

UNIVERSITY OF VICTORIA



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1.0 PROGRAM OBJECTIVES

The Respiratory Protection Program aims to prevent adverse health effects from the inhalation of hazardous airborne contaminants, increase awareness of respiratory hazards in the workplace, and inform employees on how to protect themselves from the identified potential hazards.

2.0 PROGRAM SCOPE

WorkSafeBC requires the employer to provide an appropriate respirator if a worker is, or might be exposed in a workplace to an air contaminant that exceeds an occupational exposure limit (Section 8.32, OHS Regulation).

This program applies to all employees who are exposed to hazardous airborne contaminants in the workplace.

3.4 EMPLOYEE

- ‰ Wearing an appropriate respirator when performing tasks or working in an area where a respirator is required as a result of a hazard assessment;
- ‰ Inspecting the respirator prior to use and reporting any equipment malfunction or unsafe work condition(s) to their Supervisor;
- ‰ Using the respirator as directed by the Supervisor and in accordance with the manufacturer's specifications;
- ‰ Complete medical screening form, attend annual fit testing and sign-off on all required forms;
- ‰ Properly cleaning, maintaining, and storing respirator(s);
- ‰ Notify their Supervisor if they have medical concerns regarding use of their respirator, or if there is a change in their medical condition that may prevent them from continuing to use a respirator.

4.0 PROGRAM COMPONENTS

A departmental Respiratory Protection Program must be implemented where respiratory protection is required to protect workers from hazardous atmospheres. The elimination or reduction of respiratory hazards through substitution or engineering controls is preferred; however, there may be instances where employees require the use of an appropriate respirator. The following sections outline the main components of a Respiratory Protection Program.

4.1 HAZARD ASSESSMENT

A Respiratory Hazard Assessment Form is provided as a guide to completing a preliminary assessment for a particular activity or work area (Appendix I). The completed form should be returned to the Department of Occupational Health, Safety and Environment for review.

A Hazard Assessment involves the following steps:

1. Identify which contaminants may be present in the workplace.

4.3 4

- x The respiratory hazards present at the specific worksite and their potential health effects.
- x The capabilities and limitations of the selected respirator.
- x Inspection and maintenance procedures.
- x Cleaning and storage methods.
- x Donning the respirator.
- x Performing a seal check and participating in a fit test.
- x Proper use of the respirator and procedures to follow if the respirator malfunctions.
- x Filter cartridge change-out schedule and expirations dates.

A record of training shall be kept in the department for all employees who have received respirator training.

4.5 RESPIRATOR USE & CARE

4.5.1 Inspections

Each person issued a respirator shall inspect the respirator prior to each use to ensure that it is in good condition. This inspection shall include a check of the tightness of the connections and the condition of the facepiece, headbands, valves, and cartridges. Check the condition of the sealing flange and that the inhalation and exhalation valves are not missing, folded over, torn or hardened. The mask itself shall be inspected for any signs of deterioration. If any defects are noted, report to the Supervisor for replacement parts or a new respirator.

Figure 1. Respirator Parts. Breathe Safer: How to use respirators safely and start a respirator program. WorkSafeBC.

4.5.2 Use

All workers wearing a seal fitting respirator must be clean-shaven. Facial hair breaks the seal between the skin and the respirator mask.

4.5.3 Cleaning

Respirators shall be regularly cleaned and disinfected. Respiratory equipment should be washed with soap and warm water (remove cartridges from the respirator prior to washing). After washing and disinfecting the respirator, rinse it with clean, warm water and allow the respirator to dry. Consult the manufacturer's guide for specific cleaning instructions.

4.5.4 Storage

Store the respirator in a clean sealed container in an area not exposed to chemicals or particulates.

4.6 MEDICAL SURVEILLANCE

Prior to fit testing and respirator use, the employee must complete the health screening section of the Respirator Fit Test Form (see Appendix V). It shall be confirmed that the employee is free from any physiological or psychological conditions that may prevent them from being assigned the use of a respirator.

The completed section will be reviewed by the OHSE Safety Consultant or qualified person before proceeding with the fit test. If concerns regarding the use of a respirator are identified, the Fit Tester will refer the employee to a medical physician for further assessment.

