Respiratory Protection
Sample Written Program

Occupational Safety And Health Consultation Program
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Respiratory Protection
Sample Written Program
29 CFR 1910.134

This sample written program is a guide to help employers and employees comply with the requirements of the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 Code of Federal Regulations (CFR) 1910.134. It contains the basic elements of a respiratory protection program and is not meant to supersede the Standard's requirements. An employer should review the Standard for particular requirements that apply to their situation and adjust this program to their company's specific needs. An employer needs to add information relevant to their particular facility to develop an effective, comprehensive program.

Instructions for preparing your Respiratory Protection Program Plan

1. Before creating your plan, familiarize yourself with the following resources:

    - OSHA's Respiratory Protection Standard 29 CFR 1910.134.
    - OSHA's Respiratory Protection eTool.
    - OSHA's Respirators QuickCard (English)/Spanish).

2. Use this fillable publication to customize your Respiratory Protection Program for your organization.

3. Replace the blank boxes in the document with:

    - Your company's name.
    - The names of the responsible individual(s) you assign to meet the OSHA standard.

For free, confidential assistance, contact the Texas Occupational Safety and Health Consultation (OSHCON) Program at www.txoshcon.com or 800-252-7031, option 2.

TABLE OF CONTENTS

Respiratory Protection Sample Written Program

Respiratory Protection Program

for

[Click and Insert Company Name]

Objective

This Company Respiratory Protection Program is designed to protect all employees who may be required to wear respirators 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, overseen by a designated qualified program administrator, serves to help the company and its employees comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134. It also considers updated consensus standards, including ANSI/ASSE Z88.2 (2015) for Practices for Respiratory Protection and ANSI/AIHA/ASSE Z88.10-2010 for Respirator Fit Testing Methods.

This Company is committed to implementing and maintaining a hierarchy of controls to minimize respiratory hazards, with respirators serving as a last line of defense when other control measures are not feasible or fully effective. This program will be regularly evaluated and updated to ensure its continued effectiveness in protecting employee health and safety.

Assignment of Responsibility

Employer

The Company is responsible for providing respirators to employees when they are necessary for health protection. The Company 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 the company.

Program Administrator

The Company's Program Administrator is [Insert Name of Responsible Person.]
The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

1. Identifying work areas, processes, or tasks that require workers to wear respirators.
2. Evaluating hazards.
3. Selecting respiratory protection options.

4. Monitoring respirator use to ensure that respirators are used according to their specifications.
5. Arranging for and conducting training.
6. Ensuring proper storage and maintenance of respiratory protection equipment.
7. Conducting fit testing using OSHA-approved protocols, including:
8. The controlled negative pressure (CNP) REDON fit testing protocol.
9. The modified ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol for full-facepiece and half-mask elastomeric respirators.
10. The modified ambient aerosol CNC quantitative fit testing protocol for filtering facepiece respirators.
11. Administering the medical surveillance program.
12. Maintaining records required by the program.
13. Evaluating the program.
14. Updating the written program, as needed.
15. Implementing and maintaining updated Assigned Protection Factors (APFs) and Maximum Use Concentrations (MUCs) as per the 2009 OSHA revision.

Supervisors

Supervisors 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 protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

1. Ensuring that employees under their supervision (including new hires) receive appropriate training, fit testing, and annual medical evaluation.
2. Ensuring the availability of appropriate respirators and accessories.
3. Being aware of tasks requiring the use of respiratory protection.
4. Enforcing the proper use of respiratory protection when necessary.
5. Ensuring that respirators are properly cleaned, maintained, and stored according to this program.
6. Ensuring that respirators fit well and do not cause discomfort.
7. Continually monitoring work areas and operations to identify respiratory hazards.
8. Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding this program.

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 if their respirator no longer fits well and request a new one that fits properly.
3. Inform their supervisor 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 respiratory protection according to the manufacturer's instructions and the training received.

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 coating operations) 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 facepieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program. However, these employees must still be provided with the information contained in Appendix D of the OSHA Respiratory Protection Standard.

All employees and processes that fall under the provisions of this program are listed in Attachment D. This list shall be regularly reviewed and updated to reflect any changes in workplace conditions or employee responsibilities.

Program

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 according to the OSHA Respiratory Protection Standard. The Program Administrator 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, Appendix 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.
4. Consideration of emerging workplace hazards such as nanoparticles and new chemical compounds, with ongoing research and guidance updates regarding appropriate respiratory protection.

The proper type of respirator for the specific hazard involved will be selected according to the manufacturer's instructions and the 2009 OSHA revision on Assigned Protection Factors (APFs) and Maximum Use Concentrations (MUCs). A list of employees and appropriate respiratory protection will be maintained by the Program Administrator. (See Appendix D).

