OSHA 1910.134), the following program establishes policies and procedures for the effective use of respirators to protect LBCC employees, students, and volunteers from harmful airborne contaminant exposures. These procedures are mandatory.

Purpose

The purpose of this respiratory protection program is to:

1. Eliminate or reduce employee, student, and volunteer occupational exposure to harmful airborne contaminants;
2. Comply with OSHA Personal Protective Equipment (OSHA 1910.132) & Respiratory Protection code (OSHA 1910.134, found in OR-OSHA's Division 2/I).

Scope

This plan covers all employees, students, and volunteers who perform tasks in air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, and vapors. These areas include, but are not limited to, the following: Ceramics, certain building mechanical areas/spaces.

For student safety and health, these standards and procedures, including medical screening, may also be incorporated into the curriculum of students who are potential employees or independent contractors working in fields where the above standard could be applied. These academic programs may include, but are not limited to the following: Ceramics, Nursing, Water/Wastewater Technology, and Welding.

B. DEFINITIONS

Air purifying - Air purifying respirators use chemical or mechanical filter cartridges to clean the contaminated air before it is breathed in by the wearer.

Air supplying - Air supplying respirators provide the wearer with uncontaminated breathing air, by use of an air compressor, tank, or cylinder.

Canister or cartridge - A container worn on the respirator which contains a filter, sorbent or catalyst or a combination which removes specific contaminants from the air drawn through it.

Facepiece - The main part of the respirator which fits tightly on the face and includes the headband, exhalation and inhalation valves and connection place for the canister or cartridges.

High efficiency particulate air filter (HEPA) - This is a type of filter that removes from the breathing air, 99.97% or more particles 0.3 micrometers in size or larger. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100 and P100 filters.

NIOSH - The National Institute of Occupational Safety and Health is a Federal Agency who conducts research and tests certain types of safety equipment, including respirators.

C. GENERAL RESPONSIBILITIES

1. **Safety & Loss Prevention Director** is responsible for the following:
 - Ensure the respiratory protection program is implemented in every appropriate program or activity
 - Ensure employees are trained on the use of respiratory protection
 - Conduct, assign a qualified designee, or see that a qualified outside consultant provide employee training
 - Oversee respirator fit testing
 - Serve as the college's Program Administrator
 - Maintain the respiratory protection written program
 - Perform evaluation of the program.

2. **Employees, students, and volunteers** are responsible for the following:
 - Must follow all safety procedures as outlined in this program, OSHA rules, and manufacturer's recommendations in regards to respiratory protection
 - Obtain medical clearance
 - Inspect their equipment prior to use each day to ensure that the equipment is functional
 - Report any problems found with the equipment to the employee's supervisor or the student's or volunteer's instructional program staff
 - Immediately leave the area and replace the respirator if:
 - Breathing becomes difficult
 - Dizziness or other distress occurs (See your supervisor or instructor immediately)
 - You sense irritation, smell or taste contaminants
 - The respirator becomes damaged.

3. **Supervisors** are responsible for the following:
 - Ensure the respiratory protection program is implemented
 - Ensure affected staff are trained on the use of respiratory protection
 - Serve as the department's Program Administrator
 - Maintain training and fit-testing records for employees who have received medical approval for wearing a respirator.
 - Assist Safety & Loss Prevention Director with evaluation of the program.

4. **Division or Center Directors or their designees** are responsible for the following:
 - Ensure the respiratory protection program is implemented
 - Ensure students and volunteers are trained on the use of respiratory protection
 - Conduct or see that a qualified outside consultant provide student/volunteer training and respirator fit testing
 - Serve as the department's Program Administrator
 - Maintain medical approvals, training, and fit testing records for participating students and volunteers

- Inform the Safety & Loss Prevention Director of names and contact information of “Designees”
- Assist the Safety & Loss Prevention Director with evaluation of the program.

D. SELECTION OF RESPIRATORS:

1. **Types of respirators:** The following table outlines the respirator selection.

