

The Respiratory Protection Program

The Respiratory Protection Standard (29 CFR 1910.1200) was promulgated to assure that employers develop a Respiratory Protection Program that would provide employees with respirators that are "applicable and suitable" for the purposes intended "when such equipment is necessary to protect the health of the employee."

Suffolk County Community College shall make available to any employee, whose job responsibilities require entrance into a potentially hazardous environment, an appropriate respirator for his/her personal use for protection against the potential hazards encountered.

The following requirements of the standard will be discussed in this section:

- I. Program Administration
- II. Employee Responsibility
- III. Respiratory Selection
- IV. Maintenance, Cleaning, Inspection and Storage
- V. Training
- VI. Respirator Fit Test
- VII. Medical Evaluation

I Program Administration

The Assistant Director of Public Safety and Environmental Health is appointed the administrator of the Respiratory Protection Program. As administrator, the Assistant Director of Public Safety and Environmental Health will inform management of the changes to the respiratory protection program as needed. The Assistant Director of Public Safety and Environmental Health is responsible for:

- Identifying all activities requiring respiratory protection.
- Performing a hazard assessment to determine the level of protection necessary to accomplish a specific task.
- Establishing respiratory protection training programs for employees.

The SCCC ENVIRONMENTAL HEALTH & SAFETY Committee will evaluate the program for effectiveness.

Each Department is required to purchase, maintain and replace its respirators. Additionally, each department is responsible for ensuring that its employees receive the proper medical testing associated with this program.

II Employee Responsibility

The employee shall wear the respiratory device(s) when performing tasks in areas where the potential for exposure to airborne contaminants is anticipated. The employee shall maintain a facial surface consistent with a proper fit of the respiratory device, i.e. no beards. The employee shall be required to read this respiratory protection program and all literature pertaining to the proper use and maintenance of each protective device before use. The employee shall be available with the protective devices for any inspections and fit testing when requested by the program administrator. The employee is responsible for the routine care and preventative maintenance as described by the manufacturer's manual. The employee will keep all appropriate records as required by this program.

III Respirator Selection

Only those individuals who are medically able to wear respiratory protective equipment shall be issued equipment by their supervisor. No employee shall wear a respirator unless they are medically able to do so. Before being issued respiratory equipment, each employee must have a medical evaluation performed by a competent physician. The fitness requirement will be at the discretion of physician, but if any respirator user's physical ability changes at any time, they

must notify their supervisor at once. The employee shall cease use of the respirator until physician's approval to resume respirator use has been obtained.

Each respirator user will receive fitting instructions that include demonstrations and practice on how the respirator should be worn, how to adjust and how to determine if the respirator fits properly. Although respirators are designed for maximum efficiency, they cannot protect the wearer without a tight seal between the facepiece and the wearer. Beards and other facial hair can substantially reduce the effectiveness of a respirator.

To assure proper protection, respirator fit must be checked by the wearer each time the respirator is put on. Any employee who finds that they cannot obtain a proper fit with their respirator must notify their supervisor immediately. Upon notification by any employee of a respirator's improper fit, the supervisor shall not permit the employee to work in any area where respiratory protection is required until the employee is equipped with a properly fitting respirator.

The effectiveness of the facepiece fit of respirator can be tested by qualitative measures. Qualitative fit testing involves the introduction of a harmless, odorous substance into the breathing zone of the wearer. A proper fit is indicated if the wearer cannot detect the odorous substance.

- Choosing the correct respiratory protective equipment involves three steps: determination of the hazard; choosing equipment that is certified for the function and assuring that the device is performing the function it is intended to do.
- Proper selection of respirators must be made according to the OSHA requirements (29 CFR 1920.134(c)).
- There are two basic types of respirators:
 1. **Air-Purifying Respirators** are designed to remove harmful substances from the air. They range from simple disposable masks to sophisticated positive pressure blower operated respirators. Air-purifying respirators may not be used in an oxygen-deficient atmosphere or under conditions immediately dangerous to life and health.
 2. **Air-Supply Respirators** are designed to provide air from a clean source outside of the contaminated work area.

They range from air-line respirators and self-contained breathing apparatus (SCBA) to complete air-supplied suits. SCCC does NOT use this type of unit.

