

Ohio Health Care Association

OSHA Respiratory Protection (N95) Written Policy

Disclaimer

This Sample Program is only an example provided to employers who are members of the Ohio Health Care Association. This sample program must be customized by each employer to meet the specific conditions and hazards present at their facilities. Once customized, the entire program must be reviewed by the employer's legal counsel and executive management. The company's program should be updated on a regular basis, or if a change in condition warrants it. This Sample Program was partially derived from the program provided in the Small Entity Compliance Guide for the Respiratory Protection Standard, Occupational Safety and Health Administration, U.S. Department of Labor, OSHA 3384-09, 2011 Original. In addition, Acrisure Healthcare Strategy has provided best practices applicable to the skilled nursing and assisted living sectors as they apply to the OSHA regulation (1910.134) and as interpreted by OSHA throughout the pandemic. If hazards are present that require atmosphere-supplying or powered air-purifying respirators or if hazards are present that are immediately dangerous to life and health (IDLH), this Sample Program would require significant additions and extensive procedures in order to be effective and compliant. If your facility presents such risks to your employee's health, please do not use this Sample Program. Examples are for illustrative purposes only.

If you require assistance with customizing this program or any other OSHA related issues, contact Brad Hunt, Chief Risk Officer, Leverity Insurance Solutions, at 330-301-3262 or by email at brad@leverity.com. Leverity is an Acrisure Agency Partner.

Instructions for Customizing

To understand possible additions that may need to be made to your program related to Covid-19, please review OHCA's Respiratory Protection resource page at - <https://www.osha.gov/respiratory-protection>. Employers must also check Department of Labor/OSHA, Center for Disease Control, and Centers for Medicare and Medicaid Services and other regulatory updates on a regular basis.

Instructions for Customizing

Additional instructions for customizing this policy template are provided throughout.

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Instructions for Customizing

Assisted Living facilities are encouraged to have a small team of staff to respond to airborne pathogens.

Skilled Nursing facilities should consider how this policy applies to Agency Staff and other departments such as therapy, salons, etc. and incorporate personnel required to wear respirators under the supervision of Company. For example, if Company performs medical evaluations and fit testing for Agency Staff, Company has taken responsibility for enrolling such staff in this program.

1. Purpose

(Company) has determined that employees in direct care, activities, housekeeping, dietary and maintenance are exposed to airborne pathogen and bloodborne pathogen droplet hazards. These hazards can include tuberculosis and coronavirus, chicken pox, measles, bloodborne pathogens such as hepatitis and human immunodeficiency virus. Chemical hazards used in maintenance and housekeeping may also create respiratory hazards. The purpose of this program is to ensure that all (Company) employees are protected from exposure to these respiratory hazards. Outside service providers and vendors such as physicians, nurse practitioners and hospice will be required to follow the requirements stipulated within this policy, actively administer their own OSHA compliant respiratory protection program, and provide proof upon request to (Company).

Engineering controls, such as ventilation and substitution of less hazardous materials, are the first line of defense at (Company). However, engineering controls are not always feasible for some of our operations or have not always completely controlled the risk from the identified hazards. In these situations, respirators and other protective equipment must be used. Respirators are also needed to protect employees' health during emergencies, such as a spill of laundry chemicals or the inability to secure respirators due to supplier shortages. The work-processes requiring respirator use at (Company) are outlined in Table 1 in the Scope and Application section of this policy.

Some employees have also expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, (Company) 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 employee(s) or any other employee, (Company) will provide respirators for voluntary use. As outlined in the Scope and Application section of this policy, voluntary respirator use is subject to certain requirements of this program.

(Company) utilizes facemasks and respirators. OSHA defines a facemask as a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA Emergency Use Authorization, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as "medical procedure masks." Respirator is defined as a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the surrounding air. An N95 is a respirator. Therefore, a facemask is not a respirator.

2. Scope and Application

This program applies to all employees who are required to wear respirators during normal work operations when community transmission of an airborne virus meets the Centers for Disease Control (CDC) definition of "substantial" or "high". In addition, employees may also be required to wear respirators, regardless of community transmission rates, when providing service or care to a resident suspected (quarantined) or confirmed (isolated) due to contagious airborne virus exposure or confirmed transmission. This includes all workers, service providers and vendors identified in the Purpose section above.