Work Condition	Assigned Employees	Contaminant	Type of Respirator
Glaze mixing	Ceramics staff	Particulate	½ or full
Pesticide application	Grounds' staff	Poison	½ or full
Nursing	Nursing staff	Airborne disease	Filtering face-piece
Non-Mandatory Respirator Selection			
Grinding, cleaning	College wide	Particulate	Disposable NIOSH 95
Grounds work	Grounds' staff	Dust, allergens	Disposable NIOSH 95

*Particle filters will meet N,R,P 95%, 99%, or 99.7% for dust only. If oil mists are present such as saw lubricants, cutting fluids or glycerin-based liquids then only P filter may be used.

*HEPA is high efficient particle air filter (99.97%).

Only National Institute of Occupational Safety and Health (NIOSH) approved respirators have been selected for usage. These respirators have been chosen based on the type of hazard and needed level of protection. Different sizes and styles of respirators are available.

The specific selection will be based on the fit testing protocols to determine the best style for each employee to ensure proper fit and comfort.

2. Life Span Of A Respirator

The use life of each respirator or cartridges will vary depending on the job duties and actual time in use. Each respirator will have some limitations, thus the manufacturer's instructions and recommendations must be referred to. Air purifying respirators (disposable mask, half or full-facepiece cartridge respirators) **cannot be used in confined spaces where the environment may have less than 19.5% oxygen or in hazardous chemical operations when the exposure levels are unknown.**

a. Self-Contained Breathing Apparatus (SCBAs):

These respirators are for use during an immediately dangerous situation to life and health (IDLH). LBCC does not have Self-Contained Breathing Apparatus.

b. Chemical Canister/Cartridge Respirators:

These respirators are vapor and gas-removing, using a cartridge attached to the facepiece containing chemicals to trap or react with specific vapors or gases, and remove them from the air breathed.

Since there is no easy method to determine service-life the best policy is to replace the respirator or cartridge when:

- Concentration mathematical model provides recommended end of service time.
- It becomes hard to breathe through.
- The cartridge or respirator is damaged.

Note: Relying on detection by smell or taste is no longer acceptable practice. (Example: paint.) If the person can smell or taste it, they have already been exposed and that is no longer a service life criteria. It is, however, a criteria for immediately exiting the area. (See page I-22 of the rule, (d)(3)(iii)(B)(2).)

The specific use time will be provided to each chemical cartridge user based on calculation of estimated use time. This information will be specific to a job or operation. Your Supervisor or Instructor will provide specific information but a general policy on use time of respirators is:

Chemical Canister: *The canister should be changed at least every six months or sooner if “use indicator” shows the filtering capacity is used up.*

HEPA Cartridge: *The HEPA cartridges should be changed whenever the operator notes any additional breathing resistance or if the filtering media becomes wet.*

Ceramics: *Replace after mixing 10-15 batches of glazes.*

Non-mandatory Dust Mask: *Dust masks should be changed whenever the wearer notes any additional breathing resistance and should be disposed of after each wearing or if it becomes wet.*

There are a **number of limitations** in the use of chemical cartridge respirators, which are important. These include:

- ✓ They do not supply oxygen and thus cannot be worn in oxygen-deficient atmospheres.
- ✓ These respirators are designed for protection against specific gases or vapors. Thus users must take care that the proper cartridge is selected.
- ✓ These cartridges can only be used for protection against contaminants with good warning properties (smell, taste, and irritation).
- ✓ The cartridges are not approved for high concentrations of the contaminant.
- ✓ Respirators must be protected from the atmosphere while in storage because they tend to pick up water vapor from the air which reduces service life.

c. Respirators for Particulate Exposures

1. FILTER NOTATION:

The service life of filters in all three of the approval categories of filter efficiency degradation (N, R, and P series) is limited by considerations of hygiene, damage, and breathing resistance. All filters should be replaced whenever they are damaged, soiled, become wet, or causing noticeably increased breathing resistance (e.g. causing discomfort to the wearer).

R (for **R**esistant to oil) and P (for oil **P**roof) series filters can be used for protection against oil or non-oil aerosols. N (for **N**ot resistant to oil) series filter should be used only for non-oil aerosols. LBCC respirator users will use only N and P filters.

