

**Are You Safe at Work?**  
**Respiratory Protection for Nurses: Model Program Information**

**Checklist for Respiratory Protection Programs**

Check to ensure that your facility has:

- A written respiratory protection program that is specific to your workplace and covers the following:
  - Procedures for selecting respirators.
  - Medical evaluations of employees required to wear respirators.
  - Fit testing procedures.
  - Routine use and emergency respirator use procedures.
  - Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators.
  - Procedures for ensuring adequate air quality for supplied air respirators.
  - Training in respiratory hazards.
  - Training in proper use and maintenance of respirators.
  - Program evaluation procedures.
  - Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering facepieces) comply with the medical evaluation, cleaning, storing & maintenance requirements of the standard.
  - A designated program administrator who is qualified to administer the program.
  - Updated the written program as necessary to account for changes in the workplace affecting respirator use.
  - Provided equipment, training, and medical evaluations at no cost to employees.
  - Respiratory hazards have been identified and evaluated.
  - Employee exposures that have not been, or cannot be, evaluated are considered immediately dangerous to life or health (IDLH).
  - Respirators are NIOSH certified, and used under the conditions of certification.
  - Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability.
  - A sufficient number of respirator sizes and models are provided to correctly fit the users.

**For Immediately Dangerous to Life and Health (IDLH) atmospheres:**

- Full facepiece pressure demand supplied-air respirator (SARs) with auxiliary self-contained breathing apparatus (SCBA) unit or full facepiece pressure demand SCBAs, with a minimum service life of 30 minutes, are provided.
- Respirators used for escape only are National Institute for Occupational Safety and Health (NIOSH) certified for the atmosphere in which they will be used.
- Oxygen deficient atmospheres are considered IDLH.

**For Non-IDLH atmospheres:**

- Respirators selected are appropriate for the chemical state and physical form of the contaminant.
- Air-purifying respirators used for protection against gases and vapors are equipped with end-of-service-life indicator (ESLIs) or a change schedule has been implemented.
- Air-purifying respirators used for protection against particulates are equipped with NIOSH-certified high efficiency particulate air (HEPA) filters or other filters certified by NIOSH for particulates under 42 CFR part 84.

**Checklist for Medical Evaluation**

Check that at your facility:

- All employees have been evaluated to determine their ability to wear a respirator prior to being fit tested for or wearing a respirator for the first time.
- A physician or other licensed health care professional (PLHCP) has been identified to perform the medical evaluations.
- The medical evaluations obtain the information requested in Sections 1 and 2, Part A of Appendix C of the standard, 29 CFR 1910.134 (See Appendix C of this course).
- Employees are provided follow-up medical exams if they answer positively to any of questions 1 through 8 in Section 2, Part A of Appendix C, or if their initial medical evaluation reveals that a follow-up exam is needed (See Appendix C of this course).
- Medical evaluations are administered confidentially during normal work hours, and in a manner that is understandable to employees.
- Employees are provided the opportunity to discuss the medical evaluation results with the physician or other PLHCP.

The following supplemental information is provided to the PLHCP before they make a decision about respirator use:

- Type and weight of the respirator.
- Duration and frequency of respirator use.
- Expected physical work effort.

- Additional protective clothing to be worn.
- Potential temperature and humidity extremes.
- Written copies of the respiratory protection program and the Respiratory Protection standard.
- Written recommendations are obtained from the PLHCP regarding each employee's ability to wear a respirator, and that the PLHCP has given the employee a copy of these recommendations.
- Employees who are medically unable to wear a negative pressure respirator are provided with a power air-purifying respirator (PAPR) if they are found by the PLHCP to be medically able to use a PAPR.

Employees are given additional medical evaluations when:

- The employee reports symptoms related to his or her ability to use a respirator.
- The PLHCP, respiratory protection program administrator, or supervisor determines that a medical reevaluation is necessary.
- Information from the respiratory protection program suggests a need for reevaluation.
- Workplace conditions have changed in a way that could potentially place an increased burden on the employee's health.