(Company) utilizes a color code system to provide individuals with a visual reminder of when respiratory protection is required. Table 1A below defines the color codes. Signage is used within the facility to designate specific areas, hallways or even rooms where respiratory protection is required.

All staff working in these areas and engaged in certain processes or tasks (as outlined in Tables 1 and 2) must be enrolled in (Company)' respiratory protection program. There is no charge to employees for participating in the respiratory protection program.

Any employee who voluntarily wears a respirator when a respirator is not required is still subject to the medical evaluation, cleaning, maintenance, and storage elements of this program. They will be provided with information specified in this program.

(Company) utilizes CDC's infection prevention and control recommendations for healthcare workers, including Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, to determine when respiratory protection is required. As CDC updates recommendations, (Company) will utilize the latest regarding when staff must utilize respiratory protection.

Table 1: Required Respirator Use at (Company)

Instructions for Customizing

Assisted Living facilities may have different triggers for required use.

The table below pertains to SNFs and conditions triggering respirator use during the pandemic. CDC guidelines may vary at the time you are developing this template. Include tasks at your facility where N95 use is required.

Type of Respirator	Task / Conditions
N95 tight fitting filtering facepiece (Also subject to Section 4 of this policy)	Employees with potential for exposure to a person with suspected or confirmed COVID-19. Also, during CDC community transmission levels of substantial or high.
	Employees performing aerosol generating procedures
	Employees caring for residents who have had close contact with someone confirmed to be contagious and have been placed in quarantine
	Employees working during "contingency" or "crisis" staffing levels as defined by the CDC
	Employees traveling together in a vehicle when respirator use is required in the facility
	Employees that are "exempt" from vaccination due to religious or medical reasons or delayed from vaccination, when in substantial or high community transmission (optional additional precaution)
	Employees directed to wear respiratory protection by the Program Administrator for COVID-19 or any other airborne infectious disease/virus.

Table 1A: Color Code System

Zone/Signage Color	Protection Required
Green	Facemask only
Red	N95 Respirator only

3. Responsibilities

Program Administrator

The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

- Identifying work areas, processes, or tasks that might require workers to wear respirators.
- Evaluating the hazards associated with each identified work area.
- Making sure a suitable selection of respiratory protection options exists.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage, cleaning, inspections, and maintenance of respiratory protection equipment.
- Conducting qualitative fit testing with (Bitrex, Saccharin Solution Aerosol, Isoamyl Acetate or Irritant Smoke/Stannic Chloride).
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating the written program, as needed.

The Program Administrator for (Company Name) is (Program Administrator Name).

Supervisors

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also see to it that the program is understood and followed by the workers under their direction. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing, and get their annual medical evaluation.
- Ensuring the availability of appropriate respirators, respirator supplies and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, inspected, and stored according to the respiratory protection plan and manufacturer recommendations.
- Ensuring that respirators fit well and do not cause discomfort.
- Notifying the Program Administrator of any changes to operation that would impact the program or an employee's ability to utilize a respirator.
- Continually monitoring work areas and operations to identify respiratory hazards.

- Coordinating with the Program Administrator on how best to address respiratory hazards or other concerns regarding the program.

Employees

Each employee has the responsibility:

- To wear his or her respirator when and where required and in the manner in which they were trained.
- Care for and maintain their respirators as instructed; including storing them in a clean, sanitary location.
- Inform their supervisor if the respirator no longer fits well and request a new one that fits properly.
- Inform their supervisor or the Program Administrator of any respiratory hazard that they feel are not adequately addressed in the workplace and or any other concerns that they have regarding the program.
- Inform their supervisor of the need for a medical reevaluation, including the need for an annual evaluation

4. Program Elements

Selection Procedures

Instructions for Customizing

If respiratory protection is used, employers may consider use of alternative classes of respirators that provide equal or greater protection compared to an N95 FFR, such as NIOSH-approved, non-disposable, elastomeric respirators or powered, air-purifying respirators (PAPRs). Other filtering facepiece respirators, such as N99, N100, R95, R99, R100, P95, P99, and P100, are also permissible alternatives for those who are unable to obtain N95 FFRs.

Check to ensure that respirators are NIOSH-approved. When these alternatives are not available, or where their use creates additional safety or health hazards, employers may consider the extended use or reuse of N95 FFRs or use of N95 FFRs that were NIOSH-approved but have since passed the manufacturer's recommended shelf life.

