



Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: RESPIRATORY PROTECTION PROGRAM

POLICY NO: 925.400

PURPOSE:

To outline the Department of Health Services (DHS) Respiratory Protection Program, provide guidelines for DHS facility development of their internal respiratory protection programs and define Employee Health Services' (EHS') role. To comply with the various state and federal laws and regulations governing respiratory protection, and to protect the health and safety of each Department of Health Services' (DHS) workforce member (WFM), patient and the public.

SCOPE:

This policy and related procedures applies to all workforce members (WFMs) who are required to use respiratory protection. All applicable WFMs must comply with the provisions outlined in this policy and related procedures. Supervisors retain the responsibility to ensure provisions outlined in this policy and procedures are enforced.

POLICY:

It is the policy of the Department of Health Services to provide its workforce members with a safe and healthful work environment through a planned and comprehensive Respiratory Protection Program (RPP). The program has been developed and implemented to reduce or eliminate respiratory hazards associated with the duties and responsibilities of workforce members who have possible occupational exposure. This RPP was developed in accordance with the requirements contained in 8 CCR §5144 and §5199.

The Respiratory Protection Program consists of the following elements:

- A program administrator who, in consultation with the Safety Committee, Infection Control Committee and Employee Health Services, provides oversight of implementation, evaluation, and maintenance of the RPP.
- Guidance on the proper selection and use of respirators.
- Assist department personnel in the prevention of occupational injury or illness associated with breathing air contaminated with harmful dusts, fumes, mists, smokes, vapors, gases, or potentially infectious aerosols.
- Ensure each respirator user is physically capable of wearing assigned respirator(s) and obtaining a proper fit.

APPROVED BY:
REVIEW
DATES:

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- Ensure each respirator user receives proper training in the use and care of respirators.
- Provide a method for recordkeeping and documentation of RPP requirements.
- Establish accountability

Each DHS healthcare facility shall develop and implement a facility respiratory protection program that addresses the following areas:

- Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations
- Procedures for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators
- Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmospheric-supplying respirators
- Training of workforce members in respiratory hazards to which they are potentially exposed during routine and emergency situations.

PROCEDURES:

RESPONSIBILITIES

Each DHS facility shall designate a Program Administrator who will actively promote the RPP and integrate RPP concepts into administration and operations. The Program Administrator will:

1. Provide support, leadership, and direction for the RPP
2. Assist to modify policy, as necessary, to maintain an effective RPP
3. Delegate authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain the RPP
4. Authorize allocation of physical and financial resources necessary to maintain an effective RPP
5. Ensure the RPP is implemented and being followed in the organization.

Program Administration

Program Administration is a collaborative group including Administration, Patient Safety Officer, Hospital Safety Officer, Facilities Management, Infection Control, Respiratory Department, and Employee Health Services. Program Administration is responsible for facilitating implementation, evaluation, and maintenance of the RPP. Program Administration will:

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1. Maintain, review and evaluate all records and reports pertinent to the RPP
2. Track regulatory requirements
3. Ensure training requirements and records are met and maintained
4. Develop and implement health and safety policies and procedures to ensure a safe work environment
5. Ensure safety inspections of work sites and equipment is conducted and documented
6. Ensure workforce members pass medical screening and fit-test requirements prior to being issued or using a respirator
7. Identify and request the physical and financial resources necessary to maintain an effective RPP
8. Conduct or direct exposure assessments
9. Identify tasks for which respiratory protection is required
10. Formally audit the RPP annually or sooner, as needed

Supervisors

Supervisors are critical in implementing the RPP and must remain familiar with all aspects of the respiratory protection, safe work practices, policies and procedure. Supervisors will:

1. Remain familiar with elements of the RPP and employee responsibilities;
2. Promote safe work practices;
3. Ensure that each of their employees is trained and knowledgeable in respiratory protection and how it pertains to their job;
4. Report all health and safety issues and hazards identified to the Program Administrator;
5. Ensure compliance with the RPP by WFMs and document corrective actions administered when needed;
6. Retrain and/or discipline employees who fail to follow established safe practices;
7. Communicate safety and hazard information to employees when new hazards are identified, or when new operations, procedures, rules and equipment is introduced into the work place;
8. Ensure that suggestions and comments about exposure conditions, respirators, personal health changes, and training issues are addressed promptly;
9. Maintain current list of employees included in the RPP;
10. Maintain accurate records of fit tests and forward records to the Program Administrator; and
11. Maintain inventory of respirators: Self-contained breathing apparatus (SCBA), Air purifying respirator (APR) and Powered air-purifying respirator (PAPR's).

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Employees

Employees required to wear respiratory protection must follow all established safe practices and procedures as documented in this RPP. Employees will:

1. Adhere to all safety rules, regulations and procedures and RPP requirements;
2. Complete all medical and physical requirements as required under the RPP;
3. Wear appropriate respiratory protection equipment as required;
4. Maintain all equipment in good, clean condition and report any defective equipment to their supervisor;
5. Report unsafe or hazardous conditions to their supervisor; and
6. Attend annual training regarding respiratory protection and demonstrate knowledge and skills specific to the hazards and uses of respirators.

GENERAL REQUIREMENTS

DHS selects and provides an appropriate NIOSH-certified respirator based on the respiratory hazard(s) to which the WFM is exposed, workplace assessment, and user factors that affect respirator performance and reliability.

