

University of Wisconsin La Crosse

Environmental Health and Safety Policy

Subject: Respiratory Protection Program
Original: December 2016
Last Update: June 2021

I. PURPOSE

To protect employees from occupational respiratory exposure to potential harmful chemical, physical, and biological agents, including airborne dusts, fumes, mists, gases, and vapors.

II. PROGRAM ELEMENTS

1. Respiratory Use

- a. Respiratory protection will be selected based on the characteristics of the hazard and the level of exposure. Environmental Health and Safety (EHS) will conduct an evaluation of workplace hazards and select the appropriate respirator to protect against identified hazard(s). The ability to implement engineering and administrative controls will be an included element of the hazard evaluation.
- b. Air monitoring is used to determine respiratory exposure. Where monitoring is not available, the risk assessment methodology is used to identify appropriate protection.

2. Approved Respirators

- a. EHS will recommend and supervisors shall provide employees with only those respirators approved for intended use.
- b. EHS will consider assigned protection factors (APF) and the maximum use concentration (MUC) during respirator selection to ensure adequate protection.
- c. Supplied breathing air must meet minimum breathing air quality according to 29 CFR 1910.134(i).
- d. Exceptions exist for employees who desire voluntary use of nuisance dust respirator, also known as Filtering Facepiece Respirator (FFR). To prevent hazards all voluntary FFR users must be instructed on limitations, cleaning, storage, and maintenance of the FFR. The employee supervisor should request EHS to provide this training. Voluntary FFR users are not required to receive medical evaluation or annual refresher training. This exemption only applies to FFR's, such as an N95 respirator. Voluntary use of other respirator types must be approved by EHS, and through an accommodation request filed with Human Resources. Individuals who receive approval to use other than FFR's must be medically approved and trained annually. Refresher training for voluntary FFR users shall be provided when an employee is not following proper use conditions.

A copy of 29 CFR 1910.134 Appendix D will be provided to employees who choose to voluntarily wear a respirator.

3. Health Surveillance

A qualified occupational health professional must initially and at least annually thereafter evaluate employees who are required to wear respirators to determine if the employee is medically capable to use a respirator. The medical evaluation questionnaire contained in Appendix C of 29 CFR 1910.134, or an equivalent defined by the healthcare professional, will be utilized. Supervisors are responsible for coordinating medical evaluations of respirator wearers.

On request of the healthcare professional, a completed copy of the “HAZARD IDENTIFICATION AND RESPIRATOR NEEDS ASSESSMENT” as contained in this document will be provided to the occupational health care professional performing the medical evaluation.

4. Fit Testing

EHS or the healthcare provider will fit test employees who are required to wear positive or negative pressure, tight-fitting respirators (including disposable respirators) using the same make, model, style, and size of respirator to be used by each employee.

Fit tests will be repeated at least annually or when changes occur in the employee’s physical condition affecting proper fit of the respirator.

5. Storage

Respirator users are responsible for storing respirators in a manner to protect from the following: damage, contamination, dust, sunlight, temperature extremes, excessive moisture, deformation of the face piece, and deformation of exhalation valves.

6. Inspection

Employee’s shall inspect respirators for proper condition and function prior to each daily use.

When chemical cartridges are used they shall be replaced on a schedule established by EHS. Replacement schedule shall be based on anticipated or known exposure conditions, airborne contaminants, atmospheric conditions, and if available, an end of service life indicator.

7. Documentation

Supervisors are responsible for maintaining records on inspection and maintenance of respirators and medical evaluations of respirator wearers. EHS will retain records on UWL completed fit testing, industrial hygiene sampling data, and employee training.

III. Training

Employees required to use respirators or are approved to voluntarily wear other than FFR will be trained initially and provided refresher training annually on the following respiratory protection topics.

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities of the respirator
- How to use the respirator effectively in emergency situations and when the respirator malfunctions
- How to inspect, put on and remove, use, and check the seals of the respirator
- What the procedures are for maintenance and storage of the respirator
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators
- The general requirements of the OSHA Respirator Standard

Employees who voluntarily wear FFR will be trained initially, with refresher training as needed, on the following respiratory protection topics.

