



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE
OFFENDER MANUAL

REVISION DATE
3/29/19

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NUMBER
DOC 890.090

POLICY

TITLE
RESPIRATOR PROGRAM

REVIEW/REVISION HISTORY:

- Effective: 1/15/97
- Revised: 5/1/01
- Revised: 6/19/08
- Revised: 1/10/11
- Revised: 11/26/12
- Revised: 7/20/18
- Revised: 3/29/19

SUMMARY OF REVISION/REVIEW:

II.B.8. - Added clarifying language
 VIII.A. - Removed that training is provided by the Regional Safety Manager
 VIII.B. - Adjusted language for clarification
 Added VIII.B.1. that training will be documented on a class roster and in LMS


APPROVED:

Signature on file

STEPHEN SINCLAIR, Secretary
 Department of Corrections

3/15/19

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [WAC 296-800](#); [WAC 296-842](#); [DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program](#); [DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment; Records Retention Schedule](#)

POLICY:

- I. Employees, contract staff, and offender workers will use respirators to reduce their exposure to hazardous airborne contaminants and hazardous environments.
- II. The Department has established procedures for the proper fit and maintenance of respirators to contribute significantly to a safe and healthy working environment.

DIRECTIVE:


- I. General Requirements
 - A. Respirators will be selected based on the hazard assessment and equipment selection criteria procedures in DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment and WAC 296-842-13005.
 1. Employees, contract staff, and offender workers will be required to use adequate protection while performing tasks in hazardous atmospheres that exceed Permissible Exposure Limit (PEL) or Immediately Dangerous to Life and Health (IDLH) atmospheres.
 2. Respirators will be selected according to:
 - a. Nature of the hazard,
 - b. Capabilities and limitations of the respirator,
 - c. Ability to obtain a satisfactory fit,
 - d. Comfort,
 - e. Breathing resistance, performance,
 - f. Fatigue,
 - g. Peripheral vision impairment,
 - h. Restriction of movement,
 - i. Interference with job, and
 - j. Overall user satisfaction and confidence.
 - B. Only employees, contract staff, and offender workers that are medically cleared with current fit testing will be permitted to wear respirators.

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- C. Modification(s) to a respirator are prohibited and may result in corrective/disciplinary action.
- D. Employees, contract staff, and offender workers will not use any respiratory protection equipment that is not provided by the Department.

II. Responsibilities

- A. Regional Safety Managers will monitor implementation of the Respirator Program as an element of the Department's Safety Program.
- B. Each Superintendent or Administrator of a facility or program which requires the use of respirators will designate a Respirator Program Administrator to:
 - 1. Work with the Superintendent or Administrator to identify additional Respirator Coordinators to implement the local unit program.
 - a. Respirator Coordinators may be designated for custody, medical, maintenance, training, and/or Correctional Industries. Large facilities may consider additional Respirator Coordinators.
 - 2. Ensure the facility's Respirator Program is in compliance with this policy and applicable WACs.
 - 3. Assist Respirator Coordinators/supervisors in establishing a routine respirator maintenance program that meets the requirements of WAC 296-842-17005.
 - 4. Ensure compliance with substance specific regulations requiring medical and bioassay surveillance (e.g., asbestos, lead), consensus recommendations from the Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health, Occupational Safety and Health Administration, and/or Washington Industrial Safety and Health Act about such surveillance, and any new data on specific chemicals that indicates medical and bioassay surveillance may be necessary.
 - 5. Review program documentation of individual fit testing records, medical approval status, and wearer acceptance of respirators.
 - 6. Ensure appropriate action is taken to correct deficiencies.

