TEMPLATE

Respiratory Protection Program Template for Long-Term Care Facilities

Disclaimer

All policies, procedures, and forms published are intended not as models, but rather as samples for illustration purposes only. The content contained does not constitute legal advice. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements.

TEMPLATE

Respiratory Protection Program

Instructions and Limitations:

Use of this template does not guarantee compliance with OSHA standards, but it is meant to help Long-Term Care facilities fulfill the requirement for a written respiratory protection program (RPP) as one component of a comprehensive program to protect their employees. It is important that you reference 29 CFR 1910.134, the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements. This template is provided for public use and is not protected by copyright. You have permission to edit and use this template as a resource in developing a written respiratory protection program for your facility.

There are places throughout the document where you will need to fill in a blank or change a generic placeholder (such as ABC Facility) to customize it to your facility. These **placeholders and blanks** are always in **{bold curly brackets}**, so that you can find them easily and replace them with the appropriate black text. Because this was adapted from a template geared toward hospitals, changes made to adapt for long-term care facilities are always in red font.

Remember – this template is meant to be used as a helpful guideline for developing your RPP. You may be able to use it with minimal modification, but you will need to change the wording or organization to be specific to your facility and include your site-specific procedures and policies. Make sure that you include each section that is in the template since these components are required by OSHA's Respiratory Protection standard (29 CFR.1910.134).

In response to the COVID-19 pandemic, you may also need to add exceptions in certain sections or add an appendix to highlight changes in the RPP dependent on respirator supply.

Adapted from: Occupational Safety and Health Administration. "Hospital respiratory protection program toolkit." Washington: OSHA publication (2015).

Adapted from: ECRI Respiratory Protection Program Template for Long-Term Care Facilities 2021, edited by the Philadelphia Department of Public Health, June 2021.

Respiratory Protection Program

{ABC LTC Facility}

Updated {Facility Provides Date}

Updating the RPP annually or as necessary to reflect changes in workplace conditions that affect respirator use.

TEMPLATE

Respiratory Protection Program

Contents

1. Purpose and Applicability

It is the policy of **{LTC Facility}** to protect the health and safety of its employees by (1) eliminating hazardous exposures where feasible; (2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and (3) using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated.

The purpose of this respiratory protection program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA's Respiratory Protection standard (29 CFR 1910.134) **[Note: as the employer, you are ultimately responsible for ensuring that is indeed the case. If applicable, replace references to the Federal OSHA standard with your state standard.]**

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work at **{ LTC Facility }.** It applies to the use of air-purifying and air-supplying respirators, including filtering facepiece respirators. If Self-Contained Breathing Apparatus (SCBA) are to be used, significant additions to this RPP will be necessary to achieve compliance with 29 CFR 1910.134 requirements (see note in section 3.2).

[Note: You must provide a description of how your facility has decided to handle respiratory protection for healthcare workers who are contractors, nursing registries, and other non-employees. Are contractors held to their own RPP and if so, how? Via contract? How will you ensure the adequacy of their RPP? Will staff from a temporary agency or registry be included with long-term care employees in all aspects of the RPP, training, fit testing, etc., or are responsibilities divided in some way? You must have a clear policy that ensures all healthcare workers are adequately protected and describe it in writing.]

2. Responsibilities

[You may choose to assign responsibilities differently than below as long as someone is responsible for each of the components of the program]

2.1 Respirator Program Administrator

[This should be an individual (either a name or a job title or both) rather than a department or group of administrators, and affected employees need to know who that person is.] {XXXXXX,} has been designated as the respirator program administrator (RPA). The RPA has received appropriate training and is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. The long-term care facility's administration has the ultimate responsibility for all aspects of this program and has given this person full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in the written RPP.

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134):

- Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location" in Appendix A of this RPP.
- Develop and monitor respirator maintenance procedures.
- Coordinate the purchase, maintenance, repair, and replacement of respirators.
- Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
- Provide or arrange for annual training on the use and limitations of respirators.
- Ensure that medical evaluations are provided.
- Ensure that **annual** respirator fit testing is provided.
- Maintain records of respirator training, medical clearance, and fit testing as required by 29 CFR 1910.134 and 29 CFR 1910.1020.

