Respiratory Protection Program

Revised
7/1/2010
I. OBJECTIVE

The Marquette University Respiratory Protection Program is designed to protect employees by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program also serves to help the University and its employees comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134.

II. ASSIGNMENT OF RESPONSIBILITY

A. Employer

Marquette University is responsible for providing respirators to employees when they are necessary for health protection. Marquette University will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by Marquette.

B. Program Administrator

The Program Administrator for Marquette University is the Director of Environmental Health and Safety. The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

1. Identifying work areas, process or tasks that require workers to wear respirators.
2. Evaluating hazards.
4. Monitoring respirator use to ensure that respirators are used in accordance with their specifications.
5. Arranging for and/or conducting training.
6. Ensuring proper storage and maintenance of respiratory protection equipment.
7. Administering the medical surveillance and fit testing program.
8. Maintaining records required by the program.
9. Evaluating the program.
10. Updating written program, as needed.

C. Supervisors/Coordinators are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge.

Duties of the supervisor/coordinator include:

1. Ensuring that employees under their supervision (including new hires) receive appropriate training, fit testing, and annual medical evaluation.
Ensuring the availability of appropriate respirators 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, and stored according to this program.

Ensuring that respirators fit well and do not cause discomfort.

Continually monitoring work areas and operations to identify respiratory hazards.

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

D. Employees

Each employee is responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:

1. Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location.
2. Inform their supervisor/coordinator if their respirator no longer fits well, and request a new one that fits properly.
3. Inform their supervisor/coordinator 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 this program.
4. Use the respiratory protection in accordance with the manufacturer’s instructions and the training received.

III. APPLICABILITY

This program applies to all employees who are required to wear respirators during normal work operations, as well as during some non-routine or emergency operations, such as a spill of a hazardous substance.

In addition, any employee who voluntarily wears a respirator when one is not required (i.e., in certain maintenance and research activities) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and will be provided with necessary training. Employees who voluntarily wear filtering face pieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

IV. PROGRAM

A. Hazard Assessment and Respirator Selection

The Program Administrator will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with the OSHA Respiratory Protection Standard. The Program Administrator or a designated representative will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. A log of identified hazards will be maintained by the Program Administrator (See Sample Hazard Evaluation, Attachment C). The hazard evaluations shall include:

1. Identification and development of a list of hazardous substances used in the workplace by department or work process.
2. Review of work processes to determine where potential exposures to hazardous substances may
occur. This review shall be conducted by surveying the workplace, reviewing the process records, and talking with employees and supervisors.

3 Exposure monitoring to quantify potential hazardous exposures.

The proper type of respirator for the specific hazard involved will be selected in accordance with the manufacturer’s instructions. A list of employees and appropriate respiratory protection will be maintained by the Program Administrator (see Attachment D).

B. Updating the Hazard Assessment

The Program Administrator must revise and update the hazard assessment 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, he/she is to contact his/her supervisor/coordinator or the Program Administrator. The Program Administrator will evaluate the potential hazard, and arrange for outside assistance as necessary. The Program Administrator will then communicate the results of that assessment to the employees. If it is determined that respiratory protection is necessary, all other elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

C. Training

The Program Administrator will provide training to respirator users and their supervisors/coordinators on the contents of the Marquette University Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. All affected employees and their supervisors/coordinators will be trained prior to using a respirator in the workplace. Supervisors/coordinators will also be trained prior to supervising employees that must wear respirators.

The training course will cover the following topics:

1 The Marquette University Respiratory Protection Program;
2 The OSHA Respiratory Protection Standard (29 CFR 1910.134);
3 Respiratory hazards encountered at Marquette University and their health affects;
4 Proper selection and use of respirators;
5 Limitations of respirators;
6 Respirator donning and user seal (fit) checks;
7 Fit testing;
8 Emergency use procedures;
9 Maintenance and storage; and
10 Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or as needed (e.g., if they change departments or work processes and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by the Program Administrator and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

D. NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and
canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while the respirator is in use.

**E. Voluntary Respirator Use**

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

The Program Administrator will provide all employees who voluntarily choose to wear the above respirators with a copy of Appendix D of the OSHA Respiratory Protection Standard. They must also read and sign the voluntarily use guidelines. Employees who choose to wear a half face piece APR must comply with the procedures for Medical Evaluation, Respirator Use, Cleaning, Maintenance and Storage portions of this program.

**F. Medical Evaluation**

Employees who are either required to wear respirators, or who choose to wear a half face piece APR voluntarily, must pass a medical exam provided by Marquette University before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician 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.

