POLICY AND PROCEDURE	
SUBJECT/TITLE:	Respiratory Protection Program Policy
APPLICABILITY:	Nursing and Laboratory Personnel
CONTACT PERSON & DIVISION:	Diane Thompson, MSN, RN; Nursing Division
ORIGINAL DATE ADOPTED:	2/25/2025
LATEST EFFECTIVE DATE:	
REVIEW FREQUENCY:	Every 3 years and as needed.
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-051-P

A. PURPOSE

The Canton City Public Health (CCPH) Respiratory Protection Program (RPP) Policy is intended to provide guidance for methods to protect employees of CCPH from respiratory related occupational exposure to aerosol transmissible disease(s) (ATD) or aerosol transmissible disease pathogens.

This policy is in accordance with guidelines from the Occupational Safety and Health Administration (OSHA) and the Center for Disease Control (CDC). The CCPH RPP establishes guidelines for fit-testing and the practice, use, selection, storage, and care of respirators for clinical staff.

This policy provides specific guidelines for the use of N95 filtering facepiece respirators (FFR) and Powered air-purifying respirators (PAPR). These respirators are hereafter referred to as respirators in this policy.
Please refer to CCPH Air Pollution Control (APC) Division policies for respiratory protection guidance related to asbestos and other environmental exposures not associated with communicable diseases.

B. POLICY

CCPH Nursing Department provides clinical services to patients who have suspected or confirmed communicable diseases that can be acquired through droplet or airborne transmission. This policy utilizes guidelines from the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard CFR 29 1910.134 and the Centers for Disease Control and Prevention's *Hospital Respiratory Protection Program Toolkit: Resources for Respirator Program Administrators.*

C. BACKGROUND

The Canton City Public Health (CCPH) RPP Policy was established to provide a written respiratory protection program with worksite-specific procedures, as recommended by OSHA's Respiratory Protection Standard 29 CFR 1910.134.

D. GLOSSARY OF TERMS

Aerosol transmissible disease (ATD) or aerosol transmissible disease pathogen—Any disease or pathogen requiring Airborne Precautions and/or Droplet Precautions.

Airborne Precautions—A category of Transmission-Based Precautions that CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) may recommend when Standard Precautions alone are not sufficient to prevent the transmission of disease. When airborne precautions are required, patients should be placed in airborne infection isolation rooms and healthcare personnel sharing patients' airspace should wear respirators.

Droplet Precautions—A category of Transmission-Based Precautions that CDC and HICPAC may recommend when Standard Precautions alone are not sufficient to prevent the transmission of disease. When droplet precautions are required, patients should be spatially separated, preferably in separate rooms with closed doors. Healthcare personnel should wear surgical masks for close contact. Patients should wear a mask when moving throughout the facility.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

N95 respirator is a generally used term for a half mask air-purifying respirator with NIOSH-approved N95 particulate filters or filter material (i.e.,, includes a N95 filtering facepiece respirator (FFR) or equivalent protection).

Powered air-purifying respirator (PAPR) An air-purifying respirator that uses a blower to force air through filters or cartridges and into the breathing zone of the wearer. This creates a positive pressure inside the facepiece or hood, providing more protection than a non-powered or negative-pressure half mask APR.

Physician or other licensed healthcare professional (PLHCP)—An individual whose legally permitted scope of practice (i.e.,, license, registration, or certification), as defined by the state where he or she practices, allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the healthcare services required to provide a medical evaluation as described in OSHA's Respiratory Protection standard.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

E. RESPIRATORY PROTECTION PROGRAM

The CCPH RPP Policy will address the following topics as indicated in the OSHA Respiratory Protection Standard 29 CFR 1910.134.