2. FILTER EFFICIENCIES

Each of the filter series (N, R and P) have three filter efficiencies that can be selected. These are based on how efficient the filter is with particles down to 0.3 microns. They can be 95%, 99%, and 99.97% (labeled 100% and commonly called HEPA filters). For general wood dust and dust exposures 95% is effective. For paint spray mists the 99% filter with chemical cartridge are effective. For highly toxic dusts such as asbestos, lead, and silica the 99.97% (HEPA) filters are to be used.

Dust masks also are available in each of these filter types and efficiencies.

3. APPROVAL NOTATION

Each respirator container for particle exposure protection now has a new TC (testing & certification) number. The label will read TC-84A-00X. The 84A notes that this is a particulate filter that does not have any approval for use in atmospheres containing less than 19.5% oxygen. Additional limitations are provided on the label that the user needs to understand.

4. FILTER REPLACEMENT TIME:

If the environment has high dust exposure (loading 200 mg) through the day's use then all the filters need to be replaced after 8 hours or less usage.

Ceramics program: Replace after mixing 10-15 batches of glazes.

If the R-series are used with oil exposures they need to be replaced after 8 hours of service time. P-series is limited only by the hygiene, damage, and breathing resistance if the exposures are not high.

5. SUMMARY OF MAJOR LIMITATIONS:

- ✓ Mechanical filters do not provided oxygen, so they must not be used in oxygen-deficient atmosphere.
- ✓ They provide no protection against gases or vapors
- ✓ There is a pressure drop through the filter medium; therefore, there is some breathing resistance.

d. Protection Factors:

The issue as to what level of protection from a contaminant can be achieved by a particular type of respirator has been established by general guidelines established by NIOSH (National Institute of Occupational Safety and Health). Employees are required to use respirators with the appropriate protection factors. Protection factor is a numerical number based on the ability of a respirator to maintain exposure levels below the permissible exposure limits.

In general a dust mask is approved for 5 times the OSHA permissible exposure limit, and a half-facepiece is approved for 10 times the limits.

The use life of each respirator or cartridges will vary depending on the job duties and actual time in use. Each respirator will have some limitations, thus the manufacturer's instructions and recommendations must be reviewed. Air purifying respirators (disposable dust mask, half or full facepiece cartridge respirators) cannot be used in confined spaces where the environment may have less than 19.5% oxygen.

E. USE AND AVAILABILITY OF RESPIRATORS

1. Each employee, student, and volunteer required to wear a respirator shall wear an approved and selected respirator, properly fitted, at all times while performing the hazardous work task.
2. If a respirator wearer notices any of the following, they are to immediately leave the area, report to supervisor or instructor, and replace the respirator if:
 - Breathing becomes difficult;
 - Dizziness or other distress occurs (See your supervisor or instructor immediately);
 - You sense irritation, smell or taste contaminants;
 - The respirator becomes damaged.
3. Each employee required to wear a respirator shall be provided a respirator with proper replacement parts, cartridges and filters, and cleaning materials as appropriate. The Division or Center Director is responsible to ensure that employees are provided respirators in compliance with this policy. Each student and volunteer required to wear a respirator shall purchase his/her own respirator with proper replacement parts, cartridges and filter, and cleaning materials. Appropriate NIOSH-certified disposable respirators may be used in place of a respirator with replacement parts.
4. The disposable respirators (filtering facepieces or dust masks) are to be used for low level dust exposures and **may** be used for non-mandatory (voluntary) functions. Employees, students, and volunteers need approval to use these respirators to ensure that they have received proper training and understand the maintenance and use of the dust mask. **Medical screening is not required for voluntary wearing of dust masks / filtering facepieces. Filtering facepiece respirators must be fit tested if their use is required, i.e. protection from airborne disease.**

5. Disposable respirators (non-cartridge, single-use nuisance respirators / filtering facepieces) for Ceramics glaze mixing are available from the Benton Center Bookstore, or from Norwest Safety in Eugene (1-800-248-2520), Lab Safety Supply (labsafety.com or 1-800-356-0783), Northern Safety Co. (northernsafety.com or 1-888-201-6074), and many other safety suppliers. These respirators are for single use and should be worn for the observing of glaze mixing.