*Please also reference NIOSH and CDC Factors to Consider When Planning to Purchase Respirators from Another Country including **KN95** from China, which should be the last resort.*

The Program Administrator:

- Will select respirators to be used at **(Company)**, based on the hazards that workers are exposed to and in accord with all applicable OSHA standards.
- Will conduct a hazard evaluation for each operation, process, task or work area where pathogens or airborne contaminants may be present during either routine operations or an emergency.
- Utilize the service of industrial hygienists or certified safety professionals to conduct monitoring, when necessary.
 - **When monitoring services are contracted out, identify the provider and their qualifications.**

The Corporate Program Administrator will ensure that respirators purchased to protect against airborne pathogens are, at a minimum, N95 certified by NIOSH under 42 CFR part 84 or authorized under an EUA by the FDA.

If the N95s selected can no longer be obtained, The Corporate Program Administrator shall maintain a list of respirator makes and models from manufacturers who may have a crosswalk (i.e., a list of their respirators with equivalent fit). If a respirator model (e.g., model x) is out of stock, **(Company)** will consult the manufacturer to see

if it recommends a different model (e.g., model y or z) that fits similarly to the model (x) used previously by employees. A fit test for the new model (y) or (z) may still be required, upon manufacturers' recommendations.

If these alternatives are not available, or where their use creates additional safety or health hazards, (Company) may consider the extended use or reuse of N95s or use of N95s that are NIOSH-approved but have since passed the manufacturer's recommended shelf life.

If respirators with equivalent fit cannot be obtained, (Company) may consider use of alternative classes of respirators for response to airborne pathogens that provide equal or greater protection compared to an N95 tight fitting filtering facepiece respirator, such as NIOSH-approved, non-disposable, elastomeric respirators or powered, air purifying respirators (PAPRs). Other filtering facepiece respirators, such as N99, N100, R95, R99, R100, P95, P99, and P100, are also permissible alternatives.

When supply shortages continue to impact the availability of respirators, suitable alternatives may be available from foreign markets and are listed under the FDA's Emergency Use Authorization for Non-NIOSH Approved Respirators. For example, a KN95 manufactured in China may be a suitable, short-term alternative to an N95. However, KN95s have a high failure rate for fit testing because the edge of the respirator may not allow for a tight fit or seal. In such cases, user seal checks shall be utilized. Utilization of suitable alternatives will be discontinued as soon as N95 respirators can be procured.

Instructions for Customizing

FDA Guidelines – Factors to Consider When Planning to Purchase Respirators from Another Country

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html>

See the Respirator Use section of this policy for information regarding extended use and re-use of N95 during periods of shortage or crisis.

Hazard Evaluation

Hazard evaluations will include:

- Identification and development of a list of respiratory hazards by department, task, or work process such as those proved in Table 2 below.
- Review of work processes to determine where potential exposures to respiratory hazards may occur. This review is conducted by surveying the workplace, reviewing process and care records, and talking with employees and supervisors.
- Conducting exposure monitoring for hazardous chemicals to quantify potential hazardous exposures.
- If employee exposures have not or cannot be evaluated, they must be considered Immediately Dangerous to Life and Health (IDLH).
- Respirators are selected based on the workplace hazards detected, and workplace and user factors affecting respirator performance and reliability.
- Respirators are selected based on the Assigned Protection Factors (APFs) and calculated Maximum Use Concentrations (MUCs), when applicable.
- A sufficient number of respirator sizes and models will be provided to staff during fit testing to identify the acceptable respirator that correctly fits the user.
- Respirators are selected as appropriate for the chemical nature and physical form of the contaminant or airborne pathogen.

- Respirators are equipped with end-of-service life indicators if used for protection against gases and vapors. If there is no end-of-service life indicator, a change schedule will be implemented.

Table 2: Hazard Evaluation of (Company)

Instructions for Customizing

Assisted Living facilities have different Department / Task items.

The table below pertains to SNFs and typical Department/Tasks. If Company does not have a Department/Task listed, delete it from the table. CDC guidelines may vary at the time you are developing this template. Include tasks at your facility where N95 use is required.

