**Respiratory Protection Plan**

[Company Name Here]

Program last updated Date

**POLICY STATEMENT**

It is the policy of [Company Name Here] that all employees will be protected from exposure to airborne contamination by installing or implementing feasible engineering or administrative controls. If these controls do not prove feasible, or while they are being installed/instituted, appropriate respiratory protection will be provided.

**AUTHORITY AND SCOPE**

Regulation: 29 CFR 1910.134 *[replace with the state regulation if applicable]*

Scope: All employees with potential exposure to airborne contaminants that exceed or potentially exceed permissible exposure limits.

**PLAN ADMINISTRATION**

Table Number provides the roles and contact information for the administration of the respiratory protection program.

Table Number

Plan Contact Information

*[Modify the list as applicable to your organization.]*

|  |  |  |
| --- | --- | --- |
| **Task** | **Name, Job Title, or Department** | **Phone** |
| Plan Administrator | Name | Work/Cell Phone |
| Supervisor(s) | Name | Work/Cell Phone |
| Supervisor(s) | Name | Work/Cell Phone |
| Medical Surveillance Administrator | Name | Work/Cell Phone |
| Training Coordinator | Name | Work/Cell Phone |

Name. Name is responsible for administering the respiratory protection program. Duties of Name include:

• Identify work areas, processes, or tasks that require workers to wear respirators, and evaluate hazards.

• Selection of respiratory protection options.

• Monitor respirator use to ensure that respirators are used in accordance with their certifications.

• Arrange for and/or conducting training.

• Ensure proper storage and maintenance of respiratory protection equipment.

• Conduct fit testing.

• Administer the medical surveillance program.

• Maintain records required by the program.

• Evaluate the program.

• Update the written respiratory protection plan, as needed.

**Supervisors.** Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. 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. Supervisors must:

• Ensure that employees under their supervision (including new hires) have received appropriate training, fit testing, and annual medical evaluation.

• Ensure the availability of appropriate respirators and accessories.

• Be aware of tasks requiring the use of respiratory protection.

• Enforce the proper use of respiratory protection when necessary.

• Ensure that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.

• Ensure that respirators fit well and do not cause discomfort.

• Continually monitor work areas and operations to identify respiratory hazards.

• Coordinate with Name on how to address respiratory hazards or other concerns as they arise.

**Training coordinator.** The training coordinator will develop and update training programs and maintain a schedule of training for all employees who use respirators.

**Employees.** Each employee has the responsibility to wear his or her respirator when and where required and in the manner in which the employee was trained. All employees who use respirators must:

• Care for and maintain their respirators as instructed, and store them in a clean sanitary location.

• Inform the supervisor if a respirator no longer fits well, and request a new one that fits properly.

• Inform the supervisor or Name of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns regarding the program.

**DEFINITIONS**

*Air-Purifying Respirator*--a respirator that filters and/or absorbs contaminants from the ambient air being inhaled by the wearer.

*Atmosphere-Supplying Respirator*--a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplies air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

*Filtering facepiece (dust mask)*--a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

*Fit test*--the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

*Immediately dangerous to life or health (IDLH)*--an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

*Powered Air-Purifying Respirator (PAPR)*--an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

*Qualitative Fit Test (QLFT)*--a pass/fail test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.

*Quantitative Fit Test (QNFT)*--an assessment of the adequacy of respirator fit by numerically measuring the amount of the leakage into the respirator.

*Respirator*--a device provided to protect the wearer from inhalation of harmful or nuisance atmospheres, and may function by air-purifying and/or air-supplying techniques.

*Supplied-air respirator (SAR) or airline respirator*--an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

**DETERMINATION OF NEED FOR RESPIRATORY PROTECTION**

[Company Name Here] has determined that employees in the Name of Work Areas or Departments are exposed to respiratory hazards during routine operations. These hazards include:

• Specific Chemical or Physical Hazard (e.g., Wood Dust, Chemical Mists, Vapors, Biological Agents, or Immediately Dangerous to Life or Health Conditions)

• Hazard

• Hazard

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at [Company Name Here]. Engineering controls, however, are not always feasible for some of our operations, and have not always completely controlled the identified hazards. In these situations, respirators and other protective equipment are used. Respirators are also needed to protect employees’ health during emergencies. The work processes requiring respirator use are outlined in Table Table Number for Respirator Use in the *Program Scope and Application* section of this Plan.

**Voluntary respirator use.** Some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy [Company Name Here] will review each of these requests on a case-by-case basis. If the use of respiratory protection in a specific case will not jeopardize the health or safety of the worker(s), [Company Name Here] will provide respirators for voluntary use. The voluntary use of respirators is subject to certain requirements as outlined in the *Program Scope and Application* section of this Plan.

