

POLICY TITLE: RESPIRATORY PROTECTION PROGRAM		PAGE <u>1</u> OF <u>12</u>
POLICY NUMBER: 3.40		
CHAPTER 3: PERSONNEL		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
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I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

Adult and Juvenile Facilities

III. POLICY

The purpose of this policy is to ensure that Department staff are protected from exposure to respiratory hazards in compliance with applicable State and federal statutes and regulations.

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VI. PROCEDURES

Procedure A: Respiratory Program, General

1. The Respiratory Protection Program is established in accordance with the Maine Department of Labor adoption of the Occupational Safety and Health Standards (OSHA) for General Industry [29 CFR 1910.134](#) (Respiratory Protection). This policy governing the program shall be available to staff on the Department's electronic document management system. Terms used in this policy and/or its attachments are listed in Respirator Definitions (Attachment A).
2. Staff are never allowed to enter an area that lacks adequate oxygen.
3. Staff are required to wear a respirator in settings, whether during normal work operations or during a non-routine or an emergency operation, in which one or more of the following conditions are present where the air:
 - a. is contaminated with harmful levels of dust, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors;
 - b. may be contaminated due to the sudden release of dusts, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors; or
 - c. may be contaminated with tuberculosis or other airborne pathogens.
4. The facility Chief Administrative Officer, or designee, shall authorize voluntary use of respiratory protection equipment as requested by staff on a case-by-case basis, if such respirator use will not create a hazard, depending on specific workplace conditions and the results of the medical evaluation. If allowed, the Chief Administrative Officer, or designee, shall provide the staff with Information for Employees Using Respirators When Not Required Under the Standard (Attachment B).
5. Selection of respirators shall be based on the respiratory hazard(s) to which the staff is exposed and workplace and user factors that affect respirator performance and reliability.
6. Only Department-issued respirators and related supplies shall be used.
7. Respirators, training, and medical evaluations shall be provided at no cost to staff when respiratory protection is required.

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8. All staff requiring or using respiratory protection shall comply with this policy and failure to comply may result in disciplinary action, up to and including termination.
9. A prisoner or a resident shall not be assigned to or be permitted to perform a duty, task, or activity that would require respirator use if staff were performing the duty, task, or activity. A prisoner, resident, volunteer, student intern, or visitor shall not be in a location that would require respirator use if staff were in that location.
10. Each facility Chief Administrative Officer, or designee, shall ensure that the facility Respiratory Protection Program is reviewed on annual basis and provide a copy of the written report to the Department's Deputy Director of Operations.

Procedure B: Responsibilities of the Department Respiratory Protection Program Administrator

1. The Department's Deputy Director of Operations serves as the program administrator for the Department's Respiratory Protection Program and is responsible for the overall management of the program, including, but not limited to, the following:
 - a. ensuring that exposure assessments and monitoring of the respiratory hazards are conducted;
 - b. obtaining National Institute of Occupational Safety and Health (NIOSH) approved respirators and related supplies;
 - c. overseeing the monitoring, inspections, compliance and evaluations to determine the effectiveness of the program and adherence to Occupational Safety and Health Standards for General Industry (29 CFR 1910.134);
 - d. assisting facility Chief Administrative Officers, or designees, and facility Respiratory Protection Program coordinators on any matter concerning this program; and
 - e. consulting, as necessary, with other agencies, such as the Maine Department of Labor.

Procedure C: Responsibilities of the Facility Respiratory Protection Program Coordinator

1. The Chief Administrative Officer of each facility shall designate a qualified facility respiratory protection program coordinator.
2. The facility coordinator shall be responsible for, but not limited to, the following:
 - a. monitoring facility work areas and operations to identify respiratory hazards;
 - b. conducting quality checks to ensure that respirators are properly cleaned, maintained, and stored in accordance with the program and facility practices;
 - c. managing the inspection process as set forth in Procedure J;

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- d. assisting facility supervisors and others as applicable, on any matter concerning this program;
- e. implementing a change schedule for canisters and cartridges that ensures that canisters and cartridges are changed before the end of their service life;
- f. ensuring that facility staff have received required training and fit testing;
- g. maintaining required records; and
- h. coordinating with the Department's Respiratory Protection Program administrator to address respiratory hazards and/or other concerns regarding the program at the facility.