- Maintain a copy of this written RPP and program evaluations, and ensure that they are readily accessible to anyone in the program.

2.2 Supervisors

Supervisors of employees included in the RPP will:

- Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens, and communicating this information to the RPA.
- Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA. **[This will be a shared responsibility with the RPA since the supervisor knows the day-to-day jobs/tasks their employees do, but the RPA may have more knowledge about respiratory protection requirements.]**
- Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP. Schedule employees for medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

2.3 Employees in the Program

Employees assigned to jobs/tasks requiring the use of a respirator will:

- Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
- Adhere to facility policies on facial hair and respirator seal protection.
- Attend annual training and respirator fit testing as required in the RPP.
- Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP.

3. Respirator Selection

[You may remove any mention of types of respirators that are not used at your facility.]

3.1 Hazard Assessment

The RPA will select the types of respirators to be used by long-term care staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), and other public health guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants. The hazard assessment will include the following as needed:

- Identification of potential exposures. The most common potential exposure for employees involved in resident care will be pathogens associated with ATDs such as tuberculosis and SARS-CoV-2.
- A review of work processes to determine levels of potential exposure for all tasks and locations.
- Quantification or objective determination of potential exposure levels, where possible. This may not be feasible for ATD pathogens.

3.2 NIOSH-Certified Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. The NIOSH Certified Equipment List is found at the following Internet address: http://www.cdc.gov/niosh/npptl/topics/respirators/cel

The following definitions apply to equipment that may be issued to employees under this program:

- **Filtering facepiece respirators (FFR)** are disposable, negative-pressure, air purifying respirators where an integral part of the facepiece or the entire facepiece is made of filtering material. A FFR may be reused by the same user, under some circumstances, as long as the respirator has not been obviously soiled or damaged (See discussion of specific conditions in which FFR reuse may be acceptable in section 8.1). **[You must provide clear guidance on when FFRs will be discarded. You may allow employees to wear the same FFR while carrying out a number of tasks**

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

- **Powered air-purifying respirators (PAPR)** are air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator facepiece, helmet, or hood.

3.3 Assignment of Respirators by Task and Location

The RPA will use the hazard assessment to assign respirators for use by personnel during specific procedures or in specific areas of the long-term care facility. These assignments are listed in Appendix A of this RPP.

3.4 Updating the Hazard Assessment

The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

4. Medical Evaluation

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Medical evaluations will be performed by a physician or other licensed health care professional (PLHCP) at **{ABC LTC Facility Occupational Health Clinic}. [This can be the facility's occupational employee health service or clinic, or another provider of your choice as long as the evaluations are kept medically confidential, conducted by an individual licensed in your state to perform such evaluations, and are provided at no cost to the employee. To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee's immediate supervisor and others in the employee's direct line of authority.]**

Before being assigned to work in an area where respirators are required, each employee will complete the questionnaire in Appendix **B** of this RPP and deliver it to **{ABC LTC Facility Occupational Health Clinic}. [Any other questionnaire may also be used, as long as it includes the same information as the questionnaire provided in Appendix B of the OSHA Respiratory Protection standard.]** Employees may also speak directly with the PLHCP if they have questions. The PLHCP will be provided with a copy of the RPP, information from the RPA about the type of respiratory protection to be used by employees, duration and frequency of respirator use, expected physical effort, other protective equipment worn, and any expected extremes of temperature or humidity.

The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. The PLHCP may make this determination based on the questionnaire alone, but may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems are necessary. The PLHCP will provide a written recommendation to the employer, which may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn, the duration that it may be worn, and the acceptable level of exertion while wearing the respirator. A copy of this written determination shall also be provided by the PLHCP to the employee.

