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<i>Respiratory Protection Protocol</i>	<i>April 13, 2021</i>

# **PROTOCOL** **Respiratory Protection Protocol**

Required OSHA Regulation 29 CFR 1910.134

## **Protocol**

This protocol applies to all Client Name employees who are required to wear a respirator, based on guidance from the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA), to perform assigned duties, including, but not limited to, the care of residents with potentially infectious diseases which require N95 respiratory protection.

## **Responsibilities**

### **Respirator Administrator (Executive Director or designee)**

- Has the overall responsibility for the respiratory program, including monitoring respiratory hazards, maintaining records and conducting program evaluations annually.
- Approves respiratory protection programs for each operation that involves the use of respirators.
- Approves training programs for employees.
- Oversees fit testing procedures to ensure that they are conducted upon hire and annually, when needed.
- Approves respirator types and models

### **Business Office Manager / HR Manager**

- Maintains all employee medical evaluation and fit testing records in employee files

### **Supervisors**

- Implement the respiratory protection program for each operation that involves respiratory use.
- Ensure that employees are given all the necessary training, medical clearance, initial and annual fit testing, before authorizing them to wear a respirator.
- Monitor employee compliance with the respirator program requirements.

### **Employees**

- Follow all guidelines set forth in this program.
- Report any defects, malfunctions, or other problems with the respirator immediately.
- Report any symptoms of illness that may be related to respirator usage.
- Report any changes to their own health status to the physician.
- Perform fit checks each time a respirator is used.
- Store the respirator according to training provided.

## **Selection and Use of Respirators**

Selection of respirators shall be based on current CDC and OSHA guidance when providing assistance or care for residents with suspected or confirmed airborne transmissible diseases (ATD), such as COVID-19. Currently, N95 respirators are recommended for protection from aerosol transmissible diseases.

Only National Institute for Occupational Safety and Health (NIOSH) approved N95 respirators should be used when working with suspected or confirmed COVID-19 residents, per CDC and OSHA guidelines.

N95 respirators may also be required for employees who enter a room to perform work tasks (i.e. cleaning, etc.) where residents are in isolation, due to an ATD (i.e., COVID-19). Work tasks that do not include direct exposure to residents with ATDs do not require respiratory protection.

Conventional and extended use of N95 respirators limits use to one 8-hour shift. N95 respirators should be discarded and thrown away after one shift. Special infection control

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precautions should be taken to ensure that the inside of the mask is kept clean if, and when it is removed and used again within the same work shift.

Employees who choose to wear N95 respirators when they are not required for the work being performed must read and sign the ***Respiratory Protection Standard Appendix D Sign Off Form*** on the last page of this protocol.

### ***Training***

Supervisors and employees must be taught the proper selection, use, and maintenance of respirators. Those employees who require the use of respiratory equipment must be instructed in the proper use of the equipment and its limitations. The training, conducted by a competent person, must include an explanation of the following:

- Nature of the respiratory hazard and what may happen if the respirator is not used properly.
- Engineering and administrative controls being used and the need for the respirator as added protection.
- Reason(s) for the selection of a type of respirator.
- Limitations of the selected respirator.
- Methods of donning and doffing the respirator according to infection control procedures
- Proper wear of the respirator, checking its fit and operation.
- Respirator use, storage, and disposal guidelines.
- Users should know that improper respirator use, maintenance, and/or poor fit may cause exposure.

### ***Medical Evaluations***

The use of any type of respirator may impose some physiological stress on the user. Occupational Safety and Health Administration's (OSHA's) respiratory protection standard requires that all potential respirator users are required to have a medical evaluation to determine the user's ability to use a respirator safely. The medical evaluation must be completed before the employee is fit tested or required to use the respirator in the workplace.

Medical evaluations will be completed through the following medical evaluation service options.

Local Occupational Medical Clinic: \_\_\_\_\_

Online Respirator Medical Evaluation Vendor: \_\_\_\_\_

Options for online respiratory protection medical evaluation service include:

- VestMed.com <https://www.vestmed.com/>
- 3M / Respexam.com [https://www.3m.com/3M/en\\_US/safety-centers-of-expertise-us/respiratory-protection/respirator-medical-evaluations/](https://www.3m.com/3M/en_US/safety-centers-of-expertise-us/respiratory-protection/respirator-medical-evaluations/)
- Respclearance.com <https://www.respclearance.com/>
- Examinetics.com <https://www.examinetics.com/workforce-health-solutions/compliance/respirator-clearance/>

### ***Respiratory Protection Medical Questionnaire***

All employees required to wear a respirator will complete the respiratory protection medical questionnaire (see questionnaire starting on page 6 of this protocol). If completing this process using an online medical evaluation service, this process is completed electronically. If using a local occupational medical clinic to perform the evaluation, employees should fill out a printed copy of the questionnaire located in this protocol. In order to keep the results of this questionnaire confidential, employees should place it in a sealed envelope, marked "personal and confidential, for evaluating physician only." These envelopes can then be delivered to the

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evaluating physician, who determines if a physical exam is needed to qualify the employee to wear the specific respirator they have been assigned to wear (N95 or greater level particulate respirators).