Table 1: Respiratory Protective Equipment Selection

Product	Department	Manufacturer	Model
Fixer and Developer	Art	3M	As per SDS
Silica exposure during clay mixing	Art	3M	P95 8577
Welding	All	3M	N95 8214
Pollen or other particulate (Non-oil)	Grounds	3M	N95 8511
Pesticide	Grounds	3M	P95 8271
Painting	Plant Ops	3M	P95 8577
Calcium Carbonate Dust (Rock Salt)	Plant Ops	3M	N95 8511

IV Maintenance, Cleaning, Inspection and Storage

- All respirators must be properly stored to protect them from damage due to environmental factors (sunlight, temperature extremes, etc.) and chemicals.
- When respirators are not in use, they must be placed in a plastic bag and stored in a clean area. Respirators should be stored with the facepiece and exhalation valve in a normal position to prevent it from taking a permanent distorted shape.
- Respirators should not be stored in workbenches, toolboxes or lockers unless they are protected against airborne contaminants, distortions and any damage.
- The affected employee shall complete the monthly Respiratory Inspection Records 1 and 2.

V Training

Every employee who is required to wear a respirator must know how to wear it, care for it, adjust it and know how to determine if it fits properly and provides the appropriate protection. Each supervisor will provide employees with needed respirator training and instruction. All employees will be instructed on the proper selection, use and limitations of the equipment. This training will be provided prior to any assignment requiring the use of such equipment.

The training shall include information on:

- Nature of the respiratory hazard and what may happen if the respirator is not used properly.
- Engineering and administrative controls being used and the need for the respirator as added protection.
- Reason(s) for selection of a particular type of respirator. Limitations of the selected respirator. Methods of donning the respirator and checking the fit (negative and positive checks) and operations.
- Proper method for wearing of the respirator. Respirator maintenance and storage.
- Proper method for handling emergency situations.
- A record of employee names and dates and type of initial training and subsequent refresher training will be recorded and maintained by the employee's Department.

VI Respirator Fit Test

It is well recognized that no one respirator will fit every individual. Therefore, to provide the appropriate respirator, fit testing will be performed to ensure a tight seal between the facepiece and wearer. Public Safety will conduct the fit testing.

VII Medical Evaluation

- No employee shall be assigned respiratory protection devices unless it has been determined that the employee is physically able to perform the work and use the respirator.
- A competent physician shall perform a medical review to determine each employee's fitness to wear a respirator.
- Employee Resources will schedule all exam appointments.

RESPIRATOR INSPECTION RECORD

Cartridge Type

RESPIRATOR TYPE:	S.N. AND MODEL NUMBER:
YEAR:	INSPECTED BY:
LOCATION:	USER:

Items Checked	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Rubber Facepiece												
Rubber Head												
Rubber Hose												
"0" Ring Connector												
Exhalation												
Inhalation valve												
Facepiece Lens												
Cartridge Holder												
Cartridge Gasket												
cleanliness												
Fog proof												
Storage Box												

Comments:

Properly Stored:

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Respirator Fit Test Record

A. Employee Name: _____

Employee Job Title and Description:

B. Respirator Selected: _____

Manufacturer:

Model Number: _____

Date of Purchase: _____

C. Conditions that could affect respirator fit: (circle all that apply):

- | | | |
|---|-----|----|
| •Clean Shaven | Yes | No |
| •Beard Growth | Yes | No |
| (If beard growth is below sealing area, fit testing is not permitted) | | |
| •Moustache | Yes | No |
| •Dentures | Yes | No |
| •Weight Loss or Gain | Yes | No |
| •Facial Scar | Yes | No |
| •Dentures Absent | Yes | No |
| •Glasses | Yes | No |

If any of the above interferes with the function or seal of the respirator, fit testing is not permitted.

Comments:

D. Qualitative Fit Testing (circle all that apply)

- | | | |
|------------------|------|------|
| •Isoamyl Acetate | Pass | Fail |
| •Bitrex Solution | Pass | Fail |

Comments:

Test Conducted By: _____

Date:

Worksheet for Selection of Respirator

Location: _____

Process/Operation: _____

Reason for requesting respirator evaluation:

1. Employee Exposure Evaluation:

Contaminant(s) or other respiratory hazards:

Estimated Concentrations(s) [Reference sampling reports or show calculations as appropriate]:

Chemical state of contaminant(s):

Physical Form of contaminant(s):

Appropriate exposure limit:

2. Respirator Determination: (Check applicable)

___ Exposure is documented to be below the exposure limits and use by employee is voluntary. (Respirator use is "not required" under the standard but respirator may be used if desired)

___ Exposure is documented to be below the exposure limits, but a job rule or procedure requires use by employee. Respirator use is required under the standard

___ Exposure may exceed exposure limits and maximum concentrations are known. Respirator use is required under the standard

3. Respirator Selection:

• Use of respirator: Indicate the make, model and approval number of respirator selected and indicate any limitations on its use. If respirator is a chemical cartridge or filter type respirator, indicate the frequency required for cartridge or filter replacement.

Type of respirator: _____

Manufacturer: _____

Model: _____

Limitations: _____

Cartridge and Filter Change Schedule (if applicable):

Prepared by: _____

(Print Name, Sign Name and Date)