**Program Scope and Application**

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. Employees engaged in work tasks in the following areas must wear respirators:

Work Area or Department

Work Area or Department

Work Area or Department

All employees working in the areas or engaged in the processes outlined in Table Table Number for Respirator Use must be enrolled in the company’s respiratory protection program.

Table Number

Respirator Use

|  |  |
| --- | --- |
| **Respirator Type** | **Work Area/Process** |
| Respirator Type | Work Area/Process |
| Respirator Type | Work Area/Process |
| Respirator Type | Work Area/Process |
| Respirator Type | Work Area/Process |

Any employee who voluntarily wears a respirator when a respirator is not required (i.e., in certain maintenance and coating operations) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with information about respirator use and maintenance. Employees who usually voluntarily wear filtering facepieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

Employees participating in the respiratory program do so at no cost to them. The expense associated with training, medical evaluations, and respiratory protection equipment will be borne by the company.

**PROGRAM ELEMENTS**

**Selection Procedures**

Name will select respirators to be used on site, on the basis of the hazards to which workers are exposed and in accordance with all OSHA standards.

***Hazard Evaluation***

Name will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

• Identification and development of a list of hazardous substances used in the workplace, by department, or work process.

• Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.

• Exposure monitoring to quantify potential hazardous exposures. Monitoring will be contracted out. Name currently has a contract with Companyto provide monitoring when needed.

Attachment Number contains the sampling data from the hazard evaluation process, the results of the hazard evaluation, and recommendations for protecting employees from the hazards.

**Updating the hazard evaluation.** Name must revise and update the hazard evaluation as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, the employee will contact a supervisor or Name. Name will evaluate the potential hazard, arranging for outside assistance as necessary. Name will then communicate the results of that evaluation back to the employees. If it is determined that respiratory protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

***NIOSH Certification***

All respirators are certified by the National Institute for Occupational Safety and Health (NIOSH) and are used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters are labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

***Voluntary Respirator Use***

[Company Name Here] will provide respirators at no charge to employees for voluntary use for the following work processes:

• Job Description may wear Respirator and Cartridge Type while Work Process.

• Job Description may wear Respirator and Cartridge Type while Work Process.

Name will provide all employees who voluntarily choose to wear the respirators provided by the company with a copy of the requirements for voluntary use of respirators by employees. See Attachment Number for a copy of the voluntary respirator use requirements.

*[Attach a copy, if applicable, of the nonmandatory voluntary respirator use regulations located in the federal OSHA regulation at 29 CFR 1910.134, Appendix D.]*

Employees choosing to wear a half-facepiece APR voluntarily must comply with the provisions of the Medical Evaluation, Respirator Use, and Cleaning, Maintenance, Change Schedules, and Storage sections of this Plan.

Name authorizes voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

**Medical Evaluation**

Employees who are either required to wear respirators, or who choose to wear an APR voluntarily, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

***Medical Evaluation Procedures***

Name of Physician or Medical Facility provides the medical evaluations. See Table Table Number for Program Contact Information for contact information. Medical evaluation procedures are as follows:

• The medical evaluation will be conducted using the questionnaire provided as Attachment Number. *[Attach a copy of the questionnaire in the federal OSHA regulation at 29 CFR 1910.134, Appendix C.]*

• Name provides a copy of this questionnaire to all employees requiring medical evaluations.

• To the extent feasible, the company assists employees who are unable to read the questionnaire by providing help in reading the questionnaire. When this is not possible, the employee is sent directly to the physician for medical evaluation.

• All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to fill out the questionnaire on company time.

• Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by Name of Physician or Medical Facility.

• All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.

Name has provided Name of Physician or Medical Facility with:

• A copy of this program

• A copy of the Respiratory Protection Standard

• The list of hazardous substances by work area

• Information about each employee’s:

--Work area or job title

--Proposed respirator type and weight

--Length of time required to wear respirator

--Expected physical work load (light, moderate, or heavy)

--Potential temperature and humidity extremes

--Additional protective clothing required

Any employee required for medical reasons to wear a powered air-purifying respirator (PAPR) is provided with a PAPR.

After an employee has received clearance and begun to wear the respirator, additional medical evaluations will be provided under the following circumstances:

• The employee reports signs and/or symptoms related to the ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.

• Name of Physician or Medical Facility informs Name that the employee needs to be reevaluated.

• Information from this Plan, including observations made during fit testing and program evaluation, indicates a need for reevaluation.

• A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

A list of [Company Name Here] employees currently included in medical surveillance is provided in Attachment Number. All examinations and questionnaires are to remain confidential between the employee and the physician.

**Fit Testing**

All employees who are required to wear respirators (except dust masks) must pass the fit test for the respirator that they will actually wear on the job. Attachment Number lists the respirator fit-testing requirements at the facility.