- Manufacturer instructions on use, maintenance, cleaning, care, and warnings regarding the respirators limitations.
- Need to choose NIOSH certified respirators to protect against contaminant(s) of concern.
- Need to not wear EHS approved respirator into atmospheres containing contaminants for which the chosen respirator is not designed to protect.
- Need to keep track of respirator to prevent use by others.

EHS will complete all respirator training. Supervisors shall contact EHS to coordinate a time to conduct respirator training. EHS will retain respirator training documentation.

IV. Forms

The following forms can be used to enhance implementation of this Respirator Protection Program.

- Hazard Identification & Respirator Requirement Assessment
- Respirator Training Objectives
- Employee Respiratory Fit Test Records

V. Approval

The Respirator Protection Program is effective immediately. All University of Wisconsin-La Crosse employees shall fulfill their responsibilities as designated within this written standard.

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Hazard Identification and Respirator Requirement Assessment

Note: EHS should complete this form for each hazard identified where respirators are required. If requested, provide a copy of this form to the Professional Licensed Healthcare Provider (PLHCP).

Work Location: _____

Work Unit: _____

Job Description: _____

Prepared By: _____ **Date:** _____

Describe Task: _____

Duration and frequency of respirator use (include use for rescue and escape): _____

Expected physical work effort: _____

Additional protective clothing and equipment to be worn: _____

Temperature and humidity extremes: _____

Identify Type of Hazard:

_____ **None:** No chemicals used or no airborne hazards released (dusts, fumes, vapors, gases, mists)

_____ **Voluntary use:** Sampling confirms no overexposure, but employees voluntarily use respirators for the task. Fit testing recommended, but not required.

_____ **Potential:** Chemicals used and airborne hazards released with potential exposures. Respirators may be required until monitoring is completed and/or controls installed. Fit testing is required if respirators are worn.

_____ **Confirmed:** Documented overexposure to airborne hazards, respirators required. Fit testing required.

List Chemicals, documented exposure levels and their permissible exposure limits: _____

Respirator Selected: Indicate respirator type, model and brand.

Face piece type:

___ Filtering Face piece

___ Supplied air

___ Half face

___ Full face

___ SCBA

___ PAPR

___ Other as described:

Cartridge Type (for vapors):

___ Organic Vapor

___ Acid Gas

___ Ammonia

___ Formaldehyde

___ Particulates

___ Other as described: _____

Cartridge Change Schedule (change
at end of shift unless otherwise
noted): _____

Filter Type:

N = Not Oil Resistant

___ N95 ___ N99 ___ N100

R = Oil Resistant

___ R95 ___ R99 ___ R100

P = Oil Proof

___ P95 ___ P99 ___ P100

Maintenance: Inspect, repair, clean daily unless otherwise noted.

Disposal of Respirator: ☐ Daily ☐ Weekly ☐ Other: _____

Disposal of Cartridges/Filters: ☐ End of Shift ☐ Weekly ☐ Other: _____

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Employee Respiratory Fit Test Record

Note: EHS should complete for each individual who is fitted for a negative or positive pressure tight-fitting respirator. Medical clearance examinations are required prior to fit testing.

Name of Person Conducting Fit Test: _____ **Signature:** _____

Employee Name: _____ **Employee Signature:** _____

Fit Test Date: _____

Employee Medically Qualified? ☐ Yes ☐ No ☐ Pending **Date of Medical Evaluation:** _____

Medical Approval Attached? ☐ Yes ☐ No

Respirators Fitted: (Define type, size, manufacturer, and model number):

Limitations Noted:

☐ Beard ☐ Dentures ☐ Glasses ☐ Contact Lenses ☐ Facial Surgery ☐ Dental Work ☐ No Limitations

Explain (or indicate other limitations not included above): _____

FIT TESTING

☐ Satisfactory Positive Pressure Fit Check

☐ Satisfactory Negative Pressure Fit Check

Quantitative Fit Test: ☐ Pass ☐ Fail

Equipment Used: _____

Qualitative Fit Test: ☐ Pass ☐ Fail

☐ Satisfactory Saccharin Mist Test

☐ Satisfactory Bitrex Solution Aerosol

☐ Satisfactory Banana Oil (Isoamyl Acetate)

☐ Satisfactory Irritant Smoke

Copy of results attached: ☐