Procedure D: Responsibilities of Facility Supervisors

1. Supervisors who supervise facility staff required to wear a respirator are responsible for ensuring that the Respiratory Protection Program is implemented in their work areas and shall be responsible for, but not limited to, the following:
 - a. monitoring their work areas and operations to identify respiratory hazards;
 - b. identifying staff under their supervision required to wear a respirator when administrative controls and engineering controls, such as ventilation and/or substitution of less toxic materials, are not feasible or cannot completely control the identified respiratory hazards;
 - c. ensuring that staff under their supervision have received required training and fit testing, if necessary;
 - d. ensuring respirators are used in accordance with their certifications;
 - e. ensuring that respirators are properly cleaned, maintained, and stored;
 - f. ensuring that each respirator and the filter, cartridge, or canister, as applicable, are changed before the end of their service life or the maximum use limit, whichever comes first;
 - g. notifying the facility coordinator of any respirator malfunctions;
 - h. enforcing the proper use of respiratory protection when necessary;
 - i. informing the facility coordinator of any potential respiratory hazard or other concerns regarding the Respiratory Protection Program; and
 - j. ensuring that staff under their supervision have read and signed that they understand this policy.

2. Supervisors shall also ensure that staff under their supervision who are not certified to wear a respirator are not assigned to locations or job positions or duties, tasks, or activities that require respirator use.

Procedure E: Responsibilities of Facility Staff Required to Wear a Respirator

1. Staff assigned to a location or job position or duty, task, or activity that requires respirator use shall be responsible for, but not limited to, the following:

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- a. completing the OSHA Respirator Medical Evaluation Questionnaire (Attachment C);
- b. participating in required medical evaluations and any required fit testing;
- c. attending training prior to respirator use;
- d. wearing his or her respirator when and where required and in the manner in which he or she has been trained, and in compliance with the conditions of its certification;
- e. caring for, maintaining, and storing the respirator(s) as set forth in Procedure J;
- f. informing his or her supervisor if the respirator no longer fits well or is defective;
- g. informing his or her supervisor of any potential respiratory hazard or other concerns regarding the Respiratory Protection Program; and
- h. reading, understanding, and agreeing to follow this policy.

Procedure F: Respirator Selection

1. The determination of which National Institute of Occupational Safety and Health (NIOSH) certified respirator must be used shall be based upon:
 - a. the types and concentrations of airborne contaminant(s);
 - b. the characteristics and locations of hazardous areas;
 - c. the staff's activities in the hazardous area;
 - d. the capabilities and limitations of the respirator; and
 - e. duration of respirator use.
2. Respirators currently approved for use by Department staff are found in the Approved Respirators list (Attachment D).
3. Staff shall not wear a tight-fitting respirator if he or she has any condition, such as facial scars, facial hair (hair on the face which comes between the sealing surface of the respirator and the face), or missing dentures, that prevents him or her from achieving a good seal. Staff must not wear headphones, jewelry or other articles that may interfere with the facepiece to face seal.
4. **A dust mask is never allowed to be used as a respirator protection mask.**

Procedure G: Medical Evaluation and Re-Evaluation

1. Staff are required to receive a medical evaluation to determine the staff's ability to use a respirator prior to the fit test or use of the respirator.
2. Staff shall be provided the opportunity to complete the OSHA Respirator Medical Evaluation Questionnaire (Attachment C) confidentially during normal working hours or at another time and place convenient to the staff.