Employees who are required to wear tight-fitting respirators will be fit tested:

• Prior to being allowed to wear any respirator with a tight fitting facepiece

• Annually

• When there are changes in the employee’s physical condition that could affect the fit of a respirator (i.e., obvious change in body weight, or facial scarring)

• With the make, model, and size of respirator that they will actually wear.

Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.

Employees that voluntarily wear tight-fitting respirators may also be fit tested upon request.

Fit tests will be conducted that follow the respirator fit-test and user seal check protocols described in Attachment Number, *OSHA Fit Testing Procedures and User Seal Check Procedures*.

*[Attach a copy of the Respiratory Protection Standard (federal 29 CFR 1910.134 or state equivalent), Appendix A,* Fit Test Procedures (Mandatory), *and Appendix B,* User Seal Check Procedures (Mandatory).*]*

[Company Name Here] will conduct fit tests that follow the Type of QLFT Fit Test qualitative fit test (QLFT) protocol.

*[Choose and modify either Option 1 or Option 2 as applicable to your workplace; delete the option that does not apply:*

*Option 1: No quantitative fit test (QNFT) required*

*Option 2: QNFT required]*

[Option 1]

Name has determined that the quantitative fit test (QNFT) is not required for the respirators used under current conditions at [Company Name Here]. If conditions affecting respirator use change, Name will evaluate on a case-by-case basis whether QNFT is required.

[Option 2]

[Company Name Here] will also conduct fit tests that follow the Type of QNFT Fit Test quantitative fit test (QNFT) protocol.

[End Options]

If an employee who has been fit-tested subsequently notifies a supervisor, medical surveillance coordinator, or Name that the fit of the respirator is unacceptable, the employee may select a different respirator facepiece and be retested.

**Respirator Use**

Attachment Number lists the personnel who are required to wear respirators and the types of respirators they must use.

***General Use Procedures***

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator will not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

All employees will conduct user seal checks each time that they wear their respirator. Employees will use either positive or negative pressure check (depending on which test works best for them) specified in Attachment Attachment Number for Fit Test Procedures Appendix.

All employees are permitted to leave the work area to go to the Location to maintain their respirator for the following reasons:

• Clean their respirator if the respirator is impeding their ability to work

• Change filters or cartridges

• Replace parts

• Inspect respirator if it stops functioning as intended

Employees will notify their supervisor before leaving the area.

Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

***Emergency Procedures***

The following work areas have been identified as having foreseeable emergencies:

• Work Area-- Type of Emergency

• Work Area-- Type of Emergency

• Work Area-- Type of Emergency

When the alarm sounds, employees in the affected department must immediately don (i.e., put on) their emergency escape respirator, shut down their process equipment, and exit the work area. All other employees must immediately evacuate the building. [Company Name Here]’s Emergency Action Plan (EAP) describes these procedures (including proper evacuation routes and rally points) in greater detail. The facility’s EAP is locatedLocation.

Emergency escape respirators are located:

• Location

• Location

Respiratory protection in these instances is for escape purposes only.

***Respirator Malfunction***

**APR respirator malfunction.** For any malfunction of an APR (i.e., such as breakthrough, facepiece leakage, or improperly working valve), the respirator wearer will inform his or her supervisor that the respirator no longer functions as intended, and the wearer will go to the designated safe area to repair or replace the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator, or is provided with a new respirator.

**Atmosphere-supplying respirator malfunction.** All workers wearing atmosphere-supplying respirators will work with a buddy. Buddies will assist workers who experience an SAR malfunction as follows:

*[Describe how the buddy system will function at your facility. Following is an example buddy system procedure:*

• *If a worker in the spray booth experiences a malfunction of an SAR, he or she should signal to the buddy that he or she has had a respirator malfunction. The buddy will don an emergency escape respirator and aid the worker in immediately exiting the spray booth.]*

• Description of Procedure

• Description of Procedure

*[Choose either Option 1 or Option 2 concerning IDLH conditions; delete the option not chosen.]*

[Option 1]

There are no anticipated IDLH conditions in the areas covered by this Plan.

[Option 2]

*Special Requirements for Confined Spaces—IDLH Procedures*

Certain work areas, including confined spaces, have the potential for IDLH conditions. See Attachment Number for more information.

In IDLH areas, self-contained breathing apparatus (SCBA), air line respirators or hose masks with blowers will be used. For emergency rescue, a standby person with suitable SCBA will be at the nearest fresh air source. Communications (i.e., visual, voice, or signal line) will be maintained between all individuals present. Any employees using air line respirators and hose masks with blowers will be equipped with safety harnesses and safety lines for lifting or removing them from hazardous atmospheres, or other equivalent provisions for rescue from hazardous atmospheres will be used.