An additional medical evaluation is required when:

- The employee reports medical signs or symptoms that are related to the ability to use a respirator.
- A PLHCP, supervisor, or the RPA requests a reevaluation.
- Observations made during fit testing or program evaluation indicate a need for reevaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

5. Fit Testing

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by **[Insert who will be doing the fit testing. This may be your employee health or infection control department, a unit supervisor, or an outside consultant. There is no requirement for certification of fit testers but you must be sure that the person doing the fit testing understands and follows the fit test protocol and understands how to train the wearer to don the respirator properly and do a user seal check. At least 15 minutes per person will be needed to show the employee how to put the respirator on, position it, and assess its comfort, perform the user seal check, and complete the fit testing. Providing these instructions during fit testing is considered a review and may not constitute the subject's formal training on respirator use.] {XXXXXX}** with the same make, model, style, and size of respirator to be used. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function.

All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn. Fit tests will be provided at the time of initial assignment and annually thereafter. Additional fit tests will be provided whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Employees who will be using only a PAPR with loose-fitting facepiece, hood, or helmet do not need to be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting respirator may be assigned a PAPR with a loose-fitting facepiece, hood, or helmet for all tasks requiring a respirator. **[Insert your policy here. There is flexibility here for you to formulate your own policy regarding facial hair and people who cannot pass a fit test with any of the tight-fitting respirators you have available. Providing a PAPR may be the simplest solution, but one that has other costs. You may require employees to be clean-shaven where the respirator seals to the face, but you must be prepared to enforce that policy. You may also choose to reassign employees who can't wear tight-fitting respirators to areas without exposure.]**

A qualitative fit test may be used for all wearers of half mask APRs, including filtering facepiece respirators with N95. The qualitative test will follow the protocol **{for saccharine or Bitrex® solutions} [choose one and delete the other]** found in Appendix A of the OSHA Respiratory Protection standard (29 CFR 1910.134). Another available test is the quantitative ambient aerosol condensation nuclei counter (CNC) fit testing protocol **[choose if applicable]** and can be used to replace the qualitative test **[If you will be using a quantitative test, indicate the chosen protocol from Appendix A of the OSHA standard here.]**

6. Training

Annual respirator training will be provided for all employees covered by this program. The training will be conducted by **{XXXXXXXX} [Insert who will be doing training]** and will include the following:

- The general requirements of the OSHA Respiratory Protection standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
- The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.

- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.

Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.

Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions (see Appendix E of this RPP). **[Generally, the hands-on training provided during fit testing does not meet the requirements of the standard and a separate training session will be necessary. Manufacturers of filtering facepiece respirators often provide their own recommended procedures for user seal checks. You should insert copies of the applicable respirator manufacturers' instructions for user seal checks in Appendix E of the RPP.]**

Employees will be given the opportunity during training, annual retraining and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement. **[The standard requires that you get feedback from employees when evaluating your program and it makes sense to gather the feedback at the annual training. However, you may choose some other mechanism for obtaining feedback.]**

7. Respirator Use

Employees will follow procedures for proper use of their respirators under conditions specified by this program and in accord with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in Appendix A of this RPP.

Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good seal. Such conditions may be a beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, piercings, and temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.

Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer's instructions and the training provided at the time of fit testing, each time he or she puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.

Employees must leave the respirator use area:

- To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
- To wash their face if the respirator is causing discomfort or rash.
- To change the respirator.

To inspect the respirator if it stops functioning as intended.

8. Storage, Reuse, Maintenance, and Care of Respirators

8.1 Storage and Reuse

Conventional Use of respirators should be standard practice. Conservation and Crisis Capacity use can only be practiced when specific CDC criteria for those designations are met. Use this CDC link to review criteria.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html

When criteria for reuse have been met, reusable respirators will be stored in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear. **[The RPA must describe the facility policies regarding when FFRs will be used and discarded. This includes polices pertaining to training and procedures to reduce contact transmission and when reuse of the FFRs by employees are allowed.]** Disposable filtering facepiece respirators that will be reused in resident care areas should be stored in a breathable container such as a paper bag labeled with the user's name, as per your program policy **{_____}**

PAPRs will be cleaned and stored after use **{_____} [e.g., in Central Supply, at the nurses' station, etc.]** and will be provided **{to employees upon request for use during aerosol-generating procedures being conducted on residents with suspected or confirmed airborne infectious disease or}** for use by individuals who are unable to wear a respirator with a tight-fitting facepiece. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer's instructions **[Edit this section to describe when PAPRs will be provided in your facility.]**

8.2 Inspection, Maintenance and Repairs

All respirators will be inspected by the user prior to each use. Inspections should include a check of:

- Condition of the various parts including, but not limited to, the facepiece, and head straps.
- PAPR connecting tubes or hoses, air flow, and batteries.

Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to **{XXXXXX} [specify who]** for repair, adjustment, or disposal.

{XXXXXX} [specify who] is responsible for charging and maintaining PAPR pumps, filters, and batteries when they are stored or not in use.

For respirators maintained for emergency use, {XXXXXXX} [specify who] must:

- Keep respirators accessible to the work area.
- Store respirators in such a manner as to be clearly marked for emergency use.
- Store respirators in accordance with any applicable manufacturer instructions.
- Inspect respirators at least monthly and in accordance with the manufacturer's recommendations.
- Check for proper function before and after each use.
- Certify the respirator with documentation of date of inspection, inspector name/signature, findings, remedial action taken if necessary, and serial number.
- Provide certification information on a tag or label kept with the respirator or included in inspection reports stored as paper or electronic files.

8.3 Cleaning and Disinfection

PAPR issued for the exclusive use of an employee will be cleaned and disinfected **{by the user} [change this if your facility has a procedure for centralized respirator cleaning]** as often as necessary to maintain a sanitary condition.

Reusable respirators used in fit testing and training will be cleaned and disinfected after each use.

9. Program Evaluation

The RPA will conduct an annual evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done **at least** annually and any time practices or products used change.

Program evaluation will include, but is not limited to: **[Program evaluation is required by the standard, but there are no rules regarding how you will evaluate, so you may choose alternatives to what is described below.]**

- A review of the written program.
- A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session.

The RPP will be revised as necessary and records of revisions will be kept on file with the written program. Any procedural changes that are implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

10. Recordkeeping

The RPA will ensure that the following records are maintained:

- Personnel medical records such as medical clearance to wear a respirator shall be retained by **{XXXXXXXXX} [specify who and where stored]** as part of a confidential medical record. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained for a minimum of thirty (30) years after an employee's separation or termination.
- Documentation of training and fit testing will be kept by **{XXXXXXXXX} [specify who and where stored]** until the next training or fit test. Fit testing information for each employee will include the following: name, date, role at facility, specific N95 product information and size for which fit testing was completed. Details of annual training are covered above and are to be kept as part of the recordkeeping requirement.
- A copy of this RPP and records of program evaluations and revisions shall be kept by **{XXXXXXXXX} [specify who and where stored]** and made available to all affected employees, their representatives, and representatives of OSHA upon request.

RPP Appendix A: Respirator Assignments by Task or Location

[Adapt as needed for tasks and exposures in your facility]

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
Performing, or present during, routine resident care and support operations on a resident suspected or confirmed with a disease requiring Airborne Precautions	Infectious aerosols	N95 respirator or a more protective respirator	**[Specify type of personnel, e.g., by job title (all rows)]**
(continue to add other activity descriptions here)			

RPP Appendix B: Medical Clearance Questionnaires

Appendix B to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer the questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the healthcare professional who will review it.

Part A Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height:
6. Your weight:
7. Your job title:
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the healthcare professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
    a. ___ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
    b. ___ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