F. MEDICAL EVALUATION FOR RESPIRATOR ASSIGNMENT

1. Purpose of Medical Evaluations

Using a respirator may place a physiological burden on an individual that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the individual. Therefore, medical evaluations are required for all LBCC employees, students and volunteers who wear a respirator for College activities or instructional programs. These medical evaluations determine the individual's medical and physical ability to wear and use a respirator, and **must** be conducted prior to the employee, student or volunteer being fit-tested or using the respirator on the job or in class.

- a) A follow-up medical examination may be required and will be provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix B in the OSHA standard or whose initial medical examination demonstrates the need for a follow-up medical examination.
- b) A follow-up medical examination is required for students and volunteers who give a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix B in the OSHA standard or whose initial medical examination demonstrates the need for a follow-up medical examination.
- c) The follow-up medical examination will include any medical tests, consultations, or diagnostic procedures that the physician deems necessary to make a final determination.

*OSHA applies this standard if the air contaminant level or conditions could result in overexposures to the permissible exposure limit or if the worker voluntarily wears the respirator. **The voluntary use of a dust mask does not require medical evaluation, but does require basic information about the respirator to be provided.** (See Voluntary Respirator User Information on page 19 or OSHA's Appendix D.)*

2. Medical Certification

Medical certification of an employee, student, and volunteer is required for respirator use by OSHA Safety and Health rule 1910.134. The purpose of a medical evaluation is twofold:

- To determine if an individual is medically fit to wear a respirator.
- To determine if an individual needs work restrictions, given the job that he or she is required to do.

Note: Job descriptions or job capacity evaluations need to be available to the physician or licensed health care professional (PLHCP) doing the evaluation in addition to the type and weight of respirator, duration and frequency of respirator use, expected work effort. (See rule on page I-25.)

3. Administration of the Medical Questionnaire and Examinations

a) **Employees**

Completion of the medical questionnaire and any needed examinations will be administered confidentially during the employee's normal working hours. LBCC has contracts with Corvallis Clinic Occupational Medicine in Corvallis and Albany to provide this service. The LBCC supervisor must contact Kathy Withrow in the LBCC Human Resources office, 541-917-4426, before the employee may call to make the appointment.

Employees will have the opportunity to discuss the questionnaire and examination results with the physician or licensed health care professional (LHCP).

Employees cannot participate in the task requiring the respirator until the medical screening, medical approval, and the fit-testing have taken place.

b) **Students and Volunteers**

Students and volunteers will be medically screened by an occupational medicine provider of their own choosing. Regular medical providers are usually not familiar with the screening requirements and will refer patients to Occupational Medicine providers. Occupational Medicine providers can be found in the yellow pages of your telephone book under "Physicians – Occupational Medicine." Cost of the medical screening (currently about \$30-50) is the responsibility of the student or volunteer.

The questionnaires can usually be completed at the Occupational Medicine provider's office at the time of payment. The questionnaire should be completed and submitted to your occupational medicine provider by the end of the second week of term. Results should be mailed to the student/volunteer at home within a week. The Student or volunteer should present the medical professional's letter of "Recommendations for Respirator Use" to their instructor by the end of the second week of term to be cleared for full participation in class activities.

Students who are required to drop from the program due to medical reasons (such as medical inability to wear a respirator) would be entitled to a tuition refund. The Registrar will require proof of medical condition if this is beyond the regular "Last Day to Drop Classes."

4. Additional Medical Evaluations

Additional medical evaluations will be provided to employees, and required of students and volunteers under the following conditions:

- a) An individual reports medical signs or symptoms that are related to their ability to use a respirator;
- b) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be re-evaluated or informs the student / volunteer that the individual needs to be re-evaluated;
- c) Information from the respiratory protection program, including observations made during fit testing and program evaluation, that indicates a need for individual re-evaluation; or
- d) A change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on an individual.
- e) Students and volunteers are responsible for any additional medical screening costs.