Updating the Hazard Assessment

The Program Administrator must revise and update the hazard assessment as needed, (i.e., any time work processes change that may affect exposure). If an employee feels that respiratory protection is needed during a particular activity, the employee is to contact his or her supervisor 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 employee. 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.

The Program Administrator will also ensure that the hazard assessment is reviewed and updated annually to reflect any changes in workplace conditions, new technologies, or updated regulatory requirements.

Training

The Program Administrator will provide training to respirator users and their supervisors on the contents of the Company's Respiratory Protection Program, the OSHA Respiratory Protection Standard, and their responsibilities under it. All affected employees and their supervisors will be trained before using a respirator in the workplace. Supervisors will also be trained before supervising employees who must wear respirators.

The training course will cover the following topics:

1. The Respiratory Protection Program at [Insert Company Name.]
2. The OSHA Respiratory Protection Standard (29 CFR 1910.134).
3. Respiratory hazards and the possible health effects that may be encountered at [Insert Company Name.]
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.
10. Medical signs and symptoms limiting the effective use of respirators.
11. How to recognize and report respiratory hazards in the workplace.
12. The proper use of respirators in emergencies.

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.

The Program Administrator will review and update the training program annually to ensure it reflects:

1. Changes in workplace conditions that affect respirator use.
2. New technologies in respiratory protection equipment.
3. Updated regulatory requirements from OSHA, NIOSH, or other relevant authorities.
4. Feedback from employees and supervisors on the effectiveness of the training.

5. Lessons learned from any incidents or near-misses related to respiratory protection.
6. Best practices and emerging trends in respiratory protection.

The Program Administrator will document all updates to the training program, including the date of the update, the reason for the update, and a summary of the changes made. This documentation will be maintained as part of the Respiratory Protection Program records.

If significant changes are made to the training program, the Program Administrator will schedule additional training sessions for all affected employees to ensure they are informed of the updates.

NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used according to 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. The Program Administrator will ensure that only NIOSH-certified respirators and components are procured and used by employees.

Voluntary Respirator Use

The Program Administrator shall authorize the 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. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees who choose to wear a half-face piece air-purifying respirator (APR) must comply with the procedures outlined in the sections, “Medical Evaluation,” “General Respirator Use Procedures,” “Cleaning,” “Maintenance,” and “Storage” of this program.

The Program Administrator will also ensure that the use of voluntary respirators does not in itself create a hazard and that the requirements of Appendix D are followed.

Medical Evaluation

Before being permitted to wear a respirator on the job, 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 [Insert Company Name.]

Employees are not permitted to wear respirators until a **licensed health care professional (LHCP)** 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 or other LHCP where all company medical services are provided, will conduct the medical evaluations. The location where medical services are provided is:

[Insert Name, Address. and Contact Information for the Doctor or Licensed Health Care Professional]

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 company will help employees who are unable to read the questionnaire. If this is not possible, the employee will be sent directly to the LHCP for medical evaluation.
3. All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the company's LHCP. 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 as deemed necessary by the evaluating LHCP.
5. All employees will be granted the opportunity to speak with the LHCP 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. Their work area or job title.
    b. Proposed respirator type and weight.
    c. Length of time required to wear a respirator.
    d. Expected physical workload (light, moderate or heavy).
    e. Potential temperature and humidity extremes.
    f. Any additional protective clothing required.

7. Positive-pressure air-purifying respirators will be provided to employees as required by medical necessity.
8. 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 LHCP 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 all Company employees currently included in medical surveillance is provided in Appendix D of this program.

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

Fit Testing

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

1. Before being allowed to wear any respirator with a tight-fitting face piece.
2. Annually.
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 the respirator that they will 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 will conduct fit tests using the following OSHA-approved protocols:

1. The controlled negative pressure (CNP) REDON fit testing protocol.
2. The modified ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol for full-facepiece and half-mask elastomeric respirators.

The modified ambient aerosol CNC quantitative fit testing protocol for filtering facepiece respirators.

General Respirator Use Procedures

1. Employees will use their respirators under conditions specified in this program and according to the training they receive in the use of each particular model. 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 use either the positive or negative pressure check (depending on which test works best for them) as specified in the OSHA Respiratory Protection Standard.

    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 fits properly.

3. All employees shall be permitted to leave the work area (after notifying their supervisor) to go to the locker room to maintain their respirators for the following reasons:

    a. To clean their respirator if it impedes their ability to work.
    b. To change filters or cartridges.
    c. To replace parts.
    d. To inspect the respirator if it stops functioning as intended.