		YES	NO
1.	Do you currently smoke tobacco, or have you smoked tobacco in the last month?	☐	☐
2.	Have you ever had any of the following conditions?	☐	☐
a.	Seizures	☐	☐
b.	Diabetes (sugar disease)	☐	☐
c.	Allergic reactions that interfere with your breathing	☐	☐
d.	Claustrophobia (fear of closed-in places)	☐	☐
e.	Trouble smelling odors	☐	☐
3.	Have you ever had any of the following pulmonary or lung problems?	☐	☐
a.	Asbestosis	☐	☐
b.	Asthma	☐	☐
c.	Chronic bronchitis	☐	☐
d.	Emphysema	☐	☐
e.	Pneumonia	☐	☐
f.	Tuberculosis	☐	☐
g.	Silicosis	☐	☐
h.	Pneumothorax (collapsed lung)	☐	☐
i.	Lung cancer	☐	☐
j.	Broken ribs	☐	☐
k.	Any chest injuries or surgeries	☐	☐
l.	Any other lung problem that you've been told about	☐	☐
4.	Do you currently have any of the following symptoms of pulmonary or lung illness?	☐	☐
a.	Shortness of breath	☐	☐
b.	Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐	☐
c.	Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
d.	Have to stop for breath when walking at your own pace on level ground	☐	☐
e.	Shortness of breath when washing or dressing yourself	☐	☐
f.	Shortness of breath that interferes with your job	☐	☐
g.	Coughing that produces phlegm (thick sputum)	☐	☐
h.	Coughing that wakes you early in the morning	☐	☐
i.	Coughing that occurs mostly when you are lying down	☐	☐
j.	Coughing up blood in the last month	☐	☐
k.	Wheezing		
l.	Wheezing that interferes with your job	☐	☐
m.	Chest pain when you breathe deeply	☐	☐
n.	Any other symptoms that you think may be related to lung problems	☐	☐
1.	Have you ever had any of the following cardiovascular or heart problems?	☐	☐
a.	Heart attack	☐	☐
b.	Stroke	☐	☐

	YES	NO
c. Angina	☐	☐
d. Heart failure	☐	☐
e. Swelling in your legs or feet (not caused by walking)	☐	☐
f. Heart arrhythmia (heart beating irregularly)	☐	☐
g. High blood pressure	☐	☐
h. Any other heart problem that you've been told about	☐	☐
6. Have you ever had any of the following cardiovascular or heart symptoms?	☐	☐
a. Frequent pain or tightness in your chest	☐	☐
b. Pain or tightness in your chest during physical activity	☐	☐
c. Pain or tightness in your chest that interferes with your job	☐	☐
d. In the past two years, have you noticed your heart skipping or missing a beat	☐	☐
e. Heartburn or indigestion that is not related to eating	☐	☐
f. Any other symptoms that you think may be related to heart or circulation problems	☐	☐
7. Do you currently take medication for any of the following problems?	☐	☐
a. Breathing or lung problems	☐	☐
b. Heart trouble	☐	☐
c. Blood pressure	☐	☐
d. Seizures	☐	☐
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9.)	☐	☐
a. Eye irritation	☐	☐
b. Skin allergies or rashes	☐	☐
c. Anxiety	☐	☐
d. General weakness or fatigue	☐	☐
e. Any other problem that interferes with your use of a respirator	☐	☐
9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire?	☐	☐

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

	YES	NO
10. Have you ever lost vision in either eye (temporarily or permanently)?	☐	☐
11. Do you currently have any of the following vision problems?	☐	☐
a. Wear contact lenses	☐	☐
b. Wear glasses	☐	☐
c. Color blind	☐	☐
d. Any other eye or vision problem	☐	☐
12. Have you ever had an injury to your ears, including a broken eardrum?	☐	☐
13. Do you currently have any of the following hearing problems?	☐	☐
a. Difficulty hearing	☐	☐

	YES	NO
b. Wear a hearing aid	☐	☐
c. Any other hearing or ear problem	☐	☐
14. Have you ever had a back injury?	☐	☐
15. Do you currently have any of the following musculoskeletal problems?	☐	☐
a. Weakness in any of your arms, hands, legs, or feet	☐	☐
b. Back pain	☐	☐
c. Difficulty fully moving your arms and legs	☐	☐
d. Pain and stiffness when you lean forward or backward at the waist	☐	☐
e. Difficulty fully moving your head up or down	☐	☐
f. Difficulty fully moving your head side to side	☐	☐
g. Difficulty bending at your knees	☐	☐
h. Difficulty squatting to the ground	☐	☐
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs	☐	☐
j. Any other muscle or skeletal problem that interferes with using a respirator	☐	☐

Any additional comments you would like to make:

To the best of my knowledge, the information I have provided is true and accurate

Employee Signature _____

Date _____

RPP Appendix C: Qualitative Fit Test Protocol

[The protocols for qualitative fit testing with saccharin and Bitrex® is included. Edit this section if your facility performs the quantitative fit testing instead.]