5. Retention of Medical Records

a) **Employees**

Preservation of medical records of employees is required to be followed per OSHA 1910.1020 (d) Access to Employee Exposure and Medical Records. This requires that the records be retained for 30 years beyond employment duration. The medical records are kept by the evaluating physician and the medical clearance form is kept in a confidential medical file in the Human Resources office.

b) **Students and Volunteers**

Student and volunteer medical records are kept by the evaluating physician and the medical clearance form is the personal property of the individual. However, the program coordinator of the instructional program requiring respirator use will need to make a copy of the medical clearance form. The medical clearance form will be maintained in confidential class records for a period of **three (3) years**.

G. Training of Employees, Students & Volunteers

Each mandatory respirator wearer will receive initial and annual training. Each non-mandatory respirator wearer will receive information about the respirator in terms of protection limits, how to wear and when to dispose of the mask or change cartridges. The non-mandatory respiratory users will also be provided the basic information on respirators found in Appendix D of the OSHA Code 1910.134.

The mandatory wear training includes the following training topics:

1. Contents of the written program and where it is located;
2. Respiratory hazards to which they are potentially exposed;
3. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

4. How to don and doff the respirator;
5. Respirator use and limitations;
6. Cleaning, maintenance, and storage;
7. How to recognize medical signs and symptoms that limit effective use of a respirator;
8. How to inspect a respirator;
9. User seal check (positive and negative pressure check).

Online training is available for employees by accessing the course title from the Safety Training Matrix found at <https://www.linnbenton.edu/faculty-and-staff/college-services/public-safety-emergency-planning-ehs/safety-training/>

Written training materials are available from the Safety & Loss Prevention Director on LBCC's main campus (RCH 121B), at the Benton Center Administration office (BC-126), and from the program coordinator of the involved instructional program. Each user must understand and apply the contents of this respirator program to the daily use, care, and storage of the equipment.

Training records will be kept on file by the supervisor or program coordinator of the instructional program and available for individual inspection upon request. All employee records regarding hazard communication and respirator training shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration upon request. All employee records relating to 29 CFR 1910.134 shall be made available to the employee in accordance with 29 CFR 1910.134. Training records shall be maintained for five years from date of training.

If LBCC is closed and there is no successor employer to receive and retain these records for the prescribed period, the Director of OR-OSHA shall be contacted for final disposition.

The following information shall be documented:

- a. The dates of the training sessions;
- b. The names and department of person/s attending the training session.

H. Fitting Of Respirators

Respirator fit is extremely important. Respirator fit testing is used to test how well the tight fitting respirator face piece seals against the face. If there is not a good face-to-facepiece seal, the contaminants may pass around the facepiece and be breathed into the lungs.

It is important to realize that not everyone can wear a respirator. OSHA specifically states that you should not wear a respirator if:

- ✓ You wear glasses that break the skin-to-mask seal
(Inserts are available. See Safety Coordinator for more information.)
- ✓ You have facial hair passing between the sealing surface of the respirator and the face
(Even one day's growth can interfere with a good seal.)
- ✓ You are unable to get an adequate fit on a respirator
- ✓ Your PLHCP finds you unfit medically to wear the respirator

The wearer must be fit-tested with the same make, model, style, and size respirator that will be used prior to initial use of the respirator and at least annually thereafter during their time at LBCC. Fit-testing cannot be done if facial hair is present at the sealing surface of the respirator and the face.

Respirator fit testing may be done using two basic methods: qualitative or quantitative fit testing. Most employers use qualitative methods since quantitative procedures may be expensive and require complicated equipment. Currently only certain rules require quantitative fit test which include lead and asbestos regulations once exposure levels reach a certain exposure level.

User Seal Check (Positive and Negative Pressure Check) (See rule on page I-28.)

Each time a respirator is put on, and prior to the qualitative fit testing procedures, the wearer should conduct a positive and a negative pressure test to ensure that the respirator is seated correctly against the face.

