**Respiratory Protection Plan**

**{OSHA written protection plan template adapted for Long-Term Care settings}**

**{The full** [**Hospital Respiratory Protection Program Toolkit**](https://www.osha.gov/Publications/OSHA3767.pdf) **is available at this link}**

**{Practice Name}**

Initial Plan Implemented **{Date}**

Updated **{Recommended annually or to reflect changes in the Respiratory Protection Plan}**

\*\*The use of this template does not guarantee compliance with the OSHA Respiratory Protection Standards but is meant to be a tool for facilities to create a comprehensive Written Respiratory Protection Plan. It is important that you reference 29 CFR 1910.134, the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements.

\*\*This template was adapted and developed by Nebraska ICAP for Long Term Care Facilities to give them access to resources to create a Written Respiratory Protection Plan. It is the responsibility of the Facility to ensure that the Written Respiratory Protection Plan is correctly developed and meets Federal OSHA Respiratory Protection standards.

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**Instructions for use**

This template was organized with the intent to be used as a written respiratory protection plan in a facility. Please update and fill in the correct information, policies and procedures as they relate to your facility. Anywhere in the document that is **[BOLD]** is a place for practice specific information. Delete this paragraph prior to completing your written respiratory protection plan. The hyperlinks in this digital format are live and should direct you to more resources surrounding the OSHA guidelines for the written respiratory program.

More in depth guidance and information can be found on the [OSHA Respiratory Protection](https://www.osha.gov/SLTC/respiratoryprotection/) webpage.

Respirator use and a written Respiratory Protection Program are required if employees perform high- or extremely-high risk tasks as described in the Appendix A table of DOSH Directive, 11.80, [*Annual Fit-Testing, Respiratory Protection, and Face Coverings during COVID-19 Pandemic*](https://www.lni.wa.gov/safety-health/safety-rules/enforcement-policies/DD1180.PDF)*.*

Although cloth face coverings are required for “low” risk activities and face masks for “medium” risk activities, neither are classified as respirators (N95s), so they are **not** addressed in this template. You can learn more about mask requirements for “low” to “extremely-high” risk activities in the [Which Mask for Which Task](https://www.lni.wa.gov/forms-publications/F414-168-000.pdf) booklet.

While using this template, get familiar with (and follow) the requirements in the [Respirators Rule, Chapter 296-842 WAC](https://lni.wa.gov/safety-health/safety-rules/rules-by-chapter/?chapter=842).

**Purpose and Applicability**

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

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

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

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

**Responsibilities**

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

**Respirator Program Administrator**

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

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with OSHA’s Respiratory Protection standard (29 CFR 1910.134):

* 1. Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the “Respirator Assignments by Task or Location” in Appendix A of this RPP.
* 2. Develop and monitor respirator maintenance procedures.
* 3. Coordinate the purchase, maintenance, repair, and replacement of respirators
* 4. Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.

5. Provide or arrange for annual training on the use and limitations of respirators.

6. Ensure that medical evaluations are provided.

7. Ensure that annual respirator fit testing is provided.

8. Maintain records of respirator training, medical clearance, and fit testing as required by 29 CFR  
1910.134 and 29 CFR 1910.1020.

9. Maintain a copy of this written RPP and program evaluations and ensure that they are readily  
accessible to anyone in the program.

**Supervisors**

Supervisors of employees included in the RPP will:

1. Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens, and communicating this information to the RPA.

2. Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA. **[This will be a shared responsibility with the RPA since the supervisor knows the day-to-day jobs/tasks their employees do, but the RPA may have more knowledge about respiratory protection requirements.]**

3. Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP. Schedule employees for medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

**Employees**

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

1. Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.

2. Adhere to hospital policies on facial hair and respirator seal protection.

3. Attend annual training and respirator fit testing as required in the RPP.

4. Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP.

**Respirator Selection**

**[You only need to include the types of respirators that will be used in your facility]**

**Hazard Assessment**

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

1. Identification of potential exposures. The most common potential exposure for employees involved in patient care will be pathogens associated with ATDs such as tuberculosis. Maintenance, housekeeping, laboratory, or other staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATD pathogens.

2. A review of work processes to determine levels of potential exposure for all tasks and locations.

3. Quantification or objective determination of potential exposure levels, where possible. This may not be feasible for ATD pathogens.

**NIOSH-certified equipment**

**[Only include the equipment that your facility will be using. The most common NIOSH certified equipment used in long term care is under section 2, Filtering Facepiece Respirators. Delete any equipment that your facility is not and will never use.]**

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

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

3. Powered air-purifying respirators (PAPR) are air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator facepiece, helmet, or hood.