### ***Fit Testing (Annual Requirement)***

Qualitative fit testing shall be performed for each employee and for each type of respirator the employee may wear. The employee must be fit tested (prior to initial use of the respirator) with the same make, model, style, and size of respirator that will be used, and at least annually thereafter. Fit testing shall occur before a respirator is distributed to the employee. Respirator user seal checks shall be performed by the employee, as described in the employee's respiratory protection training, each time before a respirator is worn. Anything that may compromise the seal of the facepiece may render the respirator inadequate. Some other notes to consider about respirator fit testing are as follows:

- Respirators have different fit characteristics. No one respirator will fit everyone.
- Although respirators are designed for 95% or higher efficiency in filtering particulates in the air, they cannot provide protection without a tight seal between the face piece and the face of the wearer. Consequently, beards and other facial hair can substantially reduce the effectiveness of a face piece. The absence of dentures can seriously affect the fit of the mask. To ensure proper respiratory protection, a face piece should be checked for obvious air leaks around the seal, each time a respirator is worn.
- In order to ensure the proper fit of a respirator, an annual qualitative fit test is needed.
- Qualitative fit testing involves the introduction of a harmless odorous or irritating substance (i.e. Bitrex or Saccharine fit test kits) into the breathing zone around the respirator being worn. If no odor or irritation is detected by the wearer, a proper fit is indicated.

### ***Recordkeeping***

Written information regarding medical evaluations and fit testing results shall be kept on file in accordance with OSHA regulations for retention of medical records, which is the employee's period of employment, plus 30 years.

### ***Forms***

- Respirator Fit Testing Procedures
- Respiratory Protection Medical Questionnaire
- Respirator Protection Training Sign-In Sheet
- Appendix "D" Sign Off Sheet for Non-mandatory N95 Respirator Use

### **PLAN REVIEW & UPDATE**

The respiratory protection program shall be reviewed annually. Corrections, additions, or deletions which will improve the program shall be made. If changes are realized or needed at any other time, they can be adopted then as well as during the review. Respirator fit, appropriate respirator selection, proper respirator use, and maintenance are some of the factors that shall be assessed during the evaluation.

Date of Last Review: \_\_\_\_\_

Approved by (Program Administrator): \_\_\_\_\_

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## Respirator Fit Testing Procedures

### Qualitative Fit Testing

The qualitative fit test will require the use of a testing agent (i.e. Bitrex or Saccharine fit test kit) for N95 / KN95 or greater level particulate respirators. If the employee can detect the testing agent at any time during the fit test procedures, the respirator should be checked for faults, adjusted, or replaced with another type of N95 / KN95 or greater level protection mask and re-tested using the following fit testing exercises or the instructions in the fit testing kit. Follow all fit testing kit and respirator manufacturer's instructions for fit testing.

OSHA's Qualitative Fit Testing Instructions can be found in Appendix A of the Respiratory Protection Standard at the following web address.

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>

### Fit Testing Exercises

NOTE: Before starting the fit test, ask your test subject what they would prefer to do in step 5; read the rainbow passage, count to 100, or sing the alphabet song.

1. **Normal Breathing.** In the normal standing position, without talking, the subject shall breathe normally for at least one minute.
2. **Deep Breathing.** In the normal standing position, the subject shall do deep breathing for at least one minute, pausing so as not to hyperventilate.
3. **Turning Head Side to Side.** Standing in place the subject shall slowly turn his/her head from side between the extreme positions to each side. The head shall be held at each extreme position for at least 5 seconds. Perform for at least three complete cycles.
4. **Moving Head Up and Down.** Standing in place, the subject shall slowly move his/her head up and down between the extreme position straight up and the extreme position straight down. The head shall be held at each extreme position for at least 5 seconds. Perform for at least three complete cycles.
5. **Reading.** The test subject (keeping eyes closed) shall repeat after the test conductor the "rainbow passage" located on the next page. The subject shall talk slowly and aloud to be heard clearly by the test conductor or monitor. Alternatively, the test subject can count to 100 or say the alphabet instead of reading back the rainbow passage.
6. **Grimace.** The test subject shall grimace, smile, frown, and generally contort the face using the facial muscles. Continue for at least 15 seconds.
7. **Bend Over and Touch Toes.** The test subject shall bend at the waist and touch their toes and return to the upright position. Repeat for at least 30 seconds.
8. **Jogging In-Place.** The test subject shall jog in place for at least 30 seconds.
9. **Normal Breathing.** Same as number 1.

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## ***Rainbow Passage***

*(print and use in Step 5 of the fit testing procedures on the previous page)*

When the sun strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

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## Respiratory Protection Medical Questionnaire (OSHA 29 CFR 1910.134 appendix C)

**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:                      ft.                      in.
6. Your weight:                      lbs.
7. Your job title:
8. A phone number where you can be reached by the health care 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 health care 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):

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**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").