The **negative pressure test** is performed on any respirator with a tight fitting facepiece. For cartridge respirators, the test consists of covering the air inlet lightly and inhaling, then holding the breath for a few seconds. The common leak areas are around the nose and chin.

The **positive pressure test** is performed on respirators with tight fitting facepieces and both inhalation and exhalation valves. It is done by blocking the exhalation valve and exhaling lightly. Again, air leakage can be felt if a leak is evident.

If such leaks are found, the respirator should be adjusted and retested. If a fit cannot be achieved, then a different size or style face piece needs to be fitted.

Qualitative Fit Testing

The following test protocol will be used for fit-testing all types of respirators and uses test agents.

1. **Saccharin Solution Aerosol Protocol:**

Saccharin solution can be used to test for half or full face air purifying respirators. The respirators must be equipped with cartridge filters (for example: N-95) before starting the test.

The entire screening and testing procedure shall be explained to the test subject prior to conducting the screening test. 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. If the individual cannot detect saccharin's taste without the respirator, another fit test method shall be used.

2. **Banana Oil (isoamyl acetate) Test:**

Air purifying respirators must be equipped with organic vapor or pesticide cartridges for this test. The test chemical smells like ripe bananas. The test consists of administering the chemical and having the respirator wearer determine whether or not s/he can smell the odor of bananas.

The banana oil test has certain disadvantages. Some individuals cannot smell the banana oil, so you need to test the individual after you have performed the fit test to ensure that they can indeed detect the odor. Also, if an individual smells higher concentrations of the banana oil, they can develop odor fatigue and upon immediate retesting, may not be able to detect the material.

3. Irritant Smoke Test:

Smoke tubes (stannic chloride smoke tubes) used to test ventilation systems can also be used as an effective chemical to test a respirator wearer's fit. This test can be used for half or full face air purifying respirators. The respirators must be equipped with high efficiency (HEPA) cartridge filters before starting the test.

Since the chemical used to produce the smoke is irritating to the eyes and mucous membranes, additional care must be taken in conducting this type of fit test. Eyewear is needed; goggles will be provided. Smoke tubes are available from safety equipment supply stores.

PRIOR TO FIT-TESTING, AN INDIVIDUAL MUST PASS THE MEDICAL EVALUATION!

Proper fitting of respirators is essential if individuals are to receive the necessary protection from the airborne contaminant hazards. Air, which passes around the face piece of the respirator, rather than through it, is not being filtered. In order to ensure that a good face seal can be achieved, the respirator needs to be carefully fitted.

Fit-test Protocol

The following protocol will be followed to fit the wearer initially and then again each time the respirator is used:

1. The respirator straps must be worn in the correct place. Adjust the head bands until they are tight yet comfortable.
2. To adjust the face piece properly, simply position the chin firmly in the chin cup and manually shift the face piece until the most comfortable position is located. Make the final adjustments on the headbands and do not break the nose seal.
3. A user seal check (positive and negative pressure check) needs to be performed every time a respirator is worn.

The *negative pressure test* is performed on a half or full face piece respirator designed for filters or chemical cartridges (as explained in User Seal Check – pg. 11).

The *positive pressure test* is performed by blocking the exhalation valve and exhaling lightly.

If a fit cannot be achieved, then a different size or style face piece needs to be fitted.

I. Maintenance of Respirators

Respirator Cleaning

Respirators are to be cleaned after each day's use and disinfected with alcohol preps and placed dry in a clean container or plastic bag for storage. More thorough cleaning is needed for dirty respirators or shared respirators, which involves performing the following procedure:

1. Remove the cartridges or filters from the face piece. The filters and cartridges must not be washed. Respirators used in environments with high concentrations of air contaminants may need to have the cartridge changed daily or more frequently.
2. Immerse the respirator face piece in a warm water solution of commercial disinfectant liquid. The respirator should be scrubbed gently with a cloth or soft brush. Make sure that all foreign material is removed from all the surfaces of the rubber exhalation valve and plastic exhalation valve seats and face seal.

