

Respiratory Protection Program

Introduction

Respirators are used to protect employees from inhaling potentially infectious aerosols present in the air. If it is determined that an employee requires a respirator for adequately protection, a written *Respiratory Protection Plan* must be in place.

The information contained in the following *Respiratory Protection Program* is designed to assist you in developing a quality plan that will make your workplace safer.

Respiratory Protection Program

Practice Name: _____

Our Respirator Program Administrator is: _____

Our administrator's duties are to oversee the *Respiratory Protection Program* and ensure that all employees adhere to the program requirements. The administrator will evaluate the program regularly to ensure:

- All procedures are followed.
- Respirator use is monitored.
- Respirators in use continue to provide adequate protection when job conditions change.

Selection of Respirators

We have evaluated our dental procedures at this facility and found respirators must be used by employees in the following locations or positions or doing the following duties, tasks or activities:

Employee position or activity	Dental procedure used for	Approved respirators assigned Y/N

Medical Evaluations

Every employee of this practice who will be required to wear a respirator will be provided with a medical evaluation before using the equipment and will complete a medical questionnaire to be reviewed by a medical healthcare professional.

Your employer must select a physician or other licensed healthcare professional, such as a registered nurse or physician's assistant, to perform the medical evaluation. The evaluation must consider your health, specific job description, respirator type, and workplace conditions. The medical evaluation can be as simple as having the physician or other licensed healthcare professional review responses to the questionnaire. In certain cases it could also involve an in-person medical examination.

The *OSHA Respirator Medical Evaluation Questionnaire* is designed to identify general medical conditions that could place a worker at risk of serious medical consequences if a respirator is used.

Your responses to the medical questionnaire are confidential and you are not required to share your responses with your employer. Your employer must provide you with an opportunity to discuss the questionnaire and examination results with a physician or licensed healthcare professional.

Your employer must also provide the healthcare professional with information about how you will use the respirator at work before you can be medically evaluated. This information is required to properly evaluate your ability to use the respirator and includes:

- The type and weight of your respirator.
- How long and how often you will be wearing the respirator.
- How hard you will be working and how much effort will be involved.
- Other protective clothing or equipment you will wear during respirator use.
- Temperature and humidity extremes at work.
- A copy of the *OSHA Respiratory Protection Standard* and your employer's written *Respiratory Protection Program*.

If the medical questionnaire indicates to the medical provider that a further in-person medical exam is required, this will be provided at no cost to you and will be conducted by the medical provider doing medical exam (e.g., an Occupational Medicine Clinic). We will then obtain a recommendation from them as to whether you are able to wear a respirator.

Additional medical evaluations will be done in the following situations:

- The medical provider recommends it.
- Our respirator program administrator decides it is needed.
- An employee shows signs of breathing difficulty.
- Changes in work conditions occur.

Respirator Fit-Testing

Respirator fit-testing ensures that the equipment provides a tight seal and adequate protection for the employee.

- All employees who are required to wear respirators will be fit-tested using the same type of respirator assigned to them.
- Fit-testing will be repeated at least annually.
- Fit-testing will also be performed when:
 - A different respirator is chosen.
 - There is a physical change in an employee's face that would affect fit.
 - Our employees or medical providers notify us that the fit is unacceptable.
- No beards are allowed on employees who are required to wear respirators.

For additional information, go to the *Compliance Training Partners* website (www.compliancetrainingpartners.com). Once at the home page, click on the *Learn More* tab. Next, click on the *N95 Fit Test Instructions* tab and view the video.

The qualitative fit-testing protocol for fit-testing utilizes one of the following agents:

- Banana Oil (isoamyl acetate).
- Bitrex.
- Saccharin.

Documentation of fit-testing results are kept in the following location:

Seal Check Procedure

Important Information for Employees:

- You must conduct a seal check of your respirator each time you are ready to use it. The purpose of this seal check is to make sure your respirator (which was previously fit-checked by your employer) is properly positioned on your face to prevent leakage during use.
- The procedure found below has 2 parts: a positive pressure and a negative pressure check. It is very quick and easy to perform. If your respirator is functioning and fitting properly, you will be able to pass both parts.
- Review the instructional video on how to properly perform a seal check on the *Compliance Training Partners* website (www.compliancetrainingpartners.com). Once on the site, click the *Learn More* tab, then click the *How To Perform a N95 Respirator Seal Check* tab.

Respirator Use

The *Program Administrator* will monitor the work area for any changing conditions where employees are using respirators.

Employees will not be allowed to wear respirators if they have facial hair, absence of normally worn dentures, facial deformities (e.g., scars, deep skin creases, prominent cheekbones), or other facial features that interfere with the facepiece seal. Jewelry or headgear that projects under the facepiece seal is also not allowed.

A seal check will be performed whenever a respirator is first put on.

Employees will leave the area where respirators are required for any of the following reasons:

- When they notice a change in breathing resistance.
- To adjust their respirator.
- If they experience dizziness, nausea, weakness, breathing difficulty or coughing.

Respirator Training

Training is performed by the following designated trainer: _____.

Training must be performed before employees wear their respirators and at least annually thereafter, as long as the employee remains designated as a respirator wearer.

Respiratory Program Evaluation

We evaluate our respiratory program for effectiveness by performing the following:

1. Checking results of fit-test results and medical provider evaluations.
2. Talking with employees who wear respirators about their respirators – how they fit, if they feel they are adequately being protected. Also, if they have difficulty breathing while wearing them or notice any odors.
3. Periodically checking employee job duties for any changes that may affect respirator wear.
4. Periodically checking how employees use their respirators.

Recordkeeping

The following records will be kept:

- A copy of the completed Respiratory Protection Program.
- Employees' latest fit-testing results.
- Employee training records.
- Written recommendations from the medical evaluation provider.

The records will be kept at the following location:

Sample Respirator Fit Test Record

Name: _____ Initials: _____

Type of qualitative fit test used: _____

Name of test operator: _____ Initials: _____

Date: _____

Respirator Mfr./Model	Size	Pass/Fail
1. _____	S M L	P F _____
2. _____	S M L	P F _____
3. _____	S M L	P F _____
4. _____	S M L	P F _____

Clean Shaven? Yes___ No___ (Fit-test cannot be performed unless clean-shaven)

Medical Evaluation Completed? Yes___ No___

NOTES: _____

Sample Respirator Training Record

Employee Name (printed): _____

I certify that I have been trained in the use of the following respirator(s):

Respirator Name	Respirator Model Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This training included the inspection procedures, fitting, and limitations of the above respirator. I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator as described above and I understand the instructions relevant to use and the limitations of it.

Employee Signature: _____

Instructor Signature: _____

Date: _____