Each DHS facility identifies and evaluates respiratory hazard(s) in the workplace. This evaluation includes a reasonable estimate of the WFM's exposure to respiratory hazard(s) and an identification of the contaminants' chemical state and physical form.

When necessary for protection against potentially infectious aerosols, DHS will provide a respirator that is at least as effective as a N-95 filtering facepiece respirator, unless evaluation of the respiratory hazard determines a higher level of protective respirator is necessary.

Effective September 1, 2010, DHS facilities provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s), or a respirator providing equivalent or greater protection, to WFMs who perform high hazard procedures on Airborne Infectious Disease (AirID) cases or suspected cases and to WFMs who perform high hazard procedures on cadavers potentially infected with Aerosol Transmissible Pathogen (ATPs), unless the facility determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the Aerosol Transmissible Disease (ATD) Control Program (DHS Policy # 925.500). Exceptions include:

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1. When high hazard procedures are performed by placing the patient in a booth, hood or other ventilated enclosure that effectively contains and removes the aerosols resulting from the procedure, and the WFM remains outside of the enclosure
2. Paramedics and other emergency medical personnel in field operations may use a P100 respirator in lieu of a PAPR.

Appropriate respirators are worn when a WFM:

1. Enters an Airborne Infection Isolation (All) room or area in use for All;
2. Is present during the performance of procedures or services for an AirID case or suspected case;
3. Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens;
4. Is working in an area occupied by an AirID case or suspected case, during decontamination procedures after the person has left the area and as required per DHS ATD Policy #925.500 Table 1.
5. Is working in a residence where an AirID case or suspected case is known to be present;
6. Is present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens;
7. Is performing a task for which the Biosafety Plan or Exposure Control Plan requires the use of respirators; or
8. Transports an AirID case or suspected case within the facility or in an enclosed vehicle (e.g., van, car, ambulance or helicopter) when the patient is not masked.

MEDICAL EVALUATION

Workforce members are provided with a medical evaluation to determine their ability to use a respirator, before the workforce member is fit-tested or required to use a respirator in the workplace. The medical evaluations may be discontinued when the WFM is no longer required to use a respirator.

Department of Health Services or designated agency has a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire. (Form O or Form P)

A follow-up medical examination may be provided if the PLHCP deems additional information is needed to make a final decision for positive responses in the questionnaires.

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The medical questionnaires and examinations are administered confidentially during the WFM's normal working hours or at a time and place convenient to the WFM. The medical questionnaires are administered in a manner that ensures that the WFM understands its content. The WFM has the opportunity to discuss the questionnaires and examination results with the PLHCP.

The PLHCP is provided with following information prior to making a recommendation concerning the WFMs ability to use a respirator:

1. The type and weight of the respirator to be used by the employee;
2. The duration and frequency of respirator use (including use for rescue and escape);
3. The expected physical work effort;
4. Additional protective clothing and equipment to be worn; and
5. Temperature and humidity extremes that may be encountered.

A copy or link to the written RPP is provided to the PLHCP.

The PLHCP written recommendation regarding the WFMs ability to use the respirator will include:

1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator
2. The need, if any, for follow-up medical evaluations; and
3. A statement that the PLHCP has provided the employee with a copy of the recommendation.

DHS or designated agency provides additional medical evaluations that comply with the requirements of this section if:

1. A WFM reports medical signs or symptoms that are related to ability to use a respirator;
2. A PLHCP, supervisor, or the respirator program administrator informs DHS or agency that a WFM needs to be reevaluated;
3. Information from the RPP, including observations made during fit testing and program evaluation, indicates a need for WFM reevaluation; or
4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on a WFM.

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FIT-TESTING

Per DHS policy # 925.405, fit testing is required before a workforce member is required to use any respirator with a negative or positive pressure tight-fitting facepiece, the workforce member must be fit tested with the same make, model, style, and size of respirator that will be used. A fit test is conducted prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

MAINTENANCE AND CARE OF RESPIRATORS

The facility will ensure proper cleaning, disinfection, storage, inspection, and repair of respirators used by WFMs.

The facility will ensure that each respirator user with a respirator that is clean, sanitary and in good working order. DHS ensures respirators are cleaned and disinfected in accordance with procedures established in 8CCR 5144, Appendix B2, or the procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness.

TRAINING

Training is provided for WFMs who are required to use respirators. The training is comprehensive, understandable, and recurs annually and more often if necessary, in accordance with 8CCR 5144 (k). WFMs who provide their own respirators or only required to wear them as necessary must be made aware of certain precautions to take to ensure use of the respirator does not present a hazard.

PROGRAM EVALUATION

Evaluations of the workplace are conducted to ensure that the written respiratory protection program is being properly implemented, and to consult WFMs to ensure that they are using the respirators properly.

RECORDKEEPING

All written information regarding medical evaluations, fit testing, and the respirator program is retained in EHS in accordance with DHS policy #925.050, Workforce Member Medical Files.

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Written materials required to be retained under this policy are made available upon request to affected WFMs and to the Chief of OSHA or designee for examination and copying.

AUTHORITY:

Title 8, California Code of Regulations, Sections 5144 and 5199

CROSS REFERENCES:

DHS Policies:

- 925.050 Workforce Member Medical Files
- 925.405 Respiratory Protection Fit Testing
- 925.500 Aerosol Transmissible Disease Exposure Control Program

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