	YES	NO
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you <i>ever had</i> any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>
a. Seizures	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease)	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with your breathing	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places)	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you <i>ever had</i> any of the following pulmonary or lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>

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- c. Chronic bronchitis ☐ ☐
- d. Emphysema ☐ ☐
- e. Pneumonia ☐ ☐
- f. Tuberculosis ☐ ☐
- g. Silicosis ☐ ☐
- h. Pneumothorax (collapsed lung) ☐ ☐
- i. Lung cancer ☐ ☐
- j. Broken ribs ☐ ☐
- k. Any chest injuries or surgeries ☐ ☐
- l. 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? ☐ ☐
- a. Shortness of breath ☐ ☐
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline ☐ ☐
- c. Shortness of breath when walking with other people at an ordinary pace on level ground ☐ ☐
- d. Have to stop for breath when walking at your own pace on level ground ☐ ☐
- e. Shortness of breath when washing or dressing yourself ☐ ☐
- f. Shortness of breath that interferes with your job ☐ ☐
- g. Coughing that produces phlegm (thick sputum) ☐ ☐
- h. Coughing that wakes you early in the morning ☐ ☐
- i. Coughing that occurs mostly when you are lying down ☐ ☐
- j. Coughing up blood in the last month ☐ ☐
- k. Wheezing ☐ ☐
- m. Chest pain when you breathe deeply ☐ ☐
- n. Any other symptoms that you think may be related to lung problems ☐ ☐
- 5. Have you *ever had* any of the following cardiovascular or heart problems? ☐ ☐
- a. Heart attack ☐ ☐
- b. Stroke ☐ ☐
- c. Angina ☐ ☐
- d. Heart failure ☐ ☐

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- e. Swelling in your legs or feet (not caused by walking) ☐ ☐
- f. Heart arrhythmia (heart beating irregularly) ☐ ☐
- g. High blood pressure ☐ ☐
- h. Any other heart problem that you've been told about ☐ ☐
6. Have you *ever had* any of the following cardiovascular or heart symptoms? ☐ ☐
- a. Frequent pain or tightness in your chest ☐ ☐
- b. Pain or tightness in your chest during physical activity ☐ ☐
- c. Pain or tightness in your chest that interferes with your job ☐ ☐
- d. In the past two years, have you noticed your heart skipping or missing a beat ☐ ☐
- e. Heartburn or indigestion that is not related to eating ☐ ☐
- f. Any other symptoms that you think may be related to heart or circulation problems ☐ ☐
7. Do you *currently* take medication for any of the following problems? ☐ ☐
- a. Breathing or lung problems ☐ ☐
- b. Heart trouble ☐ ☐
- c. Blood pressure ☐ ☐
- d. Seizures ☐ ☐
8. 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.) ☐
- a. Eye irritation ☐ ☐
- b. Skin allergies or rashes ☐ ☐
- c. Anxiety ☐ ☐
- d. General weakness or fatigue ☐ ☐
- e. Any other problem that interferes with your use of a respirator ☐ ☐
9. Would you like to talk to the health care 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.

10. Have you *ever* lost vision in either eye (temporarily or permanently)? ☐ ☐
11. Do you *currently* have any of the following vision problems? ☐ ☐
- a. Wear contact lenses ☐ ☐
- b. Wear glasses ☐ ☐
- c. Color blind ☐ ☐
- d. Any other eye or vision problem ☐ ☐



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- |  |                          |                          |
|--|--------------------------|--------------------------|
| 12. Have you <i>ever had</i> an injury to your ears, including a broken eardrum? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you <i>currently</i> have any of the following hearing problems?          | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Difficulty hearing  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear a hearing aid  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other hearing or ear problem  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you <i>ever had</i> a back injury?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you <i>currently</i> have any of the following musculoskeletal problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Weakness in any of your arms, hands, legs, or feet                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back pain   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty fully moving your arms and legs                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pain and stiffness when you lean forward or backward at the waist             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Difficulty fully moving your head up or down                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Difficulty fully moving your head side to side                                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Difficulty bending at your knees  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Difficulty squatting to the ground  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.            | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other muscle or skeletal problem that interferes with using a respirator  | <input type="checkbox"/> | <input type="checkbox"/> |



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### ***Respiratory Protection Standard Appendix D Sign Off Form***

This form is to be read and signed by employees who wish to use an N95 respirator, even though such use is not required. This signed form should be kept in the employee's file.

Appendix D to Sec. 1910.134 (Non-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 the Occupational Safety and Health Administration (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. The National Institute for Occupational Safety and Health (NIOSH) certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

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

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

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## QUALITATIVE RESPIRATOR FIT TEST RECORD

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

Fit testing conducted in compliance with OSHA Standard 1910.134(F). ☐  
 If other local, state or federal regulations apply (such as MSHA), you may list them here:

\_\_\_\_\_

Type of Qualitative OSHA accepted fit test (\_\_\_\_\_ Saccharin \_\_\_Bitrex™ \_\_\_Isoamyl Acetate \_\_\_Irritant Smoke  
 protocol used: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Fit Tester: \_\_\_\_\_

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

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test		Could not be fit tested due to:
			Pass	Fail	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

\_\_\_\_\_