[End Options]

**Air Quality**

*[Describe the procedure for providing and maintaining air quality in work areas or air supplies for SARs. Below is an example procedure for SARs; modify or delete as applicable to your facility:]*

For supplied-air respirators, only Grade D breathing air is used in the cylinders. Name will coordinate deliveries of compressed air with Vendor or Department Supplying Compressed Air and require Vendor or Department Supplying Compressed Air to certify that the air in the cylinders meets the specifications of Grade D breathing air.

Name will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area. The air for this system is provided by [Company Name Here]’s supplier, and deliveries of new air are coordinated by Name.

**Cleaning, Maintenance, Change Schedules, and Storage**

***Cleaning***

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station located Location.

Respirators issued for the exclusive use of an employee will be cleaned as often as necessary, but at least once a day for workers in Work Area or Department.

Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

The following procedure will be used when cleaning and disinfecting respirators:

1. Disassemble the respirator, removing any filters, canisters, or cartridges.

2. Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.

3. Rinse completely in clean warm water.

4. Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.

5. Air-dry in a clean area.

6. Replace any defective parts.

7. Reassemble the respirator.

8. Place in a clean, dry plastic bag or other air tight container.

Note: Name will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform Name.

***Maintenance and Inspection***

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Following are the general respirator maintenance procedures for all work areas:

• Maintenance involves a thorough visual inspection for cleanliness and defects.

• Worn or deteriorated parts will be replaced prior to use.

• No components will be replaced or repairs made beyond those recommended by the manufacturer.

• Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

Attachment Number contains a checklist to be used when inspecting respirators.

Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include:

• Wash their face and respirator facepiece to prevent any eye or skin irritation.

• Replace the filter, cartridge, or canister.

• Vapor or gas breakthrough or leakage in the facepiece is detected.

• Any other damage to the respirator or its components is detected.

***Change Schedules***

Attachment Number contains the filter/cartridge change schedules for respirators used in work areas covered under this Plan.

*[Modify or delete the following sentence as applicable.]* Employees voluntarily wearing APRs with organic vapor cartridges must change the cartridges on their respirators at the end of each work week to ensure the continued effectiveness of the respirators.

***Storage***

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect his/her own air-purifying respirator in accordance with this Plan and will store his/her respirator in a plastic bag in his/her own locker. Each employee will have his/her name on the bag and that bag will only be used to store that employee’s respirator.

Atmosphere-supplying respirators will be stored Location. Name will ensure that the supply of respirators and respirator components are stored in their original manufacturer’s packaging in Location.

***Defective Respirators***

Respirators that are defective or have defective parts will be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor. Supervisors will give all defective respirators to Name.Name will decide whether to:

• Temporarily take the respirator out of service until it can be repaired

• Perform a simple fix on the spot such as replacing a headstrap

• Dispose of the respirator due to an irreparable problem or defect

When a respirator is taken out of service for an extended period of time, the respirator will be tagged-out of service, and the employee will be given a replacement of similar make, model, and size. All tagged-out respirators will be kept Location.

**TRAINING**

All respirator users and their supervisors will be informed of the contents of this Plan and their responsibilities under it, and on the applicable regulations. Respirator users will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees who must wear respirators.

The training course will cover the following topics:

• Review the [Company Name Here] Respiratory Protection Program

• Reasons why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of a respirator

• Applicable respiratory protection regulations

• Respiratory hazards and their health effects

• Proper selection and use of respirators

• Respirator maintenance and storage

• Limitations and capabilities of respirators

• Respirator donning and user fit testing

• How to use respirators in an emergency, including what to do if a respirator malfunctions

• Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained at least annually, or more often as needed (i.e., if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by Name and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

**PROGRAM EVALUATION**

Name will conduct periodic evaluations of the workplace to ensure that the provisions of this Plan are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring, and a review of records. Factors that will be evaluated include:

• Respirator fit (including the ability to use the respirator without interfering with effective workplace performance)

• Appropriate respirator selection for the hazards to which the employee is exposed

• Proper respirator use under the workplace conditions the employee encounters

• Proper respirator maintenance

Any problems identified during the evaluation will be noted in an inspection log and corrected. These findings will be reported to [Company Name Here] management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

**DOCUMENTATION AND RECORDKEEPING**

A written copy of this Plan, copies of training and fit test records and the respiratory protection regulations are kept Location and are available to all employees who wish to review them. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

Name will also maintain copies of the medical records for all employees covered under the respirator program. The completed medical questionnaire and the physician’s documented findings are confidential and will remain with the Medical Surveillance Administrator. The company will only retain the physician’s written recommendation regarding each employee’s ability to wear a respirator.