A licensed physician will provide medical evaluation procedures are as follows:

1. The medical evaluation will be conducted using the questionnaire provided in Appendix C of the OSHA Respiratory Protection Standard. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
2. To the extent feasible, the University will provide assistance to employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for medical evaluation.
3. All affected employees will be given a copy of the medical questionnaire to complete. Employees will be permitted to complete the questionnaire on company time.
4. Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating physician.
5. All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
6. The Program Administrator shall provide the evaluating physician with a copy of this Program, a copy of the OSHA Respiratory Protection Standard, the list of hazardous substances by work area, and the following information about each employee requiring evaluation:
   a. His or her work area or job title;
   b. Proposed respirator type and weight;
   c. Length of time required to wear respirator;
   d. Expected physical work load (light, moderate or heavy);
   e. Potential temperature and humidity extremes; and
   f. Any additional protective clothing required.

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

7. After an employee has received clearance to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
a. 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.

b. The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.

c. Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.

d. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

A list of Marquette University employees currently included in medical surveillance is available from the Environmental Health & Safety Dept.

All examinations and questionnaires are to remain confidential between the employee and the physician. The Program Administrator will only retain the physician=s written recommendations regarding each employee=s ability to wear a respirator.

G. Fit Testing

Employees who are required to or who voluntarily wear half-face piece APRs will be fit tested:

1. Prior to being allowed to wear any respirator with a tight-fitting face piece;
2. Annually; or
3. When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode.

The Program Administrator has contracted with Medivan Inc. to conduct fit tests in accordance with the OSHA Respiratory Protection Standard.

H. General Respirator Use Procedures

1. Employees will use their respirators under conditions specified in this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

2. All employees shall conduct user seal checks each time they wear their respirators. Employees shall conduct the following tests:

   a. Positive Pressure Test: This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.

   b. Negative Pressure Test: This test is performed by closing off the inlet openings of the cartridge with the palm of your hand. Some masks may require that the filter holder be removed to seal off the intake valve. Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator is fit properly.

3. All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons:

   a. To clean their respirator if it is impeding their ability to work;

   b. To change filters or cartridges;
c. To replace parts; or
d. To inspect respirator if it stops functioning as intended.

Employees should notify their supervisor before leaving the area.

1. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures that would prevent a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.

2. Before and after each use of a respirator, an employee must make an inspection of tightness or connections and the condition of the face piece, headbands, valves, filter holders and filters. Questionable items must be addressed immediately by the supervisor and/or Program Administrator.

I. Air Quality

For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. The Program Administrator will coordinate deliveries of compressed air with the company's vendor and will require the vendor to certify that the air in the cylinders meets the specifications of Grade D breathing air.

The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

J. Change Schedules

Respirator cartridges shall be replaced as determined by the Program Administrator, supervisor(s), and manufacturers’ recommendations.

K. Cleaning

Respirators are to be regularly cleaned and disinfected. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

The following procedure is to be used when cleaning and disinfecting reusable respirators:

1. Disassemble respirator, removing any filters, canisters, or cartridges.
2. Wash the face piece and all associated parts (except cartridges and elastic headbands) in an approved cleaner-disinfectant solution in warm water (about 120 degrees Fahrenheit). Do not use organic solvents. Use a hand brush to remove dirt.
3. Rinse completely in clean, warm water.
4. Disinfect all facial contact areas by spraying the respirator with an approved disinfectant.
5. Air-dry in a clean area.
6. Reassemble the respirator and replace any defective parts. Insert new filters or cartridges and make sure the seal is tight.
7. Place respirator in a clean, dry plastic bag or other airtight container.

The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials. If supplies are low, employees should notify their supervisor/coordinator who will inform the Program
L. Maintenance

Respirators are to be properly maintained at all times in order to ensure that they function properly and protect employees adequately. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

1. All respirators shall be inspected routinely before and after each use.
2. Respirators kept for emergency use shall be inspected after each use, and at least monthly by the Program Administrator to assure that they are in satisfactory working order.
3. The Respirator Inspection Checklist (Attachment E) will be used when inspecting respirators.
4. A record shall be kept of inspection dates and findings for respirators maintained for emergency use.
5. Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include:
   a. Washing face and respirator face piece to prevent any eye or skin irritation;
   b. Replacing the filter, cartridge or canister;
   c. Detection of vapor or gas breakthrough or leakage in the face piece; or
   d. Detection of any other damage to the respirator or its components.

M. Storage

After inspection, cleaning, and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

1. Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program, and will store their respirator in a plastic bag in the designated area. Each employee will have his/her name on the bag and that bag will only be used to store that employee’s respirator.
   near normal position.
2. Respirators shall not be placed in places such as lockers or toolboxes unless they are in carrying cartons.
3. Respirators maintained at stations and work areas for emergency use shall be stored in compartments built specifically for that purpose, be quickly accessible at all times, and be clearly marked.
4. The Program Administrator will store Marquette University supply of respirators and respirator components in their original manufacturer’s packaging in the Environmental Health & Safety Department.

N. Respirator Malfunctions and Defects

1. For any malfunction of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage, or improperly working valve, the respirator wearer should inform his/her supervisor/coordinator that the respirator no longer functions as intended, and go to the
designated safe area to maintain the respirator. The supervisor/coordinator must ensure that the employee either receives the needed parts to repair the respirator or is provided with a new respirator.