4. 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.

5. Before and after each use of a respirator, an employee or immediate supervisor must inspect the 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 or the Program Administrator.

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 supplied air respirator (SAR) unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

Change Schedules

Respirator cartridges shall be replaced as determined by the Program Administrator, supervisor(s), and manufacturers' recommendations. The Program Administrator will implement a cartridge change schedule based on objective information or data that will ensure cartridges are changed before the end of their service life.

Cleaning

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station. 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 the 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 the respirator in a clean, dry plastic bag or other airtight container.
8. Document the cleaning and disinfection process, including the date, respirator identification, and person performing the task.

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

Maintenance

Respirators are to be properly maintained at all times 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 before 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 ensure that they are in satisfactory working order.
3. The Respirator Inspection Checklist (Appendix 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.
    d. Detection of any other damage to the respirator or its components.

6. The Program Administrator will ensure that all respirators are maintained according to the manufacturer's instructions and the requirements of 29 CFR 1910.134(h).
7. Only trained personnel should perform maintenance on atmosphere-supplying respirators beyond routine cleaning and sanitizing.
8. The Program Administrator will maintain a supply of appropriate repair parts for respirators in the workplace.
9. All respirator maintenance will be documented including the date of maintenance, type of maintenance performed, and the person performing the maintenance.

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, according to the manufacturer's recommendations. Each employee will clean and inspect their air-purifying respirator according to the provisions of this program and will store their respirator in a plastic bag in the designated area. Each employee will have his or her name on the bag and that bag will only be used to store that employee's respirator.
2. Respirators shall be packed or stored so that the face piece and exhalation valve will rest in a near-normal position.
3. Respirators shall not be placed in places such as lockers or toolboxes unless they are in carrying cartons.
4. 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.
5. The Program Administrator will store all Company-supplied respirators and respirator components in their original manufacturer's packaging in a designated area located [Insert Designated Area.]
6. The Program Administrator will conduct regular inspections of stored respirators to ensure they are maintained in a clean, sanitary, and serviceable condition.

Respirator Malfunctions and Defects

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

   All workers wearing ASRs 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 or she is to bring the defect to the attention of his or her supervisor. Supervisors 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.
c. Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period, 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 a designated area located [Insert Designated Area.]

Emergency Procedures

The following are listed in Attachment F:

- Areas within the Company where the potential for dangerous atmospheres exist.
- The location(s) of emergency respirators.

In emergencies 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.

1. When the alarm sounds, employees in the affected area must immediately don their emergency escape respirators, shut down their process equipment, and exit the work area following the established emergency evacuation routes.
2. All other employees must immediately evacuate the building following the established emergency evacuation routes. The Company's Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.
3. Employees who must remain in a dangerous atmosphere must take the following precautions:
    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 a safe atmosphere.
    c. Communication (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. Company

employees are not trained as emergency responders and are not authorized to act in such a manner.

4. The Program Administrator will ensure that all emergency respirators are inspected monthly, and after each use, document the inspection using the Respirator Inspection Checklist. (See Appendix E).
5. The Program Administrator will conduct annual drills to ensure employees are familiar with the emergency procedures and the use of emergency respirators.

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, site inspections, air monitoring, and a review of records. Items to be considered will include:

1. Regular consultations with employees who use respirators and their supervisors.
2. Site inspections.
3. Air monitoring.
4. Review of records.

The evaluation will assess:

1. Respirator fit and 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.
6. Confidence in the face piece fit.
7. Effectiveness of the program in reducing employee exposure.
8. Proper use of respirators in the workplace.
9. Proper maintenance and storage of respirators.

The Program Administrator will document identified problems in an inspection log and address them promptly. A report of the annual evaluation findings will be submitted to the Company's management, listing plans to correct any deficiencies in the respirator program and target dates for implementing those corrections.

In addition to the annual evaluation, the Program Administrator will conduct quarterly reviews to ensure the program remains up-to-date and effective. These quarterly reviews will focus on any changes in workplace conditions, new technologies, or updated regulatory requirements that may impact the respiratory protection program.

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 or LHCP's written recommendation regarding each employee's ability to wear a respirator. The completed medical questionnaires and evaluating physician of LHCP's documented findings will remain confidential in the employee's medical records at the location of the evaluating physician's practice.
4. The Program Administrator will maintain records of medical evaluations, fit tests, and respirator maintenance and inspections.

All records will be made available upon request to affected employees, their designated representatives, and to OSHA or other regulatory agencies with proper authority.