NOTE: The inhalation and exhalation valves, and valve cover will be replaced during the quarterly cleaning.

3. After washing and disinfecting the respirator, rinse in clean warm water and allow the respirator to dry before storing.
4. After the respirator is dry, store it in a clean container with a tight-fitting lid, such as a coffee can. Respirators should not be stored where chemicals are used or stored. Respirators should not be hung from nails on the walls or in chemical storage areas. Respirators must be stored in a normal position which means that they should not be stretched or stored under objects which could cause the face-piece to become warped.
5. Additional cleaning information can be found in Division 2/I, paragraph (h) (1) and (2) and Appendix B2 to 1910.134.

Any respirator malfunction shall be reported to the supervisor or instructor who can evaluate the problem. **Employees** will be provided with proper replacement parts or a new respirator. **Students and volunteers** will be responsible for purchasing proper replacement parts or a new respirator as needed.

Respirator Inspection

Each individual assigned a respirator shall be responsible to maintain the equipment and routinely inspect the respirator before and after each use for worn or dirty parts. **WORN PARTS WILL BE REPLACED IMMEDIATELY.**

The inspection shall include:

a) **Air-purifying Respirators**

1. Check facepiece for:
 - dirt,
 - cracks,
 - tears,
 - holes,
 - distortion.
2. Check headstraps for:
 - breaks,
 - tears,
 - loss of elasticity,
 - broken buckles or attachments.

b) **Supplied-air Respirators**

Supplied airline systems used routinely are to be checked after each use. Those used for emergency or infrequently need to be checked monthly. The checks are to assure that the equipment is kept clean and in proper working condition. The respirator inspection shall include an evaluation of:

- Tightness of the connections
- Condition of the face piece
- Condition of the headbands
- Condition of the cartridges or tank pressure
- Condition of the valves
- Pliability and cleanliness of the face piece material.

J. Respirator Program Evaluation

It is important that both the respirator wearer and supervisors evaluate respirator use and program effectiveness. It is critical that the appropriate respirator be worn correctly.

The overall program will be evaluated by the Safety & Loss Prevention Director. This will involve:

1. Conducting evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that the program continues to be effective.
2. Consulting regularly with individuals who are required to use respirators to assess the individuals' views on program effectiveness and to identify any problems.
3. Factors to be assessed include, but are not limited to:
 - Respirator fit;
 - Appropriate respirator selection for the hazards;
 - Proper respirator use;

- Proper respirator maintenance.

The program will be evaluated periodically to determine the overall effectiveness of the program and any needed changes or updates. If deficiencies are found, additional training will be given and more frequent evaluations will be made.

K. Recordkeeping

Maintenance of medical records is addressed on page 9. Maintenance of training records is addressed on page 10.

L. Respiratory Protection Action Plan Summary and Forms Summary

See pages 16-18.

EMPLOYEE RESPIRATORY PROTECTION ACTION CHART

Action	Responsibility	Form
1. Wearer is assigned mandatory respirator use job functions.	Division or Center Director* notifies Human Resource Office that employee needs medical screening.	Employee completes Medical Questionnaire for Medical Evaluation .
2. Employee forwards completed questionnaire to the contract medical evaluator.	Medical Evaluator notifies Human Resource Office of employee's in/ability to wear respirator and may require a medical exam for the employee.	Human Resources Memo to employee regarding medical clearance and/or need to schedule medical exam.
3. Medical evaluation and medical clearance	Human Resource Office receives medical clearance, maintains said records for thirty (30) years, and notifies Director* that employee may now be Fit-Tested and trained for respirator use.	Respirator Fit Testing Record (may be done by supplier or outside consultant)
4. Wearer completes Respirator Training	Division or Center Director* provides or schedules training.	Respirator Assignment & Training Record and Respirator Fit Testing Record are maintained by Division or Center Director* and Safety & Loss Prevention Mgr..
5. Respirator program evaluation	Safety & Loss Prevention Mgr. periodically evaluates respirator conditions, use, and respirator wearer program understanding.	Respirator Program Periodic Checklist
6. Tracking individual for annual retraining and fit testing. Follows up on medical evaluation retest requirements per PLHCP.	Division or Center Director*	Director* maintains a date log to ensure that individuals are re-fit and trained. Proper follow-up on medical evaluations.