1. Establish a qualified program administrator (1910.134(c)(3))
2. Procedures for selecting respirators and determining need for use in the workplace (1910.134(c)(1)(i); 1910.134(d))
3. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations and where respirator use is not required (1910.134(c)(1)(iv); 1910.134(c)(2))
4. Establish guidelines for voluntary use of respirators by employees (1910.134(c)(2)(i); 1910.134(c)(2)(ii))

5. Fit testing procedures for respirators (1910.134(c)(1)(iii); 1910.134(f))
6. Process for medical evaluation, use of medical questionnaires, and medical determination for employees required to use respirators (1910.134(c)(1)(ii); 1910.134(e))
7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations (1910.134(c)(1)(vii))
8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance (1910.134(c)(1)(viii))
9. Procedures and schedules for storing, inspecting, repairing, discarding, and otherwise maintaining respirators (1910.134(c)(1)(v); 1910.134(h))
10. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators (1910.134(c)(1)(vi); 1910.134(i))
11. Require that respirators (of select models and sizes, and in sufficient number), training, and medical evaluations be provided at no cost to the employee (1910.134(c)(4); 1910.134(d)(1)(iv))
12. Monitor employee use of respirators to ensure they are being used in accordance with the CCPH RPP guidelines and that equipment are being used in compliance with the conditions of the certification (1910.134(d)(1)(ii))
13. Maintaining records required by the program (1910.134(m))
14. Procedures for regularly evaluating the effectiveness of the program (1910.134(c)(1)(ix); 1910.134(c)(3))

F. PROGRAM ADMINISTRATOR

The Director of Nursing shall be the CCPH RPP Program Administrator. The Program Administrator (or designee) shall be responsible for the following:

- Establishment and maintenance of a CCPH RPP Policy (1910.134(c); 1910.134(c)(3))
- Implementation and maintenance of all aspects of the CCPH Respiratory Program

G. IDENTIFYING AND CONTROLLING HAZARDS

This RPP Policy provides guidance as to how employes should respond to the potential for ATD. CCPH personnel are responsible for reading this policy, understanding their risk for exposure, identifying the potential for exposure, and taking appropriate measures to protect themselves and others from exposure. This includes identifying potential hazards and implementing control measures. Employees who are unsure how to interpret the guidelines stated in this policy should inquire with their supervisor, and or the Program Administrator, for specific guidance.

Healthcare personnel who care for patients with ATDs and employees who work with ATD laboratory specimens, work near the source of the hazard (i.e., patient, specimen, etc.). Even with controls in place, these employees are likely to have a higher risk of inhaling infectious aerosols (droplets and particles) than the public and therefore should take appropriate measures to protect themselves from potential exposure, including implementing control measures.

Healthcare environments contain hazards such as bacteria, fungus, and viruses that may be inhaled by personnel and cause injury or illness. CCPH employees should use a hierarchy of controls to limit and reduce exposure(s).

Using the hierarchy of controls can lower employee exposure and reduce the risk of illness or injury. CCPH employees are expected to utilize measures to reduce potential workplace exposure to hazardous and communicable pathogens to help protect themselves and others from potential or known exposure.

The hazards associated with ATD's (e.g., infectious patients with a transmissible disease or, in rare situations, environmental sources of anthrax or fungi) cannot be eliminated from or substituted out of the healthcare settings and/or community settings. ATD pathogen exposures cannot routinely be measured in the air and have no established occupational exposure limits. In addition, ATD pathogens vary in infectivity and severity of outcome. For more detailed information related to specific pathogen exposure, precautions, and symptomology, employees should consult the Ohio Infections Disease Control Manual: Section 3.