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3. If a staff person is unable to read the questionnaire, he or she may be assisted by another person of his or her choice in reading the document.
4. The facility health care staff shall determine whether or not to approve a potential respirator user as qualified to fit test or not qualified to fit test based on the responses given on the OSHA Respirator Medical Evaluation Questionnaire.
5. Staff shall be provided the opportunity to speak confidentially with the facility health care staff about the determination.
6. If the facility health care staff does not approve the staff as qualified to fit test or makes observations during fit testing that indicate a need for further evaluation, he or she shall inform the staff that a medical examination by a community health care provider is required, which will be provided at no cost to the staff.
7. If a medical examination by a community health care provider is required, the facility health care staff shall determine whether or not to approve a potential respirator user as qualified to fit test or not qualified to fit test based on the community health care provider's medical examination.
8. If the facility health care staff approves the staff as qualified to fit test, facility health care staff shall perform the fit test.
9. After a staff person has been medically approved and fit tested and started to use a respirator, facility health care staff shall inform a respirator user that a medical examination by a community health care provider is required, which will be provided at no cost to the staff, if:
 - a. the staff reports signs and/or symptoms related to his or her ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing;
 - b. the staff's supervisor or facility coordinator observes such signs; or
 - c. a change occurs in work conditions that may result in an increased physiological burden on the staff.
10. If a medical examination by a community health care provider is required, facility health care staff shall determine whether or not to continue the staff's approval as a respirator user based on the community health care provider's medical examination.
11. All staff who are cleared for respirator use are required on an annual basis to have a medical re-evaluation by facility health care staff for continued approval as a respirator user.
12. Except for the determination as to whether or not staff is approved for respirator use, all OSHA Respirator Medical Evaluation Questionnaires and medical evaluations, examinations, and re-evaluations are confidential and shall be forwarded to the facility Human Resources staff to be retained in the staff's separate medical personnel file.

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Procedure H: Fit Testing

1. Staff approved for fit testing shall be fit tested using an approved respirator (see Attachment D) of the same make, model, style, and size as the one to be used on the job. This may be a negative pressure respirator with a tight-fitting, filtering facepiece or other type of respirator with a tight-fitting facepiece or, as provided below, a helmet respirator.
2. Fit testing shall be conducted:
 - a. prior to the initial use of a respirator;
 - b. on an annual basis;
 - c. if a respirator of a different size, style, model or make is to be used on the job;
 - d. if the staff, supervisor, or facility coordinator makes a visual observation of changes in the staff's physical condition that would affect respirator fit, such as facial scarring, dental changes, cosmetic surgery, or a drastic change in weight; and
 - e. if the staff passes the fit test, but notifies his or her supervisor that the fit is unacceptable, in which case the staff shall be allowed to select a different respirator of an acceptable type and shall be retested.
3. The health care staff conducting the fit testing shall ensure the staff can taste the test agent being used for the test prior to putting on the respirator.
4. The respirator must then be put on and adjusted in accordance with the manufacturer's instructions to have a tight-fitting seal (i.e., the staff cannot detect the test agent). If the respirator does not have a tight-fitting seal or is uncomfortable, the staff shall adjust the respirator or select another respirator of an acceptable type to obtain a tight-fitting seal.
5. Tight-fitting facepiece respirators are not permitted if:
 - a. staff has facial hair that interferes with the sealing surface of the respirator and the face or interferes with the valve function;
 - b. staff has corrective glasses that interfere with the seal of the facepiece; or
 - c. any other condition interferes with the facepiece seal.
6. If a tight-fitting seal cannot be obtained, the staff may use only a helmet (full-face mask powered air-purifying respirator (PAPR)). Use of a PAPR requires medical evaluation and approval, but does not require fit testing.
7. Staff who are being fit tested shall perform the below fit test exercises. Each test exercise is performed for one minute except for the grimace exercise, which must be performed for 15 seconds. The respirator must not be adjusted once the fit test exercises begin. Any adjustment to the respirator during the fit test exercises voids the test and the fit test shall be repeated.