4. Air-supplying respirators (also known as atmosphere-supplying respirators) have a source of breathing air that is independent from the work area and supplied to the wearer’s facepiece. These include two main types:

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

**Equipment assignment 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 hospital. These assignments are listed in Appendix A of this RPP.

**Updating the hazard assessment**

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

**Voluntary use of respirators**

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

When the use of a respirator is not required by a substance-specific OSHA standard, the OSH Act or 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 to use a respirator voluntarily.

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

**Medical Evaluation**

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator.

Medical evaluations will be performed by a physician or other licensed health care professional (PLHCP) at **[Facility Name]. [To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee’s immediate supervisor and others in the employee’s direct line of authority.]**

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

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

An additional medical evaluation is required when:

1. The employee reports medical signs or symptoms that are related to the ability to use a respirator.
2. A PLHCP, supervisor, or the RPA requests a reevaluation.
3. Observations made during fit testing or program evaluation indicate a need for reevaluation  
   (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
4. 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.

**Fit Testing**

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by **[Insert who will be doing the fit testing. This may be your employee health or infection control department, a unit supervisor, or an outside consultant. There is no requirement for certification of fit testers but you must be sure that the person doing the fit testing understands and follows the fit test protocol and understands how to train the wearer to don the respirator properly and do a user seal check. At least 15 minutes per person will be needed to show the employee how to put the respirator on, position it, and assess its comfort, perform the user seal check, and complete the fit testing. Providing these instructions during fit testing is considered a review and may not constitute the subject's formal training on respirator use.] {XXXXXX}** with the same make, model, style, and size of respirator to be used. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function.

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

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

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

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

**Training**

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

* 1. The general requirements of the OSHA Respiratory Protection standard.
* 2. The specific circumstances under which respirators are to be used.
* 3. Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
* 4. Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
* 5. The limitations and capabilities of the respirators that will be used.
* 6. How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
* 7. How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
* 8. 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.
* 9. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
* 10. How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.

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

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

The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer’s instructions (see Appendix D of this RPP). **[Generally, the hands-on training provided during fit testing does not meet the requirements of the standard and a separate training session will be necessary.**

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

**Respirator Use**

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

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

Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer’s instructions and the training provided at the time of fit testing, each time he or she puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.

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

Employees must leave the respirator use area:

1. To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.

2. To wash their face if the respirator is causing discomfort or rash.

3. To change the respirator, filters, cartridges, or canister elements.

4. To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses).

**Storage, Reuse and Maintenance**

**Storage and reuse**

**[Only include the equipment that your facility will be using. The most common NIOSH certified equipment used in long term care are Filtering Facepiece Respirators. Delete any equipment that your facility is not using and will never use.]**

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

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

Reusable elastomeric respirators that are assigned to individual users will be cleaned and disinfected/sterilized after use and stored at room temperature in a dry area that is protected from exposure to hazardous contaminants in **{\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_} [e.g., employee locker, central supply etc.]** as per the manufacturer’s instructions. [The respirator has to be kept in a clean environment where it will not be damaged or contaminated].

PAPRs will be cleaned and stored after use in  **{\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_} [e.g., in Central Supply, etc.]** and will be provided **{to employees upon request for use during aerosol-generating procedures being conducted on patients with suspected or confirmed airborne infectious disease or}** for use by individuals who are unable to wear a respirator with a tight-fitting facepiece. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer’s instructions **[Edit this section to describe when PAPRs will be provided in your facility.]**

**Inspection and Maintenance**

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

* 1. Condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.
* 2. All rubber or plastic parts, for pliability and signs of deterioration.
* 3. PAPR connecting tubes or hoses, air flow, and batteries.  
  4. Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to **{XXXXXX} [specify who]** for repair, adjustment, or disposal.
* 5. **{XXXXXX} [specify who]** is responsible for charging and maintaining PAPR pumps, filters, and batteries when they are stored or not in use.
* 6. Filters on reusable particulate respirators will be changed by the wearer whenever it becomes difficult to breathe. **[Note: If you include the use of respirators with chemical cartridges in this RPP, you will need to add language about the schedule for changing cartridges and process of removal, cleaning/disinfection/sterilization, and storage.]**

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

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

**Cleaning and Disinfection {Remove this section if it does not apply to your facility}**

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

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

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

**Program Evaluation**

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

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

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

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

**Recordkeeping**

The RPA will ensure that the following records are maintained:

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

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

**[Adapt as needed for tasks and exposures in your facility]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task or Location** | **Potential Exposure** | **Respiratory Protection** | **Employees Included** |
| Engaging in any of the following activities that involve procedures on healthy (or asymptomatic) people that aerosolize saliva, mucous, or secretions from eyes; or that cause increased or forced breathing (e.g., breathing exercises), coughs, sneezes or yawning:   * administering nebulizer treatments * *(list others that may occur in your facility)* | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Engaging in any of the following tasks that require work within 3 feet of healthy (or asymptomatic) clients, coworkers, the public, and others for more than 10 minutes an hour:   * Bathing clients   *(list others that may occur in your facility)* | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Entry into airborne infection isolation room or other area occupied by patients suspected or confirmed with a disease requiring Airborne Precautions. | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Performing, or present during, routine patient care and support operations on a patient suspected or confirmed with a disease requiring Airborne Precautions. | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Cleaning and sanitizing areas recently occupied by a person with known or potential COVID-19 illness. | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Performing housekeeping, repairs, or other services in rooms occupied by someone with known or potential COVID-19 illness. | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| Transporting someone with known or potential COVID-19 illness. | Infectious Aerosol | N95 Respirator | **[List employees by job title]** |
| **[List any other exposures and job tasks for which your facility has determined the use of respiratory protection is required; you may go beyond OSHA requirements]** | [Specify] | [Specify] | **[List employees by job title]** |
|  |  |  |  |
|  |  |  |  |

**RPP Appendix B: Information for Voluntary Users {Delete if not needed in your facility}**

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

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

You should do the following:

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

I have read and understand the information presented above regarding the voluntary use of respirators during procedures that do not require the use of a respirator.

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

**RPP Appendix C: Medical Clearance Questionnaires**

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer the questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the healthcare professional who will review it.

Part A Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height:
6. Your weight: lbs.
7. Your job title:
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the healthcare professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. \_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. \_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No If “yes,” what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?
2. Have you ever had any of the following conditions?
   * Seizures
   * Diabetes (sugar disease)
   * Allergic reactions that interfere with your breathing
   * Claustrophobia (fear of closed-in places)
   * Trouble smelling odors
3. Have you ever had any of the following pulmonary or lung problems?
   * Asbestosis
   * Asthma
   * Chronic bronchitis
   * Emphysema
   * Pneumonia
   * Tuberculosis
   * Silicosis
   * Pneumothorax (collapsed lung)
   * Lung cancer
   * Broken ribs
   * Any chest injuries or surgeries
   * Any other lung problem that you've been told about
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   * Shortness of breath
   * Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   * Shortness of breath when walking with other people at an ordinary pace on level ground
   * Have to stop for breath when walking at your own pace on level ground
   * Shortness of breath when washing or dressing yourself

* Shortness of breath that interferes with your job
* Coughing that produces phlegm (thick sputum)
* Coughing that wakes you early in the morning
* Coughing that occurs mostly when you are lying down
* Coughing up blood in the last month
* Wheezing
* Wheezing that interferes with your job
* Chest pain when you breathe deeply
* Any other symptoms that you think may be related to lung problems

1. Have you ever had any of the following cardiovascular or heart problems?
   * Heart attack
   * Stroke
   * Angina
   * Heart failure
   * Swelling in your legs or feet (not caused by walking)
   * Heart arrhythmia (heart beating irregularly)
   * High blood pressure
   * Any other heart problem that you've been told about
2. Have you ever had any of the following cardiovascular or heart symptoms?
   * Frequent pain or tightness in your chest
   * Pain or tightness in your chest during physical activity
   * Pain or tightness in your chest that interferes with your job
   * In the past two years, have you noticed your heart skipping or missing a beat
   * Heartburn or indigestion that is not related to eating
   * Any other symptoms that you think may be related to heart or circulation problems
3. Do you currently take medication for any of the following problems?
   * Breathing or lung problems
   * Heart trouble
   * Blood pressure
   * Seizures
4. If you've used a respirator, have you ever had any of the following problems?  
   (If you've never used a respirator, check the following space and go to question 9.)
   * Eye irritation
   * Skin allergies or rashes
   * Anxiety
   * General weakness or fatigue
   * Any other problem that interferes with your use of a respirator
5. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire?