* Division or Center Director is responsible for assuring that all steps are completed for full compliance but may delegate the tracking of individual steps in the program. Designee may be Department Chair, faculty member, program coordinator, or studio assistant.

STUDENT and VOLUNTEER RESPIRATORY PROTECTION ACTION CHART

Action	Responsibility	Form
1. Wearer is assigned mandatory respirator use job or instructional program functions.	Division or Center Director or designee*	Letter to students with departmental respiratory exposure information.
2. Wearer completes Medical Questionnaire for Medical Evaluation and presents it to occupational medical provider.	Occupational Medicine provider will provide medical clearance for respirator use or require medical exam.	Medical provider sends Approved Full Respirator Use or medical clearance form to student.
3. Wearer provides Approved Full Respirator Use or medical clearance form to Instructor or program coordinator.*	Program coordinator receives medical clearance from student or volunteer and makes copies for files.	Approved Full Respirator Use or Medical clearance form is returned to student. Copies are maintained in confidential files by Instructor/Program Coordinator, Director*, and Safety & Loss Prevention Mgr..
4. Wearer completes Respirator Training	Division or Center Director* provides or schedules training.	Respirator Assignment & Training Record and Respirator Fit-Test Record are maintained in confidential files by Instructor/Program Coordinator, Director, and Safety & Loss Prevention Mgr..
5. Respirator program evaluation	Safety & Loss Prevention Mgr. periodically evaluates respirator conditions, use, and respirator wearer program understanding.	Respirator Program Periodic Checklist
6. Tracking individual for annual retraining and fit testing. Follows up on medical evaluation retest requirements per PLHCP.	Division or Center Director*	Director* maintains a date log to ensure that individuals are re-fit and trained. Proper follow-up on medical evaluations.

* Division or Center Director is responsible for assuring that all steps are completed for full compliance but may delegate the tracking of individual steps in the program. Designee may be Department Chair, faculty member, program coordinator, or studio assistant.

FORMS COMPLETED BY EMPLOYEE

- Medical Records Confidentiality Agreement & Authorizations
- Authorization Letter for the Release of Employee Medical Record Information
- Respirator Medical Questionnaire
- Respirator Assignment & Training Record

FORMS COMPLETED BY STUDENT, or VOLUNTEER

- Respirator Medical Questionnaire
- Respirator Assignment & Training Record

FORMS COMPLETED BY MEDICAL PROFESSIONALS

- Respirator Medical Evaluation
- Approved Full Respirator Use or Respirator Medical Clearance

FORMS COMPLETED BY THE PROGRAM ADMINISTRATOR

- Respirator Fit-Test Record
- Respirator Assignment & Training Record

FORMS COMPLETED BY COLLEGE SAFETY & LOSS PREVENTION MGR.

- Periodic Respirator Program Evaluation

VOLUNTARY RESPIRATOR USER INFORMATION

This information is from the OSHA standard Appendix D that is to be provided either orally or in writing to employees, students and volunteers who request and are permitted voluntary use of a dust mask. If an individual's exposure has not been evaluated the supervisor shall arrange for evaluation of the exposure to ensure that the respirator use is voluntary. If the exposures exceed the exposure limits then the employee must be part of the full respiratory protection program.

INFORMATION FOR EMPLOYEES, STUDENTS, and VOLUNTEERS USING RESPIRATORS WHEN NOT REQUIRED UNDER THE STANDARD (Mandatory)

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 exposed to dusty conditions. 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.

To ensure that you understand the basic use you need to understand 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. The dust masks or other filtering facepiece respirators have been chosen from respirators certified for use to protect against the contaminants in our facility. 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. This certification is done by the National Institute for Safety and Occupational Health (NIOSH).*
- 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. Dust masks are disposable and should be properly disposed of after a day's use.*