This Company's Respiratory Protection Program recognizes the importance of addressing any additional hazards that may arise from pandemics or other public health emergencies. As such, the following additional measures may be implemented:

Pandemic and Public Health Emergencies

This Company's Respiratory Protection Program recognizes the importance of addressing any additional hazards that may arise from pandemics or other public health emergencies. As such, the following additional measures may be implemented:

1. Respiratory Protection Strategies:
    a. Extended use and limited reuse of N95 respirators may be allowed during supply shortages, following the most current CDC and OSHA guidelines.
    b. Implementation of a respiratory protection prioritization strategy based on CDC's Strategies for Optimizing the Supply of N95 Respirators.
    c. Consideration of alternative respirators, such as elastomeric respirators or powered air-purifying respirators (PAPRs), when appropriate and available.

2. Fit Testing Modifications:
    a. Temporary modifications to fit testing requirements may be implemented for healthcare workers, as per the latest OSHA enforcement guidance.
    b. Annual fit testing may be temporarily suspended and resumed as soon as possible, according to OSHA's temporary enforcement guidance.
3. Training and Education:
    a. Additional training on proper donning, doffing, and maintenance of respirators during extended use or reuse scenarios.
    b. Education on the importance of hand hygiene and proper respiratory etiquette.
4. Decontamination Procedures:
    a. Implementation of CDC-recommended decontamination methods for N95 respirators, if necessary and approved by the respirator manufacturer.
    b. Training on proper decontamination procedures for employees, if applicable.
5. Expanded Use of Respirators:
    a. Evaluation of the need for respiratory protection in non-traditional settings, such as public-facing positions.
    b. Provision of appropriate respiratory protection for employees at higher risk of severe illness.
6. Health Monitoring:
    a. Implementation of daily health screenings for employees, including temperature checks and symptom questionnaires.
    b. Establishment of protocols for employees who develop symptoms while at work.
7. Workplace Controls:
    a. Enhancement of engineering controls, such as improving ventilation systems and installing physical barriers where possible.
    b. Implementation of administrative controls, including staggered shifts and remote work options to reduce the number of employees present at any given time.
8. Program Updates:
    a. Regular review and update of this section based on the latest guidance from CDC, OSHA, and other relevant health authorities.
    b. Prompt communication of any changes in protocols or requirements to all affected employees.

The Program Administrator will stay informed about current guidelines from OSHA, CDC, and other relevant authorities regarding respiratory protection during pandemics or other public health emergencies and implement necessary changes to this program accordingly.

Emerging Workplace Respiratory Hazards

This Respiratory Protection Program recognizes the importance of addressing emerging workplace respiratory hazards. These may include, but are not limited to:

1. Nanoparticles and ultrafine particles.
2. New chemical compounds or mixtures.
3. Biological agents, including emerging infectious diseases.
4. Particulate matter from advanced manufacturing processes.

To address these emerging hazards, the company will:

1. Conduct regular literature reviews and consult with industry experts to stay informed about new respiratory hazards.
2. Perform periodic risk assessments to identify potential emerging hazards in our specific work environments.
3. Update hazard assessments and respirator selection criteria as new information becomes available.
4. Collaborate with respirator manufacturers to ensure our respiratory protection equipment is suitable for emerging hazards.
5. Provide additional training to employees on emerging hazards and any new protective measures.
6. Participate in relevant industry conferences and workshops to stay current on best practices for addressing emerging respiratory hazards.
7. Establish a system for employees to report any unusual respiratory symptoms or concerns related to new processes or materials.

The Program Administrator will review and update this section annually or more frequently as needed to ensure the program remains effective in protecting employees from both known and emerging respiratory hazards.

Appendix A:

Sample Hazard Assessment Log

Hazard Assessment Log

Date: [Insert Date]

Department	Contaminants	Exposure Level (8 hrs. TWA*)	PEL**	Controls

*Time-weighted average (TWA) summarized from industrial hygiene report(s) provided by [Responsible Person.]

**Permissible exposure limits (PELs) are obtained from a survey on the average exposures as published in the American Journal of Industrial Hygiene.