Questions 10 to 15 below must be answered by every employee who has been selected to use either a full- facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

1. Have you ever lost vision in either eye (temporarily or permanently)?
2. Do you currently have any of the following vision problems?
   * Wear contact lenses
   * Wear glasses
   * Color blind
   * Any other eye or vision problem
3. Have you ever had an injury to your ears, including a broken eardrum?
4. Do you currently have any of the following hearing problems?
   * Difficulty hearing
   * Wear a hearing aid
   * Any other hearing or ear problem
5. Have you ever had a back injury?
6. Do you currently have any of the following musculoskeletal problems?
   * Weakness in any of your arms, hands, legs, or feet
   * Back pain
   * Difficulty fully moving your arms and legs

* Pain and stiffness when you lean forward or backward at the waist
* Difficulty fully moving your head up or down
* Difficulty fully moving your head side to side
* Difficulty bending at your knees
* Difficulty squatting to the ground
* Climbing a flight of stairs or a ladder carrying more than 25 lbs.
* Any other muscle or skeletal problem that interferes with using a respirator

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the healthcare professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?  
   If “yes,” do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?

If “yes,” name the chemicals if you know them: \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_. 3.

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?

* Asbestos
* Silica (e.g., in sandblasting)
* Tungsten/cobalt (e.g., grinding or welding this material)
* Beryllium
* Aluminum
* Coal (for example, mining)
* Iron
* Tin
* Dusty environments
* Any other hazardous exposures  
  If “yes,” describe these exposures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List any second jobs or side businesses you have:
* List your previous occupations:
* List your current and previous hobbies:
* Have you been in the military services?  
  If “yes,” were you exposed to biological or chemical agents (either in training or combat)
* Have you ever worked on a HAZMAT team?

4. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

If “yes,” name the medications if you know them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Will you be using any of the following items with your respirator(s)?

* + HEPA Filters
  + Canisters (for example, gas masks)
  + Cartridges

6. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)?

* + Escape only (no rescue)
  + Emergency rescue only
  + Less than 5 hours per week
  + Less than 2 hours per day
  + 2 to 4 hours per day
  + Over 4 hours per day

7. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour)

If “yes,” how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour)

If “yes,” how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour)

If “yes,” how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8- degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

8. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator?  
If “yes,” describe this protective clothing and/or equipment:

9. Will you be working under hot conditions (temperature exceeding 77 deg. F)?

10. Will you be working under humid conditions?

11. Describe the work you'll be doing while you're using your respirator(s):

11. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

12. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):  
Name of first toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:  
Name of second toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:  
Name of third toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:  
The name of any other toxic substances that you'll be exposed to while using your respirator:

12. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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

Appendix B-1. to Sec. 1910.134: User Seal Check Procedures (Mandatory)

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.

Appendix E: Filtering Facepiece Respirator Fit Test Record

**\*\* A medical evaluation must be completed before fit testing is conducted**

Date:

Name of employee:

Has this employee been medically cleared for filtering facepiece respirator use? If not, then do not proceed with the fit test.

Yes \_\_\_ No\_\_\_

Is this employee clean shaven (i.e., no facial hair or stubble) in the mask-to-face seal area? If not then do not proceed with the fit test.

Yes \_\_\_ No \_\_\_

The employee was shown how to properly put on, seal check, and remove the respirator and was able to demonstrate this correctly. If not, provide additional instruction until the employee succeeds.

Yes \_\_\_ No \_\_\_

Fit-testing procedure/protocol used: Bitrex™ \_\_\_ Saccharin \_\_\_ Other:

|  |  |  |
| --- | --- | --- |
| Filtering Facepiece Make, Model, & Approval # | Size | Result: Pass or Fail? (circle one) |
| *(complete this row of information based on each fit test for this employee)* |  | P F |
|  |  | P F |
|  |  | P F |

Person conducting this fit test:

**NOTES**:

# Appendix F: Filtering Facepiece Respirator Training Record

Employee Name (printed)

I certify that I have been trained in the use of filtering facepiece respirators, including:

* How the respirator protects me from the coronavirus and when I need to wear it
* The respirator’s capabilities and limitations
* Why I needed to get medical clearance for respirator use
* How improper fit, use, or storage can make it ineffective
* How to properly inspect, put on, seal check, use, and remove it
* When and how to temporarily store it so it doesn’t get damaged, contaminated inside, or spread contamination at work
* What to do if my respirator is defective, gets damaged, or somehow doesn’t perform as it should
* The company’s obligations under the Respirators Rule, Chapter 296-842 WAC and where to review a copy of the company’s written respirator program

I now feel confident to use my respirator. If I have a problem with comfort or other use issue or if I could benefit from additional respirator user training, I can contact my supervisor or the Respirator Program Administrator for assistance.

Employee Signature

Instructor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date