Appendix A to §1910.134—Fit Testing Procedures (Mandatory)
Part I. OSHA-Accepted Fit Test Protocols
A. FIT TESTING PROCEDURES—GENERAL REQUIREMENTS

The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

(a) Position of the mask on the nose

(b) Room for eye protection

(c) Room to talk

(d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

(a) Chin properly placed;

(b) Adequate strap tension, not overly tightened;

(c) Fit across nose bridge;

(d) Respirator of proper size to span distance from nose to chin;

(e) Tendency of respirator to slip;

(f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.

14. Test Exercises.

(a) Employers must perform the following test exercises for all fit testing methods prescribed in this appendix, except for the two modified ambient aerosol CNC quantitative fit testing protocols, the CNP quantitative fit testing protocol, and the CNP REDON quantitative fit testing protocol. For the modified ambient aerosol CNC quantitative fit testing protocols, employers shall ensure that the test subjects (*i.e.*, employees) perform the exercise procedure specified in Part I.C.4(b) of this appendix for full-facepiece and half-mask elastomeric respirators, or the exercise procedure specified in Part I.C.5(b) for filtering facepiece respirators. Employers shall ensure that the test subjects (i.e., employees) perform the exercise procedure specified in Part I.C.6(b) of this appendix for the CNP quantitative fit testing protocol, or the exercise procedure described in Part I.C.7(b) of this appendix for the CNP REDON quantitative fit testing protocol. For the remaining fit testing methods, employers shall ensure that the test exercises are performed in the appropriate test environment in the following manner:

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)

(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

(8) Normal breathing. Same as exercise (1).

(b) Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

B. QUALITATIVE FIT TEST (QLFT) PROTOCOLS

1. GENERAL

(a) The employer shall ensure that persons administering QLFT are able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order.

(b) The employer shall ensure that QLFT equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.

2. SACCHARIN SOLUTION AEROSOL PROTOCOL

The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4 -inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a sweet taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

Note to paragraph 3(a): If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 ml of warm water.

(6) As before, the test subject shall breathe through the slightly open mouth with tongue extended, and report if he/she tastes the sweet taste of saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed.

(11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

3. BITREX™ (DENATONIUM BENZOATE) SOLUTION AEROSOL QUALITATIVE FIT TEST PROTOCOL

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening.

The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

RPP Appendix D: User Seal Check Procedures

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. User Seal Check Procedures

This is conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check. During a positive pressure user seal check, the respirator user exhales gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage. During a negative pressure user seal check, the respirator user inhales sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure. A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

II. Manufacturer's Recommended User Seal Check Procedures.

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

You should also insert copies of the applicable respirator manufacturers' instructions for user seal checks in this section.

RPP Appendix : Pandemic Response

Conventional Use of respirators should be standard practice. Conservation and Crisis Capacity use can only be practiced when specific CDC criteria for those designations are met. Use this CDC link to review criteria.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html

In response to the COVID-19 pandemic, the LTC facility should also document strategies used to conserve PPE during shortages in contingency or crisis capacity situations. Update this appendix as needed for your facility-specific emergency response plan or reference the appropriate documents if captured in separate COVID-specific policies.

CONTINGENCY CAPACITY

- Temporarily suspend annual fit testing
- Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing
- Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different residents

CRISIS CAPACITY

- Use respirators beyond the manufacturer designated shelf life for healthcare delivery
- Use respirators approved under standards used in other countries
- Implement limited re-use of N95 respirators. During times of crisis, it may be needed to practice limited re-use with extended use. Per current CDC guidance (May 2021) limit re-use of N95 respirators to no more than five uses (i.e., five donnings) per device by the same HCP, unless otherwise specified by the manufacturer. Recheck this guidance periodically to confirm it is current.*
- Prioritize the use of N95 respirators and facemask by activity
- Use FDA-approved decontamination strategies for used NIOSH-approved filtering facepiece respirators

* https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html#:~:text=CDC%20recommends%20limiting%20the%20number,manager%20or%20appropriate%20safety%20personnel.