Controlling exposures to hazards in the workplace is vital to protecting workers. The hierarchy of controls has five levels and is a way of determining which actions to implement to reduce or remove hazards. These levels include:

1. Elimination
    a. Elimination removes the hazard at the source.
        1. Example: Keeping patients with active TB isolated away from others
2. Substitution
    a. Substitution is using a safer alternative to the source of the hazard.
        1. Example: Have the patient who has a suspected or confirmed ATD wear a surgical mask
3. Engineering controls
    a. Engineering controls reduce or prevent hazards from coming into contact with workers.
        1. Examples: using ventilation hoods when working the TB specimens; meeting with an active TB patient outside or in a well-ventilated room
4. Administrative controls
    a. Administrative controls establish work practices that reduce the duration, frequency, or intensity of exposure to hazards.
        1. Example: Keep time spent with active TB patient to the least amount required to perform job duties
5. Personal protective equipment (PPE)
    a. PPE is equipment worn to minimize exposure to hazards.
        1. Example: Wearing a respirator when caring for a patient with airborne ATD.

Two forms of PPE are essential to help reduce employee exposure to ATD's.

1. Facemask/Surgical Mask: These masks protect against large infectious droplets and are not able to filter out small airborne particles. These are often not regulated, and they do not seal.
    a. Facemasks are to be utilized by the healthcare personnel and/or the patient when droplet precautions are indicated. More details about droplet precautions below.
        i. Facemasks when worn by the healthcare personnel are intended:
            1. to protect the wearer from large droplets or sprays of infectious body fluids from patients that otherwise could be directly transmitted to the mucous membranes in the wearer's nose or mouth.

2. to protect patients by reducing the number of large droplets with infectious agents the wearer could introduce into the room by talking, sneezing, or coughing.

ii. Facemasks when worn by the patient are intended:

1. to reduce the amount of large infectious particles released as the patient talks, sneezes, or coughs; this limits their concentration in the room air and reduces the infection risk to others who are present (i.e., influenza, Tuberculosis)

2. Respirator: These masks protect against large and small particles. These are regulated and require fit testing to ensure proper fit.
   a. Respirators are to be worn by healthcare personnel when Airborne precautions are indicated. More details about airborne precautions are below.
      i. Respirators when worn by healthcare personnel are intended to:
         1. protect the wearer by reducing the concentration of infectious particles in the air inhaled by the wearer.
      ii. Respirators are typically not worn by patients.

The following diseases/pathogens have been identified as requiring droplet precautions/use of a surgical mask.

- Diphtheria, pharyngeal
- Epiglottitis, due to *Haemophilus influenzae* type b
- *Haemophilus influenzae* serotype b (Hib) (see disease-specific recommendations)
- Influenza viruses, seasonal[2]
- Meningitis
  - *Haemophilus influenzae,* type b known or suspected
  - *Neisseria meningitidis* (meningococcal) known or suspected
- Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/ Mumps virus
- Mycoplasma pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children
- Pneumonia
  - Adenovirus
  - *Haemophilus influenzae,* serotype b, infants and children
  - Meningococcal
  - *Mycoplasma,* primary atypical
  - *Streptococcus,* Group A
- Pneumonic plague/*Yersinia pestis*
- Rhinovirus
- Rubella virus infection (German measles)/Rubella virus
- Streptococcal disease (group A streptococcus)
  - Skin, wound or burn, Major
  - Pharyngitis in infants and young children
  - Pneumonia
  - Scarlet fever in infants and young children
  - Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses[2]

[1] Some of these diseases may require additional precautions such as contact precautions.

[2] CDC currently recommends respirator use during aerosol-generating procedures for patients with suspected or confirmed seasonal influenza or viral hemorrhagic fevers. CDC guidance for Ebola virus disease recommends at least an N95 respirator.

Source: https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

The following diseases/pathogens have been identified as requiring airborne precautions/use of respirator when there is a potential for exposure:

- Aerosolizable spore-containing powders such as Anthrax/Bacillus anthracis
- Aspergillosis (if massive soft tissue infection with copious drainage and repeated irrigations required)
- Varicella (chickenpox) and herpes zoster (disseminated or in an immunocompromised host)/Varicella zoster virus.
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Severe acute respiratory syndrome (SARS)/SARS-associated coronavirus (SARS-CoV)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/Mycobacterium tuberculosis
- Novel or emerging pathogens and any other disease for which public health guidelines recommend airborne infection isolation.

