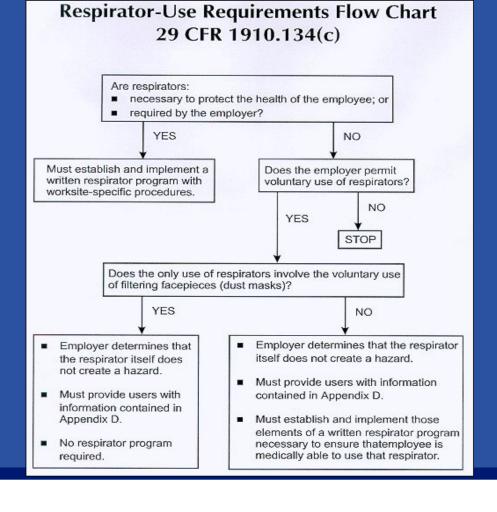
RESPIRATORY PROTECTION PROGRAM TOOLKIT

Deniece Waruinge, RN MPA Infection Prevention Educator Project Firstline



What is a Respiratory
Protection Program
(RPP) and why do we
need it?







Flowchart:

RESPIRATORY PROTECTION PROGRAM GOALS

A Respiratory Protection Program is critical in settings with identifiable respiratory hazards. Some of the benefits of establishing the RPP include:

- Hazard identification and implementation of control measures.
- Understanding the need for respirator use.
- Understanding the use of appropriate respirator type for the identified hazards.
- Understanding of the legally enforceable respiratory protection standards.

Understanding the Difference





Surgical Mask

N95 Respirator

Testing and Approval

Cleared by the U.S. Food and Drug Administration (FDA)

Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84

Intended Use and Purpose

Fluid resistant and provides the wearer protection against large droplets. splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions. Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).

Face Seal Fit

Loose-fitting

Tight-fitting

Fit Testing Requirement

Yes

User Seal Check Requirement

Yes. Required each time the respirator is donned (put on)

Filtration

Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection

Filters out at least 95% of airborne particles including large and small

Leakage

Leakage occurs around the edge of the mask when user inhales

When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales

Use Limitations

Disposable. Discard after each patient

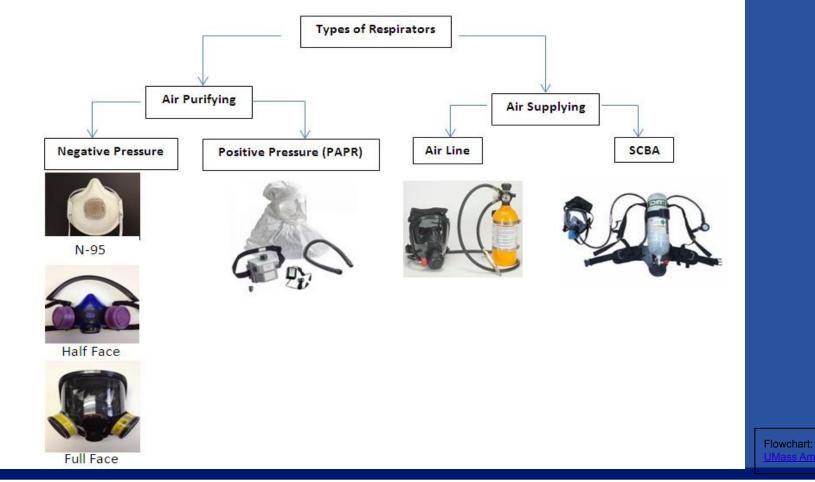
Ideally should be discarded after each patient encounter and after aerosolgenerating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face: becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

This information provides clarification regarding respirator and mask use in workplaces in which employees are exposed to respiratory hazards, it is not specific for the COVID-19 pandemic.



Centers for Disease Control and Prevention
National Institute for Occupational Infographic:







RESPIRATORY PROTECTION PROGRAM SET UP

For the development of a successful RPP:

- Roles and responsibilities for program administration and implementation must be determined and assigned appropriately.
- A hazard assessment must be conducted and results included in the RPP.
- Employees at risk of exposure to hazards present in the workplace must be identified.

RESPIRATORY PROTECTION PROGRAM COMPONENTS

An OSHA compliant respiratory protection program includes the following essential components listed on the Occupational Safety and Health Standards 29 CFR 1910.134:

- 1. Nine OSHA provisions.
- 2. Written program/living document.
- 3. Administered by a trained program administrator.



OSHA Provision #1:

Respirator selection

- Match to nature of hazard.
- Work conditions and job requirements.
- Functionality and limitations of available respirators.
- NIOSH approved respirators.

NIOSH Approved Respirators



Types of N95 respirators

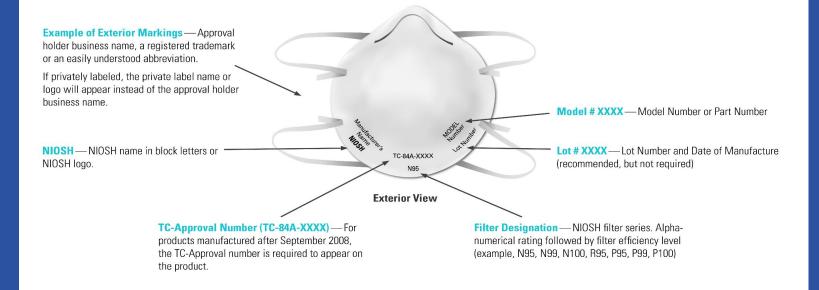


Image: Vitality Medica



Required Labeling of NIOSH-Approved N95 Filtering Facepiece Respirators

For more information about NIOSH-Approved respirators, go to: http://knowits.NIOSH.gov