All workers wearing atmosphere-supplying respirators will work with a buddy. The Program Administrator shall develop and inform employees of the procedures to be used when a buddy is required to assist a coworker who experiences an ASR malfunction.

2. Respirators that are defective or have defective parts shall 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/coordinator. Supervisors/coordinators will give all defective respirators to the Program Administrator.

The Program Administrator will decide whether to:

a. Temporarily take the respirator out of service until it can be repaired;

b. Perform a simple fix on the spot, such as replacing a head strap; or

c. Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of a similar make, model, and size. All tagged out respirators will be kept in the Environmental Health & Safety Department.

O. Emergency Procedures

In emergency situations where an atmosphere exists in which the wearer of the respirator could be overcome by a toxic or oxygen-deficient atmosphere, the following procedure should be followed. The locations in Marquette University where the potential for dangerous atmosphere exists will be listed in Attachment F of this procedure. Locations of emergency respirators will also be listed in Attachment F.

a. Employees must never enter a dangerous atmosphere without first obtaining the proper protective equipment and permission to enter from the Program Administrator or supervisor.

b. Employees must never enter a dangerous atmosphere without at least one additional person present. The additional person must remain in the safe atmosphere.

c. Communications (voice, visual or signal line) must be maintained between both individuals or all present.

d. Respiratory protection in these instances is for escape purposes only. Marquette University employees are not trained as emergency responders, and are not authorized to act in such a manner.

P. Program Evaluation

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors/coordinators, site inspections, air monitoring and a review of records. Items to be considered will include:

1. Comfort;
2. Ability to breathe without objectionable effort;
3. Adequate visibility under all conditions
4. Provisions for wearing prescription glasses;
5. Ability to perform all tasks without undue interference; and
6. Confidence in the face piece fit.
Identified problems will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to Marquette University’s Risk Assessment Group, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

**Q. Documentation and Recordkeeping**

1. A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator’s office and made available to all employees who wish to review it.

2. Copies of training and fit test records shall be maintained by the Program Administrator. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

3. For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the physician’s written recommendation regarding each employee’s ability to wear a respirator. The completed medical questionnaires and evaluating physician’s documented findings will remain confidential in the employee’s medical records at the location of the evaluating physician’s practice.
## Sample Hazard Assessment Log

<table>
<thead>
<tr>
<th>Department</th>
<th>Contaminants</th>
<th>Exposure Level (8 hr TWA*)</th>
<th>PEL**</th>
<th>Controls</th>
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* Summarized from Industrial Hygiene report provided by Director EH&S.

** These values were obtained from a survey on average exposures as published in the American Journal of Industrial Hygiene.
**ATTACHMENT B**

**Sample Record of Respirator Use**

<table>
<thead>
<tr>
<th>Type of Respirator</th>
<th>Department/Process</th>
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* until ventilation is installed.
### Process Hazard Evaluation for Marquette University

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<th>Process</th>
<th>Noted Hazards</th>
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(Include documentation of the sampling data that hazard evaluation is based on.)
Sample Record of Respirator Issuance

Marquette University Personnel in Respiratory Protection Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Job Description/Work Procedure</th>
<th>Type of Respirator</th>
<th>Date Issued</th>
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This bulletin provides general information only. The bulletin is not intended to constitute legal advice and should not be relied upon as an authoritative source for current laws and standards.
## Respirator Inspection Checklist

<table>
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<tr>
<th>Type of Respirator:</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Respirator Issued to:</td>
<td>Type of Hazard:</td>
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</table>
| Face piece | ________ Cracks, tears, or holes  
| | ________ Face mask distortion  
| | ________ Cracked or loose lenses/face shield |
| Head straps | ________ Breaks or tears  
| | ________ Broken buckles  
| Valves: | ________ Residue or dirt  
| | Cracks or tears in valve material |
| Filters/Cartridges: | ________ Approval designation  
| | ________ Gaskets  
| | ________ Cracks or dents in housing  
| | ________ Proper cartridge for hazard |
| Air Supply Systems | ________ Breathing air quality/grade  
| | ________ Condition of supply hoses  
| | ________ Hose connections  
| | ________ Settings on regulators and valves |
| Rubber/Elastomer Parts | ________ Pliability  
| | Deterioration |

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<tr>
<th>Inspected by:</th>
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<td>Action Taken:</td>
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ATTACHMENT F

Sample Emergency Potential Log

The following work areas at *Marquette University* have been identified as having foreseeable emergencies:

<table>
<thead>
<tr>
<th>Area</th>
<th>Type of Emergency</th>
<th>Location of Emergency Respirator(s)</th>
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Program Administrator Date
ATTACHMENT G

Sample Immediately Dangerous to Life and Health (IDLH) Assessment Log

The Program Administrator has identified the following area as presenting the potential for IDLH conditions:

<table>
<thead>
<tr>
<th>Process</th>
<th>IDLH Condition</th>
<th>Procedure</th>
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Program Administrator Date