

Respiratory Protection Program Plan

This plan addresses respiratory protection for the employees of

LINDENHURST PUBLIC SCHOOLS

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LINDENHURST PUBLIC SCHOOLS
Respiratory Protection Program for Disposable Particulate Respirators

Policy

The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators. All respirator use will occur within the context of a comprehensive program as per the standards set forth by OSHA or (for public employers in NYS) the Department of Labor, Public Employee Safety and Health Program (PESH). This requires a written program, medical evaluation, training, and fit testing. See OSHA standard 29 CFR 1910.134 or www.osha.gov for additional information. Resources on pandemic flu planning are available at <https://www.osha.gov/dsg/topics/pandemicflu/index.html>

Program Scope and Application

This program applies to all employees who may require respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations. This program is limited to the use of disposable particulate respirators (minimum N95). The types of work activities which require employees to wear disposable N95 respirators are outlined below:

Work Activity to be Performed	Where, When, Other Factors
Having any patient contact	Handling of patient with potential airborne precautions (such as TB, unknown virus)
Providing direct patient care and/or having close patient contact	In patient care areas when either CDC or the NYSDOH recommend the use of N95 precautions. Be specific to the tasks and settings to which your employees would likely be assigned.
Doing contact tracing, patient care, and/or disease investigation for infectious disease requiring airborne precautions	Community settings including School Nurses Office when either CDC or the NYSDOH recommend the use of N95 precautions.

Program Components

- Program Administration
- Program Scope/Application
- Identifying Work Hazards
- Respirator Selection
- Medical Evaluations
- Fit Testing
- Proper Respirator Use
- Cleaning and Disinfecting
- Inspection and Storage
- Respirator Training
- Evaluating/Updating Program
- Roles and Responsibilities
- Documentation and Record-keeping

Program Administration

Robert F. Cozzetto will be responsible for the administration of the respiratory protection program and thus is called the Respiratory Protection Program Administrator.

Roles and Responsibilities

Respiratory Program Administrator (RPA)

The Respiratory Program Administrator is responsible for administering the Respiratory Protection Program. Duties of the RPA include:

- Identify work areas, processes, or tasks that require respiratory protection.
- Monitor OSHA/PESH standards for changes and revise policy as needed.
- Monitor CDC and DOH recommendations and guidelines as they relate to respiratory protection and other recommended infection control measures.
- Select respiratory protection products. Involve users in selection whenever possible.
- Monitor respirator use to ensure that respirators are used in accordance with this program, training received, and manufacturer's instructions.
- Coordinate medical evaluations with licensed healthcare professional.
- Evaluate any feedback information or surveys.
- Arrange for and/or conduct training and fit testing.
- Ensure proper storage and maintenance of respiratory protection equipment.
- Conducting a periodic evaluation of the program and revising as needed.

Supervisor: Dave Cenerelli

- Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular units.
- In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge.
 - Duties of the Supervisor include:
 - Knowing the hazards in the area in which they work.
 - Knowing types of respirators that need to be used.
 - Ensuring the respirator program and worksite procedures are followed.
 - Ensuring employees receive medical evaluations.
 - Ensuring employees receive training and fit testing.
 - Ensuring staff use respirators, as required.
 - Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact program.
 - Ensuring proper storage and maintenance of respirators in their unit.

Employee:

- Participate in all training and fit testing
- Wear respirator when indicated
- Maintain equipment
- Inspect respirator and perform user seal check before every use
- Report malfunctions or concerns

Identifying Work Hazards

The respirators selected will be used as personal protection as part of an overall infection control plan which incorporates engineering and work practice controls.

This agency will follow the most current CDC and NYS Department of Health Guidance on appropriate infection control practices.

Routine infection control and isolation practices for typical work situations are well known and tend to remain consistent over time. However, during an outbreak of a new virus type or pandemic flu, infection control guidance may change as the situation unfolds, based on available epidemiological data. In these situations, it will be the responsibility of the Respiratory Protection Program Administrator to keep current with CDC/NYSDOH recommendation. The program will be adjusted and employees will be kept informed as changes occur.