Employees who do not meet the medical requirements shall not work in an area

The program review will also include an evaluation of wearer acceptance of respirator. Employees should be consulted periodically on the following issues:

- x Resistance to breathing
 - x Fatigue
 - x Interference with vision
 - x Interference with communication
 - x Restriction of movement
 - x Interference with job performance
-

5.0 RESOURCES

WorkSafeBC

“Breathe Safer: How to use respirators safely and start a respirator program.”

http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/b

APPENDIX I

Respiratory Hazard Assessment Form

This form is designed to assess whether a respiratory hazard exists and assist Managers in the proper selection of respirator equipment. Complete a hazard assessment for each work activity that may present an airborne hazard. Please return the completed forms to the Department of Occupational Health, Safety and Environment.

Supervisor: _____ Department: _____

Date: _____ Job Title: _____

Description of Work Activity : _____

Respiratory hazards: (list below):

Respiratory hazard	Contaminant	Duration of work activity	*Exposure Limit
e.g.Particulates/aerosols	e.g.Asbestos, welding fumes, etc.	e.g Welding for 4 hours/3 days a week	
e.g.Gases and/or vapours	e.g.Toluene, paints, etc.	e.g. Painting for 5 hours/ twice weekly	
e.g.Oxygen-deficient atmosphere			

*

APPENDIX II

Respirator Protection Selection Chart

Job Title:_____ Type of respirator selected:_____

Make:_____ Model:_____

APPENDIX III

Respirator Protection Factors

Table 1. Respirator Protection Factors **

Respirator type	Protection Factor
Air Purifying	
Half facepiece, non-powered	10
Full face	

APPENDIX IV

Donning and Doffing a Respirator

Seal Check:

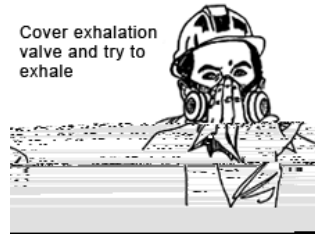
A respirator seal check is required each time that you wear your respirator.

Negative User Seal Check With the intake valves blocked, the wearer inhales gently and holds. The respirator should collapse slightly on the wearer's face. No leakage around the face seal should be noted while maintaining a negative pressure inside the respirator for several seconds.

Positive User Seal Check: With the exhaust valve covered, the wearer exhales gently to generate a slight positive pressure within the face piece. No leakage outward around the seal should be noted.



Negative Seal Check



Positive Seal Check

Fit Test:

Employees will be properly fitted and tested for a face seal prior to the first use of a respirator, and re-fitted on an annual basis. A fit test will determine if an adequate fit is provided between the respirator and face. Qualitative fit testing will be the method of testing at the University of Victoria.

Example of Qualitative Fit Test Procedures:

If the mask is fitted correctly, you should not be able to taste the fit test solution (e.g., Bitrex, Saccharin, and Irritant Smoke).

Test exercises include the following:

1. Normal breathing
2. Deep breathing
3. Turn your head side to side and inhale at each side
4. Move your head up and down and inhale at the up and the down
5. Talk out loud slowly and loud enough so that you can be heard clearly
6. Bend over and touch your toes
7. Finish with normal breathing again

RESPIRATORY PROTECTION PROGRAM

APPENDIX V

RESPIRATOR FIT TEST FORM				
Name of Worker		Supervisor		
Job Title		Department	Phone	
Does the worker wear?	Eye Glasses <input type="checkbox"/> Dentures <input type="checkbox"/> Facial Hair <input type="checkbox"/> (explain why they interfere with N95)			
Health Surveillance (a) Some conditions can affect your ability to safely use a respirator. Have you had or do you currently have any of the conditions below that may affect respirator use? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Health Conditions (no need to specify):				
Chronic bronchitis Allergies/Sensitivities Other diagnosed lung disease Difficulty breathing Prescription medication Claustrophobia Asthma Dizziness/Nausea Panic attacks				
List any other conditions that you				

APPENDIX VI

Physician Health Screening Assessment Form

Part 1: Employee Information

Name: _____ Job Title: _____

Department: _____ Supervisor: _____

Email: _____ Phone(on campus) _____

Health Conditions

I have answered the questions on the Fit Test Form to the best of my ability and knowledge. I also understand that I will report to my Supervisor and the OHSE Safety Consultant any changes in my physical health that might affect my ability to safely wear a respirator.

Signature of respirator user: _____ Date: _____

After Part 1 and 2 have been completed, please return the form in an enclosed envelope marked "Completed Fit Test Form" to the Department of Occupational Health, Safety and Environment, Attention: OHSE Consultant, fax to 250-721-6359, or scan and email to ohse@uvic.ca

-----Physician Use Only-----

Part 2: Medical Assessment by a Physician

a) Meets medical requirements? YES NO

b) Meets medical requirements with limitations (please provide specific details):

Name of Physician (please print): _____ Signature: _____