Department / Task	Contaminants	Exposure Level (8 hr. TWA for chemicals)	Permissible Exposure Limit	Controls
Nursing / Clinical Care /Aerosol generating tasks and close care of isolated or quarantined residents that are positive or presumed positive.	Airborne pathogens Coronavirus	Exposure determined through staff/resident testing to CDC guidelines, staff wellness checks and contact tracing	n/a	Mandatory use of N95 when providing clinical care. See Table 1 and Table 1-A.
Therapy / Close care of isolated or quarantined residents that are positive or presumed positive	Airborne pathogens Coronavirus	Exposure determined through staff/resident testing to CDC guidelines, staff wellness checks and contact tracing	n/a	Mandatory use of N95 when providing therapy services. See Table 1 and Table 1-A.
Environmental Services / Laundry / Housekeeping / cleaning of isolation or quarantined residents that are positive or presumed positive	Airborne pathogens Coronavirus	Exposure determined through staff/resident testing to CDC guidelines, staff wellness checks and contact tracing	n/a	Mandatory use of N95 when cleaning resident occupied rooms. See Table 1 and Table 1-A.
Maintenance/ Repair or maintenance tasks in isolation or quarantined residents that are positive or presumed positive	Airborne pathogens Coronavirus	Exposure determined through staff/resident testing to CDC guidelines, staff wellness checks and contact tracing	n/a	Mandatory use of N95 when working in resident rooms. See Table 1 and Table 1-A.
Social Services, Dietary, and Activities / personal interactions w/ isolated or quarantined residents that are positive or presumed positive	Airborne pathogens Coronavirus	Exposure determined through staff/resident testing to CDC guidelines, staff wellness checks and contact tracing	n/a	Mandatory use of N95 when working in resident rooms or in group settings. See Table 1 and Table 1-A.

Updating the Hazard Evaluation

The Program Administrator:

- 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, they are to contact their supervisor or the Program Administrator. The Program Administrator then:
 - Will evaluate the potential hazard, arranging for outside assistance as necessary.
 - Will communicate the results of that assessment back to the employee. 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.
 - Will ensure that all respirators are certified by NIOSH or Section 4 of this policy and are used in accord with the terms of that certification.
 - Will ensure that all packaging, filters, cartridges, and canisters are labeled with the appropriate NIOSH certification label. The label must not be removed or defaced while the respirator is in use.

Voluntary Use of Respirators

Subject to approval by the Program Administrator, (Company Name) will provide respirators at no charge to employees for voluntary use as indicated in Table 2 of this program.

The Program Administrator must authorize voluntary use of respiratory protective equipment as requested by all other employees on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations, which are required for voluntary use.

The following information will be provided to all employees who elect to voluntarily use respirators as required by Appendix D to section 1910.134 of the OSHA Respiratory Protection Standard.

Mandatory Information for Employees Using Respirators When Not Required Under the OSHA Standard.

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator ((Company) will supply all respirators), you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

- 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.*

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles or airborne viruses will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Employees of (Company) choosing to voluntarily wear respiratory protection must comply with the procedures for medical evaluation, respirator use, cleaning, maintenance and storage. Employees must only use respirators and facemasks provided by (Company) and are not allowed to bring respirators or face coverings from home.

Source Control

N95 respirators may be used for source control, upon approval of the Corporate Program Administrator. For example, employees exempt from vaccinations may be required to utilize N95 for source control. Source control refers to use of respirators or well-fitting facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

When used solely for source control, N95s can be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If N95s are used for any task or condition listed in Table 1, they should be donned and doffed according to manufacturer's instructions, typically five times.

Medical Evaluation

Instructions for Customizing

Ohio nursing homes have received citations from OSHA for not providing medical evaluations to employees required to wear respiratory protection due to coronavirus exposure hazards. Ensure your PLHCP provides a Medical Determination form after the Medical Evaluation. Example forms are available from OHCA.

Employees who are either required to wear respirators, or who choose to wear a respirator voluntarily, must pass a medical evaluation and exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a Physician or 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. Such employees may be required to wear surgical mask for source control.

At (Company Name), the PLHCP is (Occupational Health Provider or Company Medical Director). They will coordinate all company occupational health services, in cooperation with the Corporate Program Administrator and will provide and oversee the medical evaluations.

Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using a questionnaire that captures the required information as provided in Appendix C of the OSHA Respiratory Protection standard.
- **(Company)** Human Resources Department will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, Human Resources will assist employees who are unable to read the questionnaire (e.g. by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the PLHCP for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out, along with instructions for submitting the questionnaire confidentially to the PLHCP.
- If the employee feels they have medical concerns that may impede their ability to safely wear an N95 they are to notify the PLHCP upon questionnaire completion.
- Medical questionnaires are considered protected health information.

Employees will:

- Be permitted to fill out the questionnaire on company time.
- Be granted follow-up medical exams as required by the OSHA Respiratory Protection Standard, and/or as deemed necessary by the PLHCP or referred to their primary care physician for direction.
- Be granted the opportunity to speak with the PLHCP about their medical evaluation if they so request.

The Corporate Program Administrator has provided the PLHCPs with:

- A copy of this policy, and a copy of the OSHA Respiratory Protection Standard.
- The list of hazards by work area, and for each employee requiring evaluation, his or her work area or job.
- The employee's title, proposed respirator type and weight, length of time required to wear the respirator, expected physical workload (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective equipment required.

In determining the employee's ability to use a respirator, the Program Administrator shall:

- Obtain a written recommendation, defined by OSHA as a Medical Determination, regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide the following information:
 - 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.
 - The need, if any, for follow-up medical evaluations.
 - A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided if:

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

- The PLHCP or Supervisor informs the Corporate Program Administrator that the employee needs to be reevaluated.
- Information from this policy, including observations made during fit testing, annual fit testing, and program evaluation, indicates a need for reevaluation.
- The PLHCP or a Supervisor observe that there has been a change in workplace conditions that may result in an increased physiological burden on the employee.

A list of employees currently included in medical surveillance is maintained by the Human Resources Department including medical questionnaire and fit testing records. All examinations and questionnaires are to remain confidential between the employee and the PLHCP.

Fit Testing

*Instructions for Customizing
A best practice fit testing form is available from OHCA.*

Fit testing is required for employees under a mandatory requirement to wear respirators at **(Company)**.

Employees voluntarily wearing respirators may be fit tested upon request.

Fit testing will be performed when an employee is initially required to wear a respirator, such as upon hire or transfer to a new department, and thereafter on an annual basis. Fit testing will also occur when there are changes in the employee's physical condition that could affect respiratory fit such as obvious change in body weight, dental work, or facial hair and/or scarring.

Employees will be fit tested with the make, model, and size of respirator that they will actually use. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.

Trained staff approved by the Corporate Program Administrator will conduct fit tests following the OSHA approved Bitrex QLFT Protocol or equivalent such as Saccharine in Appendix A of the OSHA Respiratory Protection Standard. For staff that may not be able to taste Bitrex or Saccharine, such as those experiencing loss of taste due to coronavirus, the OSHA protocols for Irritant Smoke (Stannic Chloride) may be utilized.

Respirator Use

Responsibilities for all staff required to wear respirators are:

- They will use their respirators under conditions specified by this policy, and in accord with the training they receive on the use of each particular model. In addition, the respirator must not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- They must conduct user-seal checks each time that they wear their respirator.
- On a daily basis, they must use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B-1 of the OSHA Respiratory Protection standard.
- They must notify their supervisor and leave the work area for the following reasons:
 - To clean their respirator if the respirator is impeding their ability to work.
 - To change filters or cartridges, or replace parts; or

- To inspect the respirator if it stops functioning as intended.
- They must not 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.
- Not wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

Extended use and re-use of N95 is permitted during periods of shortage or crisis and (Company) shall follow CDC guidelines. Re-use refers to the practice of using the same N95 respirator by one health care provider for multiple encounters with different patients but doffing it after each encounter. (Company) shall consult with respirator suppliers regarding the maximum number of donnings or uses they recommend for the N95 respirator model being purchased. If no manufacturer guidance is available, (Company) will limit the number of reuses to no more than five uses per device to ensure an adequate safety margin. N95 and other disposable respirators will not be shared by multiple employees.

When contact transmission is not a concern, routine limited reuse of single-use disposable respirators may be appropriate. Limited re-use of N95 respirators when caring for patients might also become necessary. Re-use has been recommended by the CDC as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. During times of crisis, practicing limited re-use while also implementing extended use can be considered. N95 respirators should not be re-used by staff who care for patients with coronavirus then care for other patients with varicella, measles, and tuberculosis, and vice versa.

Respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients must be appropriately discarded. Staff may also be required to use a face shield to reduce/prevent contamination of the N95 respirator. Staff re-using an N95 respirators should use a clean pair of gloves when donning or adjusting a previously worn N95 respirator. Staff must discard gloves and perform hand hygiene after the N95 respirator is donned or adjusted.

The surfaces of a properly donned and functioning NIOSH-approved N95 respirator will become contaminated with pathogens while filtering the inhalation air of the wearer during exposures to pathogen laden aerosols. The pathogens on the filter materials of the respirator may be transferred to the wearer upon contact with the respirator during activities such as adjusting the respirator, improper doffing of the respirator, or when performing a user-seal check when redonning a previously worn respirator. To mitigate the contact transfer of pathogens from the respirator to the wearer staff required to wear respirators in isolation or quarantine areas may be provided with a minimum of three to five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they don, doff, care for them, and store them properly each day. This amount of time in between uses should exceed the 72-hour expected survival time for SARS-CoV2. Staff should still treat the respirator as though it is still contaminated and follow the precautions outlined in this policy.

Emergency Procedures

Per hazard assessments performed, there are currently no foreseeable contingencies or emergencies that would require respiratory protection other than the pandemic and outbreaks, including circumstances resulting in shortages of N95s (see section 4. **Program Elements -Selection Procedures**).

Hazard assessments will be performed on a regular basis, as conditions and work practices change or upon employee or supervisor request to determine if respiratory protection may be needed for emergency response.

For any malfunction of a respirator (e.g., breakthrough, facepiece leakage, or improperly working valve), the respirator wearer must inform his or her supervisor that the respirator no longer functions and go to the designated safe area to maintain the respirator. The Supervisor must ensure that the employee receives the needed parts to repair the respirator or is provided with a new respirator.

Cleaning, Maintenance, Change Schedules, and Storage

Cleaning

(Company) utilizes N95 to protect against airborne pathogens. We currently do not utilize respirators that are cleaned and disinfected. We discard soiled respirators.

Maintenance

The Corporate Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials at each cleaning station. If supplies are low, employees should contact their supervisor who will inform the Corporate Program Administrator. Respirators are always to be properly maintained to ensure that they function. Maintenance involves a thorough visual inspection for cleanliness and defects.

Worn or deteriorated parts will be replaced prior to use. Only components approved by the manufacturer will be used to make repairs to any respirator. Employees are permitted to leave their work area and go to a designated area free of respiratory hazards to conduct respirator maintenance. Respirators that are defective or have defective parts must 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 the Program Administrator. Defective respirators shall be tagged and taken out of service or properly disposed of.

Change Schedules

Based on discussion with our respirator distributor, current change schedules are as follows:

- Voluntary use or use for source control is a daily exchange.
- Mandatory use is no less than daily or five doffings.
- New respirators may be obtained when current respirator is damaged, soiled, dirty or becomes misshapen.
- Extended use or re-use as provided in the Respirator Use section of this policy.

If the employee is not given a replacement respirator of the same make, model and size, then the employee must be re-fit tested to the new make, model or size. If necessary, the Corporate Program Administrator shall maintain a list of respirator makes and models from manufacturers who may have a crosswalk (i.e., a list of their respirators with equivalent fit).

Storage

Respirators must be stored in a clean, dry area, and in accord with the manufacturer's recommendations. Manufacturer's recommendations are a designated container in a designated area that has been assigned to an employee or in a breathable paper bag or container with the employees' name.

Training

The Program Administrator will provide training to respirator users and their Supervisors on the contents of the (Company)'s Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard.

Employees will be trained prior to using a respirator in the workplace. The comprehensive training shall be understandable by a lay person, shall occur at least annually. For new employees, or for those who are reassigned, training may be more frequently. Supervisors must be trained prior to using a respirator in the workplace; and further, they should be trained prior to supervising workers who must wear respirators, even if the Supervisors themselves are not required to use a respirator.

Supervisors will provide (Company) employees who use respirators on a voluntary basis with the basic information on respirators in Appendix D of the Respiratory Protection Standard.