Respirator Selection

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. In making the determination of which respirators to select, the RPA will consider the type of settings and job activities employees will perform the capabilities and limitations of the respirator, and duration of respirator use.

Respirators currently approved for use are as follows:

Manufacturer	Model	Work task
3M	N95 Disposable #8612F	Public Health Medical
	Particulate Respirator	Emergencies

Medical Evaluation

Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. Lindenhurst Public Schools will provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. A physician or other licensed health care professional (PLHCP) will perform the medical evaluations using the OSHA mandatory medical questionnaire (see Appendix A) and/or performing an initial medical examination that obtains the same information as the medical questionnaire.

A follow-up medical examination will be provided for any employee who gives a positive response to any question among questions 1 through 8 in Section 2, part A or whose initial medical examination demonstrates the need for a follow-up examination. Following a medical examination, Lindenhurst Public Schools shall be provided a written recommendation regarding the employee's ability to use a respirator and any restrictions indicated.

All medical questionnaires and examinations shall be administered in a **confidential** manner during the employee's normal working hours (or at a time and place convenient to the employee). The employee will also be provided the opportunity to discuss the questionnaire and/or results of the examination with the PLHCP.

While not required under the Standard, Lindenhurst Public Schools can set a schedule for periodic re-evaluation in the absence of any reported change in conditions. The following conditions require re-evaluation regardless of the date of the last assessment:

Re-evaluation will be conducted under these circumstances:

- Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.) or
- It is identified that an employee is having a medical problem during respirator use or observations made during fit testing or
- The healthcare professional performing the evaluation determines an employee needs to be reevaluated and the frequency of the evaluation or
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee or
- Employee facial size/shape/structure has changed significantly.

Fit Testing/Seal Check

Fit testing/seal check is conducted to determine how well the seal of a respirator “fits” on an individual’s face and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.

Employees required to wear a respirator shall be fit-tested using the Qualitative (QLFT) method. *{QLFT is a pass/fail test}*.

Employees shall be fit-tested/seal checked with a respirator of the same make, model, style and size as that of the respirator that will be used by the employee. If, based on the fit-test, it is determined that the employee needs a different style or size of tight-fitting face piece, employees shall be given a reasonable opportunity to select a different face piece, and be re-tested.

Fit testing/seal check will be conducted as necessary AND:

Prior to being allowed to wear any respirator or

- If the model of respirator available for use changes or
- If the employee changes weight by 10% or more or
- If the employee has any changes in facial structure or scarring.

Records of fit testing shall be maintained by the Respiratory Protection Administrator for at least 3 years.

Proper Respirator Use

General Use

Employees will use their respirators under the conditions specified by this program and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct user seal checks according to manufacturer recommendations each time they wear a respirator.

Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.

All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)

Cleaning and Disinfecting

A disposable particulate respirator can not be cleaned or disinfected. There is no specific time limit for how long an N95 respirator can be used.

If the medical condition requires only airborne isolation precautions;

- Discard the respirator if it is soiled, if breathing becomes labored, if structural integrity is compromised, and/or at the end of use.

If condition also requires contact and/or droplet precautions:

- The respirator must be discarded after a single use. All PPE should be removed and disposed of in a garbage receptacle prior to or upon exiting a patient room and hand hygiene performed immediately.
- However, in times of shortage, consideration can be given to covering the respirator with a surgical mask and discarding the mask after use but reusing the respirator. This decision will be made by the Respiratory Protection Program Administrator based on the available supply and current epidemiological data and will be communicated clearly to staff.

Storage and Inspection

Employees will inspect the respirator prior to use.

- Examine the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
- Check the respirator straps to be sure they are not cut or otherwise damaged.
- Make sure the metal nose clip is in place and functions properly (if applicable).

Respirators will be stored in a clean, dry area away from direct sunlight and extreme heat. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

Respirator Training

Employees shall be provided respiratory protection training upon initial assignment to jobs where a respirator has been determined necessary, and there after unless it is determined through a workplace re-evaluation that respiratory protection is no longer necessary. The RPA and/or Supervisor shall be responsible for ensuring completion of training.