Appendix B:

Sample Record of Respirator Use

Required and Voluntary Respirator Use	
Type of Respirator	**Department/Process**
Filtering face piece (dust mask)	Voluntary use for warehouse workers
Half-face piece APR or PAPR with P100 filter	Prep and Assembly Voluntary use for maintenance workers when cleaning spray booth walls or changing the spray booth filter
SAR, pressure-demand, with auxiliary SCBA	Maintenance-dip coat tank cleaning
Continuous flow SAR with hood	Spray booth operations Prep cleaning (until ventilation is installed)
Half-face piece APR with organic vapor cartridge	Voluntary use for Dip Coat Tenders, Spray Booth Operators (gun cleaning), and maintenance workers (loading coating agents into supply systems)
Escape SCBA	Dip Coat, Coatings Storage Area, Spray Booth Cleaning Area

Appendix C:

Sample Hazard Evaluation

Process Hazard Evaluation for [Insert Company Name]	Date: [Insert Date]

PROCESS	NOTED HAZARDS
Prep-sanding	Ventilation controls on some sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5-7.0 mg/m3 (8-hour TWA. Half-face piece APRs with P100 filters and goggles are required for employees sanding wood pieces. PAPRs will be available for employees who are unable to wear an APR.
Prep-cleaning	Average methylene chloride exposures measured at 70 ppm based on 8-hour TWA exposure results for workers cleaning and stripping furniture pieces. Ventilation controls are planned but will not be implemented until designs are completed and a contract has been made for the installation of the controls. In the meantime, employees must wear supplied air hoods with continuous airflow, as required by the Methylene Chloride Standard 1910.1052.
Assembly	Ventilation controls on sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5-6.0 mg/m3 (8-hour TWA); half-face piece APRs with P1100 filters and goggles are required for employees sanding wood pieces in the assembly department. PAPRs will be available for employees who are unable to wear an APR. The substitution for aqueous-based glues will eliminate exposures to formaldehyde, methylene chloride, and epoxy resins.
Maintenance	Because of potential IDLH conditions, employees cleaning dip coat tanks must wear a pressure-demand SAR during the performance of this task.
Cleaning Spray Booth Walls	Employees may voluntarily wear half-face piece APRs with P100 cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, the Company will provide respirators to workers who are concerned about potential exposures.
Loading Coating Agents into Supply Systems	Employees may voluntarily wear half-face piece APRs with organic vapor cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, the Company will provide respirators to workers who are concerned about potential exposures.
Changing Booth Filters	Employees may voluntarily wear half-face piece APRs with P100 cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, the Company will provide respirators to workers who are concerned about potential exposures.

Appendix D:

Sample Record of Respirator Issuance

[Insert Company Name] **Personnel in the Respiratory Protection Program**				
Respiratory protection is required for and has been issued to the following personnel:				
Name	**Department**	**Job Description/ Work Procedure**	**Type of Respirator**	**Date Issued**

Appendix E:

Respirator Inspection Checklist

Type of respirator:	**Location:**
Respirator issued to:	**Type of hazard:**
Facepiece	☐ Cracks, tears, or holes. ☐ Face mask distortion. ☐ Cracked or loose lenses or face shield.
Head straps	☐ Breaks or tears. ☐ Broken buckles.
Valves:	☐ Residue or dirt. ☐ Cracks or tears in valve material.
Filters/cartridges:	☐ Approval designation. ☐ Baskets. ☐ Cracks or dents in housing. ☐ Proper cartridge for hazards.
Air supply systems:	☐ Breathing air quality/grade. ☐ Condition of supply hoses. ☐ Hose connections. ☐ Settings on regulators and valves.
Rubber/elastomer parts	☐ Pliability. ☐ Deterioration.
Inspected by:	**Date:**

Appendix F:

Sample Emergency Potential Log

Personnel in the Respiratory Protection Program		
The following Company work areas have been identified as having foreseeable emergencies.		
Area	**Type of emergency**	**Location of emergency respirator(s)**
Spray booth cleaning area	Spill of hazardous waste	Locker #1 in the spray booth area
Dip coat area	Malfunction of the ventilation system, leak in the supply system	Storage cabinet #3 in dip coat/ drying areas
Coatings storage area	Spill or leak of hazardous substances	Locker #4 in the coatings storage area
Program Administrator:		**Date:**

Appendix G:

Sample IDLH Assessment Log

The Program Administrator has identified the following areas as presenting the potential for Immediately Dangerous to Life and Health (IDLH) conditions.		
Process	**IDLH Condition**	**Procedure**
Dip coat tank cleaning	Maintenance workers will be periodically required to enter the dip tank to perform scheduled or unscheduled maintenance.	Workers will follow the permit-required confined space entry procedures specified in the Company's Confined Space Program. As specified in these procedures, the Program Administrator has determined that workers entering this area shall wear a pressure-demand SAR. In addition, an appropriately trained and equipped standby person shall remain outside the deep tank and maintain constant voice and visual communication with the worker. In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person shall immediately notify the Program Administrator and will proceed with rescue operations according to the rescue procedures in the Company's Confined Space Program.
Program Administrator:		**Date:**

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