Note: Some of the pathogens listed above require more than one type of precaution, such as contact precautions.

The table below provides scientific guidance for what type of respiratory PPE for employees to utilize based on their level of potential exposure to suspected or confirmed ATDs. For situations falling outside of these parameters, CCPH does not require employees to wear respiratory protection.

Disease (Suspected or confirmed)	Job Task	Respiratory Protection
Diseases requiring Airbone Precautions	Routine Patient care and support operations	At least an N95 respirator
	Manipulating specimens	At leat an N95 Respirator
Seasonal influenza and viral hemorrhagic fever (VHF)	Routine patient care and support operations	At a minimum use a surgical mask. An N95 respirator may reduce aerosol exposure
	Manipulating specimens	
Other diseases requiring Droplet Precautions	Routine patient care and support operations, including aerosol-generating procedures	At minimum, us a surgical mask An N95 respirator may reduce aerosol exposure
Novel pathogens/pandemic influenza	Routine patient care and support operations	Follow current public health guidance.
	Manipulating Speciments	

Source: https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

H. GENERAL USE OF RESPIRATORS

Employees with a known potential for occupational exposure to a communicable airborne pathogen will be required to wear a respirator (i.e., N95) when performing their job duties where known or suspected risk of exposure will occur. The intention of the respirator is to protect the health of the employee from said pathogens (1910.134(a)(2)).

Each employee is responsible for wearing a respirator when and where required and in the manner in which they were trained and as instructed by the manufacturer. Since each employee may have different respirator needs, each employee is responsible for being familiar with general use requirements of the specific respirator they have been fit tested for (1910.134(c)(1)(iv)).

Respirators should not be used in a manner not approved by the manufacturer. User seal checks should be conducted by each employee every time they apply their respirator. Employees must ensure they are taking steps to ensure a proper fit for their respirator in accordance with how they were previously fit tested. Employees are not permitted to wear items that would hinder a proper seal of a respirator (i.e., jewelry, headphones) when wearing their respirator.

Failure of the employee to adhere to the manufacturer guidelines, respirator use guidelines in this policy and ensure a good seal of the respirator prior to anticipated exposure, may result in exposure of the employee to communicable airborne pathogens and their health may be put at risk.

Facial scars, facial hair, and missing dentures may prevent a proper seal of the respirator. If the condition of these factors has changed since the employee was fit tested the employee is responsible for taking steps to correct these conditions when possible (i.e., apply dentures, shave facial hair). If unable to correct these conditions (i.e., due to +/- 20-pound weight change, physical changes to facial structure related to surgery or injury), the employee may need to be re-fit tested. The employee should notify their supervisor or the Program Administrator of this need. If employees continue to have issues regarding their respirator no longer fitting, they should notify their supervisor or the Program Administrator.

Employees must inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding CCPH RRP.

Employees may choose to voluntarily use a respirator in the workplace. Respirators are not required if no reasonable risk of exposure is suspected (1910.134(c)(2)). Employees are permitted to voluntarily wear their own respirator when work conditions do not warrant the need for respirator use, as long as use does not create a hazard. That employee is responsible for heeding the instructions by the manufacturer on use, maintenance, cleaning, care, and warnings regarding that respirator's limitations. 1910.134(c)(2)(i). See Appendix D of the OSHA Respiratory Standard for more details.

The Program Administrator (or designee) is responsible for ensuring that those voluntarily using a respirator are medically able to use the respirator (1910.134(c)(2)(ii)). The Program Administrator may require a medical clearance from the employee's personal physician (or equivalent) in order to make this determination. The cost for medical evaluations/clearances for voluntary respirator use will not be covered by CCPH.

I. EMERGENCY USE OF RESPIRATORS

There may be emergency situations where employees who are not fit-tested have the potential to be exposed to ATDs. In these situations, CCPH will not require an employee to wear a respirator, since they have not been medically evaluated for their ability to safely do so.