Workers will be trained prior to the use of a respirator. Training will include:

- Why the respirator is necessary
- Identify hazards, potential exposure to these hazards, and health effects of hazards
- Other required PPE if needed
- Respirator fit, improper fit, usage, limitations, and capabilities
- Usage and storage
- Inspecting, donning, removal, seal check and trouble shooting
- Explaining respirator program (policies, procedures, OSHA standard, resources)

Evaluating/Updating Program

The Respiratory Program Administrator will conduct an annual review and evaluation of the Respiratory Protection Program Plan.

- Evaluate any feedback information or surveys.
- Review any new hazards or changes in CDC/DOH recommendations that would affect respirator use.
- The Respiratory Program Administrator will make recommendations and implement any changes needed in the Respiratory Protection Plan.

Documentation and Record-keeping

A written copy of this program can be found in the *Nurse's Office* of each building, and the *Health & Safety Office* at Central Administration.

The Respiratory Program Administrator maintains the medical information for all employees covered under the respiratory program. The completed medical forms and documented medical recommendations are **confidential**.

All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.

Additional Information and Resources

The current list of NIOSH approved respirators can be viewed at http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html . There are some products that are approved by NIOSH as an N95 respirator and also cleared by the Food and Drug Administration (FDA) as a surgical mask. These products are referred to as "Surgical N95 Respirators" and are indicated with the Model Number/Product Line and Approval Number appearing in a RED FONT followed by (FDA).

For assistance in finding someone to perform fit tests or for training in-house staff to perform fit tests, contact the manufacturer of the respirators you purchased to ask about their training programs. A local occupational health clinic or the local health department may also know of available resources. Information about the New York State Occupational Health Clinic Network (OHCN) is available at or 1-866-807-2130 or http://www.health.state.ny.us/environmental/workplace/clinic_network.htm

You can also check with the nearest PESH or OSHA office.

- Private employers can contact OSHA at 1-800-321-OSHA or <http://osha.gov/oskdir/ny.html> (for offices in New York), or
- Public employers in New York can contact PESH (Public Employee Safety and Health) at (518) 457-1263 or http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH_PESH.shtm or

Attachment:

Appendix A: Sample Medical Questionnaire

**Appendix A - Sample Medical Questionnaire - taken from:
Sec. 1910.134 - Appendix C: OSHA Respirator Medical Evaluation Questionnaire**

Instructions: Please complete this form BEFORE your Respirator Fit Test and return to:

Robert F. Cozzetto, RPA
350 Daniel Street
Lindenhurst, NY 11757

If you wish to speak to the health care professional who will review this questionnaire, contact: Dr. Eugene Gerardi, MD @ (631) 669-6350

Can you read? (circle one): Yes No

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

Your name: _____ Date ____/____/____
 Your age (to nearest year): _____ Sex (circle one): Male/Female
 Your height: _____ ft. _____ in. Your weight: _____ lbs.
 Your job title: _____
 Phone number at work: _____ Best time to call: _____
 Have you worn a respirator (circle one): Yes/No
 If "yes," what type(s)? : _____

Part A. Section 2. (Mandatory) Questions 1 through 9 must be answered by every employee selected to use a respirator. Please check "YES" or "NO" for each question.

Questions		YES	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?		YES	NO
a.	Seizures (fits)		
b.	Diabetes (sugar disease)		
c.	Allergic reactions that interfere with your breathing		
d.	Claustrophobia (fear of closed-in places)		
e.	Trouble smelling odors		
3. Have you ever had any of the following pulmonary or lung problems?		YES	NO
a.	Asbestosis		
b.	Asthma		
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:		YES	NO
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		
l.	Wheezing that interferes with your job		
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?		YES	NO
a.	Heart attack		
b.	Stroke		
c.	Angina		
d.	Heart failure		
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?		YES	NO
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?		YES	NO
a.	Breathing or lung problems		
b.	Heart trouble		
c.	Blood pressure		
d.	Seizures (fits)		
8. Have you ever used a respirator? IF NO, go to question 9. If you HAVE used a respirator, have you ever had any of the following problems?		YES	NO
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 a health care professional about your answers to this questionnaire?			