### **Checklist for fit-testing**

Check that at your facility:

- Employees who are using tight fitting respirator facepieces have passed an appropriate fit test prior to being required to use a respirator.
- Fit testing is conducted with the same make, model, and size that the employee will be expected to use at the worksite.
- Fit tests are conducted annually and when different respirator facepieces are to be used.
- Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit.
- Employees are given the opportunity to select a different respirator facepiece, and be retested, if their respirator fit is unacceptable to them.
- Fit tests are administered using OSHA-accepted quantitative fit test (QNFT) or qualitative fit test (QLFT) protocols.
- QLFT is only used to fit test either PAPRs, SCBAs, or negative pressure APRs that must achieve a fit factor of 100 or less.
- QNFF is used in all situations where a negative pressure respirator is intended to protect workers from contaminant concentrations greater than 10 times the PEL.
- When QNFT is used to fit test negative pressure respirators, a minimum fit factor of 100 is achieved for tight-fitting half-facepieces and 500 for full-facepieces.

For tight-fitting atmosphere-supplying respirators and powered air-purifying respirators:

- Fit tests are conducted in the negative pressure mode.
- QLFT is achieved by temporarily converting the facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure APR.
- QNFT is achieved by modifying the facepiece to allow for sampling inside the mask midway between the nose and mouth. The facepiece is restored to its NIOSH approved configuration before being used in the workplace.

### **Checklist for Proper Use of Respirators**

Check your facility to be certain that:

- Workers using tight-fitting respirators have no conditions, such as facial hair, that would interfere with a face-to-facepiece seal or valve function.
- Workers wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-facepiece seal or valve function.
- Workers perform user seal checks prior to each use of a tight-fitting respirator.
- There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and that, when such conditions exist, you take steps to address those situations.
- Employees are permitted to leave their work area to conduct respirator maintenance, such as washing the facepiece, or to replace respirator parts.
- Employees do not return to their work area until their respirator has been repaired or replaced in the event of breakthrough, a leak in the facepiece, or a change in breathing resistance.

### **Checklist for Respirator Maintenance and Care**

Check to make sure that your facility has met the following requirements:

#### *Cleaning and Disinfecting*

- Respirators are provided that are clean, sanitary, and in good working order.
- Respirators are cleaned and disinfected using the procedures specified in Appendix B- 2 of the standard. Respirators are cleaned and disinfected:
  - As often as necessary when issued for the exclusive use of one employee.
  - Before being worn by different individuals.
  - After each use for emergency use respirators.
  - After each use for respirators used for fit testing and training.

### *Storage*

Respirators are stored to protect them from damage from the elements, and from becoming deformed.

Emergency respirators are stored:

- To be accessible to the work area.
- In compartments marked as such.
- In accordance with manufacturer's recommendations.

### *Inspections*

- Routine-use respirators are inspected before each use and during cleaning.
- SCBAs and emergency respirators are inspected monthly and checked for proper function before and after each use.
- Emergency escape-only respirators are inspected before being carried into the workplace for use.

Inspections include:

- Check of respirator function.
- Tightness of connections.
- Condition of the facepiece, head straps, valves, and cartridges.
- Condition of elastomeric parts.
- For SCBAs, inspection includes checking that cylinders are fully charged, and that regulators and warning devices function properly.
- Emergency use respirators are certified by documenting the inspection, and by tagging the information either to the respirator or its compartment, or storing it with inspection reports.

### *Repairs*

- Respirators that have failed inspection are taken out of service.
- Repairs are made only by trained personnel.
- Only NIOSH-approved parts are used.
- Reducing and admission valves, regulators and alarms are adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

### **Training and Information Checklist**

Check that employees can demonstrate knowledge of:

- Why the respirator is necessary and the consequences of improper fit, use, or maintenance.
- Limitations and capabilities of the respirator.
- How to effectively use the respirator in emergency situations.
- How to inspect, put on, remove, use, and check the seals of the respirator.
- Maintenance and storage procedures.
- The general requirements of the respirator standard.
- Training is understandable to employees.
- Training is provided prior to employee use of a respirator.

Retraining is provided:

- Annually.
- Upon changes in workplace conditions that affect respirator use.
- Whenever retraining appears necessary to ensure safe respirator use.
- Appendix D of the standard is provided to voluntary users.

### **Program Evaluation Checklist**

Check that at your facility:

- Workplace evaluations are being conducted as necessary to ensure that the written respiratory protection program is being effectively implemented.
- Employees required to wear respirators are being regularly consulted to assess the employees' views & to identify problems with respirator fit, selection, use & maintenance.
- Any problems identified during assessments are corrected.

### **Recordkeeping Checklist**

Check that at your facility:

- Records of medical evaluations have been retained.
- Fit testing records have been retained.
- A copy of the current respiratory protection program has been retained.
- Access to these records is provided to affected employees.