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- a. normal breathing – the staff must breathe normally in a normal standing position without talking;
 - b. deep breathing – the staff must breathe deeply and slowly in a normal standing position taking caution to not hyperventilate;
 - c. turn head side to side – the staff must slowly turn his or her head from side to side between the extreme positions on each side while standing in place. The staff must inhale at each extreme while momentarily holding his or her head still;
 - d. move head up and down – the staff must slowly move his or her head up and down while standing in place. The staff must inhale while in the up position (i.e., while looking at the ceiling);
 - e. talk – the staff must talk out loud slowly and loudly enough to be heard clearly by the health care staff conducting the test while reciting the “rainbow passage”;
 - f. jogging in place;
 - g. normal breathing after jogging in place;
 - h. grimace – the staff must grimace by smiling or frowning; and
 - i. bending over – the staff must bend at the waist as if to touch toes.
8. The fit test shall be a qualitative fit test, unless the staff is unable to detect the test agent, in which case a quantitative fit test shall be conducted.
9. The facility health care staff conducting the fit testing shall complete a Respirator Clearance Report (Attachment E) and forward the report to the facility coordinator.

Procedure I: Respirator Use

- 1. Only staff who are currently cleared for respirator use and have been trained in the use of a respirator of the same make, model, style, and size as the one to be used on the job may use a respirator or work in a location or have a job position or perform duties, tasks, or activities that require respirator use.
- 2. If a staff person has been fit tested for a tight-fitting respirator, one shall be issued to the staff for that staff’s exclusive use during the assigned duty, task, or activity or shall otherwise be made available to the staff whenever respirator use is required.
- 3. Staff shall conduct a user seal check prior to each time he or she wears a tight-fitting respirator and, if for any reason a tight-fitting seal cannot be obtained and the reason is not remedied, staff shall use a PAPR, if available. If not available, the staff shall not be allowed to work in a location or have a job position or perform duties, tasks, or activities that require respirator use.
- 4. If a staff person has been cleared to wear only a Powered Air Purifying Respirator (PAPR), staff shall use a PAPR, if available. If not available, the staff shall not be

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allowed to work in a location or have a job position or perform duties, tasks, or activities that require respirator use.

5. Staff shall use a respirator under the conditions specified by this policy and in accordance with the training they receive on the use of the particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
6. The staff shall vacate the respirator use area:
 - a. to wash his or her face and the respirator facepiece as necessary to prevent respirator-induced eye or skin irritation;
 - b. if vapor or gas breakthrough is detected;
 - c. if there is a change in breathing resistance;
 - d. if there is facepiece leakage; or
 - e. to replace the respirator or filter, cartridge, or canister elements.
7. If any of the above conditions are caused by a failure of the respirator or any of its components, or if cartridges or filters need to be changed, the staff shall report any such circumstances to his or her supervisor, and replacement parts or repairs to the respirator shall be made prior to allowing the staff to return to the respirator use area.

Procedure J: Cleaning, Inspection, Storage and Replacement

1. Unused N95, R95, and P95 respirators shall be stored per the manufacturer's recommendation. The staff to whom the respirator has been issued shall conduct a thorough visual inspection for cleanliness and/or defects monthly. A dirty or defective respirator shall be disposed of. The respirator shall be disposed of after use. The staff shall inform the facility respiratory protection program coordinator of the disposal, and the coordinator shall provide the staff with a replacement respirator.
2. Other respirators issued for the exclusive use of a staff person shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition and after each use.
3. Staff shall complete the following respirator cleaning and disinfecting, unless the manufacturer directs otherwise:
 - a. disassemble the respirator, removing all filters, canisters, or cartridges, as applicable;
 - b. wash the facepiece and associated parts in a mild detergent with warm water, not using organic solvents or bleach;
 - c. rinse the facepiece and associated parts completely in clean, warm water;
 - d. wipe the respirator with an approved cleaner to kill germs;