In an effort to help protect all employees from potential infection and injury from ATDs, CCPH will offer facemasks to all employees of CCPH free of charge. Those employees who wish to voluntarily wear a respirator may do so, and the requirement for prior medical evaluation and approval from the Program Administrator can be waived in emergency situations only. These employees should refer to OSHA Respiratory Standard, *Appendix D to § 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard*

J. FIT TESTING

Fit testing for a FFR is required for all CCPH clinical or laboratory employees who have known potential occupational exposure to communicable airborne pathogens/ATD's per the OSHA Respiratory Protection Standard. Fit testing is required prior to the CCPH participating in activities where known exposure can occur (1910.134(c)(1)(i)).

Routine employee fit testing will be conducted at the following intervals:

- Prior to employee being permitted to wear any tight-fitting face respirator related to performing job duties
- New hires whose normal job duties involve reasonable workplace exposure to airborne communicable pathogens (either before or after the first 90 days of probation is completed)
- Annually for employees with routine exposure (i.e., employees who perform direct observation therapy)
- When there are changes in the employee's physical condition that could affect respirator fit (e.g., obvious change in body weight (+/-20 pounds], new facial scarring, change in facial hair, etc.) or change in condition that could affect employee's ability to tolerate the respirator (i.e., development of a chronic respiratory medical condition).
    - Employees should routinely conduct self-screening. If they believe they are not able to obtain a proper seal, via a user self-check, they should first make every effort to make modifiable changes to their physical condition to restore their physical condition to the state it was when they were fit tested. This includes but is not limited to shaving facial hair, wearing dentures, removing jewelry, etc.
        - Employees should self-screen for the following:
            - Change in weight of +/-20 pounds
            - New facial scaring
            - Changes in facial hair
            - Changes in facial structure (i.e., reconstructive surgery, facial fillers, etc.)
            - Absence or presence of dentures
    - After performing the above, if employee believes that the change in their physical condition necessitates re-fit testing, they should notify their supervisor and/or the Program administrator (or designee) and should not participate in activities with high risk of exposure to until proper fit can be confirmed.

Employees who qualify for fit testing include but are not limited to:

- All nursing staff (Director of Nursing, Staff Nurse II/III)
    - Specifically, any employee who participates in direct observation therapy (DOT) related to TB.
- Lab employees who work with ATD specimens
- Any employee with a known potential for occupational exposure to communicable airborne pathogens/ATD's.

Fit testing will be conducted by an external third party in which the CCPH Program Administrator (or designee) has arranged to complete the fit testing. Fit testing will be conducted per the OSHA Respiratory Protection Standard Guidelines.

Both qualitative and quantitative fit testing is approved for CCPH employees.

Employees will be fit tested with the make, model, and size of respirator that they will actually wear to perform their job duties. CCPH will provide employees with several models and sizes of respirators so that they may find an optimal fit.

Employees are permitted to use their own respirator as long as it does not create a hazard, it is approved for the use its intended (i.e., NIOSH certified), and the employee has completed the fit testing and medical evaluation with that particular respirator (1910.134(c)(2)(i)). See Appendix D of the OSHA Respiratory Standard. The employee shall provide the manufacturer information related to said respirator and get approval from the Program Administrator to use when performing job duties where exposure is expected. The employee should also ensure that there is an adequate supply of personal respirators to perform job duties.

K. MEDICAL EVALUATION AND MEDICAL QUESTIONNAIRE

Employees who are required to wear respirators must pass a medical evaluation screening and possibly a medical exam before being permitted to wear a respirator on the job. Employees may not be permitted to wear respirators until a Physician or other licensed health care professional (PLHCP) 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 (1910.134(c)(1)(ii)).

The Program Administrator (or designee) will coordinate employee medical evaluations and fit testing with a third-party provider. The third-party provider will determine if the employee is medically able/cleared to wear a respirator. All employees will be granted the opportunity to speak with a physician about their medical evaluation, if they so request.