Supervisors will ensure that each employee understands the following:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- What the limitations and capabilities of the respirator are.
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on and remove and check the seals of their respirator are working.
- What the proper procedures are for maintenance and storage of their respirator.
- How to recognize medical signs and symptoms that may indicate the effective use of respirators has been compromised; and
- The general requirements of the Respiratory Protection Standard.

Supervisors will ensure that employees will be retrained annually or as needed (e.g., if they change departments and need to use a different respirator). Retraining shall also be administered when the following situations occur:

- Changes in the workplace or the type of respirator render previous training obsolete.
- Inadequacies in the employee's knowledge or use of the respirator indicate that the worker has not retained the requisite understanding or skill; or
- Any other situation arises in which retraining appears necessary to ensure safe respirator use.

The basic advisory information on respirators, as presented in Appendix D of the Respiratory Protection Standard, shall be provided by the employer in any written or oral format to employees who wear respirators when such use is not required by this program. Each employee will sign off, acknowledging that they have received the required training and such acknowledgement shall be maintained by the Program Administrator.

5. Program Evaluation

The Corporate Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being properly implemented and adhered to. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records. Problems identified will be noted in a memo maintained by the Program Administrator.

Findings to be assessed include:

- Respirator fit, including the ability to use the respirator without diminishing the employee’s ability to perform their job.
- Appropriate respirator selection for the hazards to which the employee is exposed.
- Proper respirator use under workplace conditions the employee typically encounters; and
- Proper respirator maintenance.
- Any other factors which the Program Administrator deems relevant

These findings will be reported to **(Company)** management, together with corrective plans to address any deficiencies identified in the respirator program. Target dates for implementing those corrections shall also be provided.

6. Documentation and Recordkeeping

A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator’s office and are available to any employee who wishes to review. The Program Administrator’s office shall also maintain copies of training materials which are available to any employee that requests a copy.

(Company) has established a process to retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist **(Company)** in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Medical evaluation

Records of medical evaluations required by this program must be retained and made available for at least the duration of employment plus thirty 30 years. The following records are exempt from being retained per OSHA Regulation 1910.1020:

- Health insurance claims records that are maintained separately from the employer's medical program and its records
- First aid records (not including medical histories) of one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and the like which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job, if made on-site by a non-physician and if maintained separately from the employer's medical program and its records, and
- The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

Employee exposure records

Each employee exposure record shall be preserved and maintained for at least thirty (30) years, except that:

- Background data to environmental (workplace) monitoring or measuring, such as laboratory reports and worksheets, need only be retained for one (1) year so long as the sampling results, the collection methodology (sampling plan), a description of the analytical and mathematical methods used, and a summary of other background data relevant to interpretation of the results obtained, are retained for at least thirty (30) years; and
- Safety data sheets (SDS) and paragraph 1910.1200 (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years; and
- Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.

Fit testing

(Company) has established a record of the fit tests administered to employees including:

- The name or identification of the employee tested.
- Type of fit test performed.
- Specific make, model, style, and size of respirator tested.
- Date of test; and
- The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

Fit test records shall be retained for respirator users until the next fit test is administered. Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary of Labor or designee for examination and copying.

7. Injury & Illness Reporting to OSHA

Instructions for Customizing

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, if it meets the OSHA recording criteria, and thus employers are responsible for recording cases of COVID-19. Given the nature of the disease and ubiquity of community spread, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace.

(Company) conforms to OSHA'S recordkeeping requirements, COVID-19 is a recordable illness, if it meets the OSHA recording criteria, and thus (Company) is responsible for recording cases of COVID-19. Given the nature of the disease and ubiquity of community spread in many instances it remains difficult to determine whether a COVID-19 illness or hospitalization is work-related, especially when an employee has experienced potential exposure both in and out of the workplace. (Company) will utilize contract tracing to the extent possible to determine work-relatedness. Work-related hospitalizations will be reported to OSHA within 24 hours after Human Resources or any Supervisor learns of the case.

Call the nearest OSHA Office

- Cleveland, OH: (216) 447-4194
- Cincinnati, OH: (513) 841-4132
- Toledo, OH: (419) 259-7542
- Columbus, OH: (614) 469-5582

Or call the OSHA 24-hour hotline at 1-800-321-6742

When reporting, **(Company)** shall be prepared to supply: The business name; names of employees affected; location and time of the incident, a brief description of the incident; contact person and phone number.

The End

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