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- e. air dry in a clean area and, if a clean area is not available, use clean disposable paper towels to blot excess moisture;
 - f. reassemble the respirator and replace any defective parts (noting the condition of the head straps and valve flaps); and
 - g. place in a Department supplied dry plastic bag or other air tight container for storage.
4. Staff shall inspect respirators as follows:
 - a. respirators used in routine situations shall be inspected before each use and during cleaning; and
 - b. respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use.
 5. The inspection shall include a check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters and a check of elastic parts for pliability and signs of deterioration.
 6. If staff discovers a defect in a respirator or that it has defective parts, the staff shall bring the defective respirator to the attention of his or her supervisor. The supervisor shall return the defective respirator to the facility respiratory protection program coordinator, who shall:
 - a. temporarily take the respirator out of service, tag it as out of service, store it separately from functional respirators until it can be repaired, and arrange for its repair; or
 - b. dispose of the respirator due to an irreparable problem.
 7. Respirators that fail an inspection or are otherwise found to be defective shall be removed from service, and discarded or repaired or adjusted. Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator.
 8. Respirator canisters and cartridges shall be replaced before the end of service life or maximum use limit, whichever comes first.

Procedure K: Training

1. The facility respiratory protection program coordinator shall be responsible for training respirator users and their supervisors.
2. Staff shall be trained prior to using respirators in the workplace. Supervisors are trained prior to using a respirator in the workplace and prior to supervising staff required to use respirators.

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3. The training shall be conducted prior to requiring the staff to use a respirator and cover the following topics:
 - a. the Department's respiratory protection policy;
 - b. why respirators are necessary;
 - c. the responsibilities of staff using respirators and their supervisors;
 - d. the OSHA respiratory protection standard;
 - e. the respiratory hazards encountered at the worksite;
 - f. the proper selection of respirators;
 - g. proper use of respirators specific to the job task at the specific site;
 - h. respirator limitations;
 - i. how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
 - j. additional personal protective equipment;
 - k. how to put-on and perform user seal (fit) checks;
 - l. emergency use practices;
 - m. cleaning, inspection and storage; and
 - n. medical signs and symptoms limiting the effective use of respirators.

4. Staff are retrained annually, or as needed (e.g., relocation to another facility, using a different type of respirator). Staff are required to demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training is documented by the facility respiratory protection program coordinator. Documentation includes the type, model, and size of respirator for which each staff has been trained.

Procedure L: Documentation and Recordkeeping

1. The facility respiratory protection program coordinator shall maintain a record of the fit testing administered to staff, to include:
 - a. the name of the staff tested;
 - b. type of fit test performed;
 - c. specific make, model, style, and size of respirator tested;
 - d. date of the test; and
 - e. the pass/fail results.

2. Fit test records shall be retained in the staff's facility personnel file until the next fit test is administered.

3. Training records shall be maintained by the facility coordinator. These records are updated as new staff are trained, when existing staff receive refresher training, and/or new training is conducted.

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4. All medical documentation concerning clearance for respirators shall be kept confidential and maintained in the staff's personnel file in accordance with the OSHA medical records standard 29 CFR1910.1020. However, the facility health care staff's written recommendation regarding the staff's ability to use a respirator is maintained by the facility coordinator.

Procedure M: Evaluation

1. Each facility respiratory protection program coordinator shall conduct periodic evaluations of appropriate workplaces in the facility to ensure that the provisions of this policy are being implemented.
2. The evaluations shall include regular consultations with staff who use respirators and their supervisors for recommendations of improvement or problematic issues, review of records, site inspections and periodic air monitoring to assist in the evaluation.
3. Problems identified shall be noted in an inspection log and addressed by the facility coordinator.
4. These findings shall be reported to the Department Respiratory Protection Program Administrator, and the report shall include a corrective action plan to correct deficiencies and target dates for the implementation of those corrections.
5. The Department Respiratory Protection Program Administrator and/or the Department's Correctional Operations Assessment Team (COAT) may also conduct an assessment of the Respiratory Protection Program at any facility, as deemed necessary.

VII. PROFESSIONAL STANDARDS

None

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