After an employee has received clearance to wear a respirator, additional medical evaluations may be indicated under the following circumstances:

- The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
- The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
- Information found during the implementation of this program, including observations made during the 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.

- If any additional protective clothing is required.

Please refer to the documentation and record keeping section of this policy for information on how employee fit testing information will be maintained.

L. EMPLOYEE TRAINING

The Program Administrator will provide/arrange training to respirator users regarding the CCPH RPP, the OSHA Respiratory Protection Standard, and employee responsibilities related to the CCPH RPP, at no cost to the employee (1910.134(c)(1)(vii); 1910.134(c)(1)(viii)).

Employee respirator trainings will include the following topics:

- The CCPH RPP Policy
- The OSHA Respiratory Protection Standard (29 CFR 1910.134);
- Respiratory hazards to which they are potentially exposed during routine and emergency situations (1910.134(c)(1)(vii))
- Proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance)1910.134(c)(1)(viii)
- Respirator seal user self-check
- Emergency Use Procedures

Each employee who is a respirator user is required to be trained prior to use of a respirator for work purposes. Supervisors will be trained prior to supervising employees who must wear respirators. Employees are required to complete an annual refresher training specified by the Program Administrator.

Each employee who is a respirator user much prove post-training competency. Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises/demonstration and/or a written test. This process will be determined by the Program Administrator.

The Program Administrator (or designee) will maintain records respirator training and competencies per the CCPH records retention policy.

M. EQUIPMENT

Appropriate and suitable National Institute for Occupational Safety and Health (NIOSH) approved tight-fitting respirators (N-95) will be provided by CCPH at no cost to qualified employees who have known or suspected work-related exposure risk (1910.134(a)(2)). The Program Administrator (or designee) is responsible for ensuring an adequate supply of appropriate respirators is available to qualified staff.

Positive pressure air purifying respirators (PAPR) will be provided to employees as required by medical necessity.

N. MAINTENANCE AND STORAGE OF RESPIRATORS

Respirators are to be properly maintained per the manufacturer's recommendations. Prior to using a respirator, the employee should inspect the respirator for cleanliness and defects. If a respirator is noted to be soiled, damaged, or the integrity is otherwise in question, the employee is to discard that respirator and obtain a new one (1910.134(c)(1)(v)).

Respirators should be stored per the manufacturer's recommendations. Respirators should be stored protected from dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

The Program Administrator (or designee) will be responsible for ensuring that the stock supply of respirators is being stored in the original manufacturing packaging and per the recommendations of the manufacturer.

Each employee will be responsible for storing their own individual respirators. Individual respirators shall be stored in a clean, dry place protected from dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. Each employee will be supplied with a paper bag to store their respirator in. Each bag is to only contain the respirator(s) for one employee. These bags are to be clearly labeled with the employee's name.

Reuse of Respirators

From the standpoint of the wearer's protection, FFR may be taken off and put on again as long as they are not damaged, soiled, or contaminated inside the facepiece. However, a respirator used in the care of an infectious patient should be considered to be potentially contaminated with infectious material on the outside and a source of contact transmission for healthcare personnel or patients. Therefore, the risk of contaminating the inside of the respirator through improper handling and the risk of infecting the patient or employee must be weighed when making decisions about redonning FFR's (i.e., N95). When respirator contamination is suspected, the employee is to discard the FFR and obtain a new one.

Tuberculosis and other airborne ATD's are not transmitted via contact transmission and, therefore, FFR reuse by the same wearer is acceptable if the FFR is not damaged, contaminated, or soiled and the FFR was stored per the manufacturer recommendations and the storage guidelines stated in this policy.