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OSHA Provision #2:

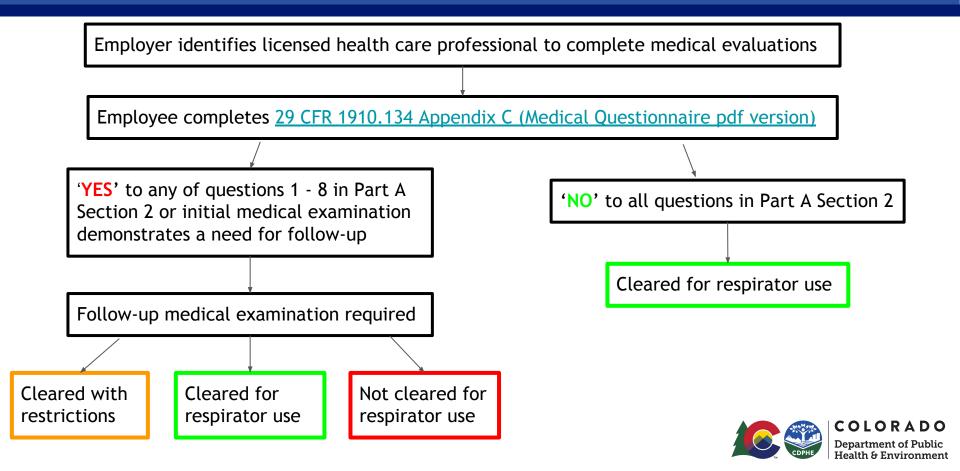
Medical evaluation

- For all required to wear a respirator.
- Performed by licensed health care professional.
- Completed before every fit testing.

29 CFR 1910.134 Appendix C: Medical Questionnaire



MEDICAL EVALUATION PROCESS



OSHA Provision #3:

Fit testing

- Must be done before initial respirator use and annually.
- For each different type of respirator to be used.
- Retest as needed when changing respirator types available and when physical changes that affect user fit occur.
- Qualitative or quantitative.

29 CFR 1910.134 Appendix A: Fit Testing Protocols
OSHA Respiratory Protection Training Videos



Fit Testing

QUALITATIVE

Subjective.

Four approved protocols.

Most common - Saccharin or Bitrex.

Used for APR respirators.

QUANTITATIVE

Objective.

Three approved protocols.

Most common - ambient aerosol condensation nuclei counter test (CNC).

Can be used for all types of respirators.



Qualitative: FT-30 Bitter

Quantitative: PortaCount 8048 Kit





Image:3M; TSI



QUANTITATIVE



QUALITATIVE



Image: Youtube: TSI Incorporated



Facial Hairstyles and Filtering Facepiece Respirators

Intended for workers who wear tight-fitting respirators



If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it.

This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.

Source: CSHA Respiratory Protection Standard

https://www.osha.gov/pls/oshaweb/owadisp.show_document/p_table=standards&p_id=12716

Further Reading: NIOSH Respirator Trusted-Source Webpage

https://www.cdc.gov/niosh/nppti/topics/respirators/disp_port/respsowce3fittest.html



Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Image:



OSHA Provision #4: Procedures for appropriate day-to-day use vs. emergency use.

OSHA Provision #5:

Maintenance procedures: cleaning, disinfecting, storing, inspecting, repairing, and discarding.

*OSHA Provision #6: Suitability procedures: adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators (SCBA). *if applicable.

OSHA Provision #7:

Respiratory hazards and exposure training.

OSHA Provision #8:

Appropriate use procedures: proper use, donning, doffing, and respirator limitations.

OSHA Provision #9:

Program effectiveness evaluation protocols.



Written Program

Written program guidelines:

- A living document with site specific policies and procedures that is updated as needed.
- Accessible to all employees.
- Available to OSHA representatives on request.



Program Administration

Program administration guidelines:

- OSHA training on respiratory protection standards.
- Knowledge of the principles of respiratory protection.
- Authority to implement program.



RESOURCES

CDPHE

CDPHE Respiratory Protection Program Toolkit

CDC

CDC/NIOSH/OSHA Hospital Respiratory Protection Program Toolkit Webpage

Hospital Protection Program Toolkit PDF (2022)

CDC: Donning and doffing PPE sequence

CDC Infographics

CDC: Guide to infection prevention for outpatient settings (2016)

OSHA

OSHA Respiratory Protection Standard Requirements pdf

OSHA Respiratory Protection Program Guidelines

OSHA Archive: Extended use/reuse of respirators during COVID-19 pandemic (2020)



RESOURCES

NIOSH

NIOSH: Reuse/extended use FAQ (2018)

NIOSH: Fit testing FAQ (2018)

NIOSH: Seal check FAQ (2018)

NIOSH: Healthcare respiratory protection resources

NIOSH: Respiratory protection information source (2022)

APIC

2009 APIC position paper: Extended use/reuse of respirators during disasters

<u>APIC archive doc (n.d.): Respirator reuse in ARD emergencies</u>

APIC: Infection prevention for ambulatory care centers during disasters (2013)

APIC DOs & DONTs for respirator use (2015)

APIC: Safely reprocessing respirators for reuse during epidemics (2022)



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CDPHE. (n.d.). Respiratory protection program toolkit.

https://drive.google.com/file/d/10pw4y2lIX1WL3O4joXyG0n1PAQhdiogE/view

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CDC. (April, 2022). Hospital respiratory protection program toolkit.

https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=1

0.26616/NIOSHPUB2015117



Q & A