O. POST EXPOSURE TESTING FOR TUBERCULOSIS

Tuberculin skin testing is available at no cost to employees who have had known exposure to someone with active tuberculosis (TB). Employees who participate in patient care related to TB management (i.e., direct observation therapy) or handle laboratory specimens are required to have TST test done if they develop TB symptoms (cough, fever, fatigue, night sweats, unexplained weight loss, and loss of appetite) after known TB exposure. Asymptomatic employees may also be TB tested if a substantial exposure has occurred or is suspected (i.e., exposure to an infectious patient without wearing at N95 respirator). The Program Administrator may also require periodic screening TST of employees (i.e., at hire, yearly, etc.). Employees needing or requesting TST should speak with their supervisor or the Program Administrator (or designee) to arrange TST. See TB Clinic Standing orders for more information.

Those with a history of TB will always have a positive TST; employees who have previously been diagnosed with tuberculosis will need other methods of evaluation (i.e., chest x-ray). These employees are to speak with their supervisor or the Program Administrator for specific individualized guidance. The CCPH Medical Director may also be consulted for guidance related to testing strategies for individuals with specific needs.

P. RESPIRATORY PROTECTION PROGRAM EVALUATION

The Program Administrator (or designee) will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented and that the program is effective (1910.134(c)(1)(ix)).

The evaluations will include:

- Routine review of the CCPH RPP policy and make updates as needed.
- Inquiring with employees who use respirators regarding any issues they are experiencing, documenting their concerns and how issues were resolved.

- Making periodic observations of employees as they use respirators to ensure proper use and storage, and providing corrective instruction when needed.
- Records review to ensure that all staff who are fit tested have completed specified training competencies.

Q. DOCUMENTATION AND RECORD KEEPING

This CCPH RPP Policy will be made available to employees via the CCPH website (http://cantonhealth.org). If unable to access the website, employees may also request a written copy of the RPP Policy by submitting a request to the Program Administrator (or designee). The OSHA Respiratory Protection Standard is available online through the U.S. Department of Labor website.

The Program Administrator (or designee) shall maintain copies of training competencies and fit test results. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The completed medical questionnaires and evaluating PLHCP's documented findings will remain confidential in the employee's medical records at the location of the evaluating third-party provider. For employees covered under the CCPH RPP, the Program Administrator shall maintain copies of the PLHCP's written recommendation regarding each individual employee's respirator recommendations.

The Respiratory Protection standard requires that the following information be kept in the fit test record 1910.134(m)(2):

- Name or employee ID;
- Type of fit test performed;
- Specific make, model, style, and size of respirator tested;
- Date of test; and
- Pass/fail result from qualitative test or printout from quantitative test.

R. CITATIONS & REFERENCES

Occupational Safety and Health Standards; 1910 Subpart 1; Personal Protective Equipment; Standard Number: 1910.134; Respiratory protection.
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

1910.134 Appendix A: Fit Testing Procedure
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA

1910.134 Appendix B-1 User Seal Check Procedure
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB1

1910.134 Appendix C Medical Evaluation Questionnaire
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC

1910.134 Appendix D Information for Employees Using Respirators When Not Required Under the Standard

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD

Healthcare Workers: Prevention Controls
https://www.cdc.gov/niosh/topics/healthcare/prevention.html

Hospital Respiratory Protection Program Toolkit- Resources for Respiratory Program Administrators
https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

NOISH Filtering out Confusion: Frequently Asked Questions about Respirator Protection
https://www.cdc.gov/niosh/docs/2018-128/pdfs/2018-128.pdf?id=10.26616/NIOSHPUB2018128

OSHA Fact Sheet: Respiratory Infection Control: Respirators Versus Surgical Masks
https://ehs.psu.edu/sites/ehs/files/respirators_vs_surgical_masks_-_osha_fact_sheet.pdf

Ohio Infectious Disease Control Manual: Section 3
https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3

OSHA Respiratory Protection
https://www.osha.gov/respiratory-protection

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T. APPENDICIES & ATTACHMENTS

N/A

U. REFERENCE FORMS

N/A.

V. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

W. APPROVAL