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7. Establish a process to ensure cleaning and inspections are conducted for emergent use respirators after each use and recorded on DOC 03-246 Respirator Cleaning and Inspection Log.
 8. Ensure mandatory respirator posts/positions are identified in the Automated Time and Labor Advanced Scheduling (ATLAS) system, if applicable, and maintained by Human Resources with the position description.
 9. Maintain all respirator fit testing, training records, and inspections per the Records Retention Schedule.
- C. The supervisor will:
1. Conduct a hazard assessment to select the proper respirator for the task and record information on a Primary Job Safety Analysis (P-JSA) per DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment or DOC 03-247 Hazard Assessment Certification and PPE Selection Worksheet.
 - a. A copy of the P-JSA will be forwarded to the Respirator Program Administrator.
 2. Ensure respirator wearers follow this policy and related procedures.
 3. Ensure that offenders are not involved in the management of the respirator program.
 4. Monitor respirator wearers to ensure that other Personal Protective Equipment (PPE) do not interfere with an adequate respirator face seal. Any problems must be corrected before the wearer will be allowed to use or continue to use a respirator.
 - a. When a respirator wearer advises of a condition in which it is believed continued respirator use may be harmful, respirator use will be discontinued until corrected. If the condition is considered health-related, the supervisor will direct the wearer to a Licensed Health Care Provider (LHCP) for medical release before further use will be authorized.
 - b. Any restrictions on respirator use indicated by a LHCP will be strictly followed.

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5. Periodically monitor work environments to evaluate:
 - a. Respirator fit,
 - b. Appropriate respirator selection for the hazard,
 - c. Appropriate use of respirator under workplace conditions,
 - d. Respirator maintenance, and
 - e. Wearer feedback.
6. Keep a copy of the manufacturer's manual for each respirator type used.
7. Ensure that the service life of each respirator and maximum use limit of filter, cartridge, or canister does not exceed manufacturer's guidelines.
8. Coordinate respirator activity with the Respirator Coordinator.
9. Establish a clean, sanitary, secure, and convenient storage location for respirators per WAC 296-842-17010.

D. Respirator wearers will:


1. Remain clean shaven in the area of the respirator facepiece sealing surface (i.e., the area of the respirator designed to fit tightly against the skin) and will not have facial hairstyles that could interfere with respirator fit, form, or function.
 - a. Per WAC 296-842-18005, respirator use will not be permitted if wearers have a characteristic between the face and the sealing surface of the respirator that interferes with the respirator facepiece seal or valve function, including:
 - 1) Stubble
 - 2) Moustaches, including the tips
 - 3) Sideburns
 - 4) Bangs
 - 5) Hairlines
 - 6) Scars
 - 7) Beards
 - 8) Goatees
 - b. Additional information, including location of the respirator seal area on the respirator and face, is identified in the [Respirator Seal Area Job Aid](#).

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- c. Health services employees and contract staff may use Powered Air Purifying Respirators (PAPRs) per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program.
 - 1) Completion of a medical questionnaire and medical clearance is required prior to training on or use of a PAPR.
- 2. Inspect the respirator prior to each use to ensure it is in proper working condition per the manufacturer's guidelines.
 - a. If the respirator is damaged, soiled, or grossly contaminated, the wearer will report it to his/her immediate supervisor. The respirator will not be used until it has been repaired or cleaned.
- 3. Conduct a respirator seal check to ensure proper operation and seal of the respirator prior to each use.
- 4. Wash, sanitize, rinse, and dry respirators per WAC 296-842-17005 and document on DOC 03-246 Respirator Cleaning and Inspection Log.
 - a. Shared respirators (e.g., Quick Response Strike Team (QRST) members) will be cleaned after each use including when used for fit testing.
 - b. Respirators used exclusively by one individual (e.g., Special/Emergency Response Team (S/ERT) members) will be cleaned as needed.
- 5. Maintain respirators after use, or at least monthly, which will include:
 - a. Inspection for defects, including straps, facepiece, valve(s), and filters.
 - b. Proper storage to protect against dust, moisture, damaging chemicals, sunlight, excessive heat/cold, and physical damage.
 - 1) Assigned respirators will be stored in a bag or container and labeled to identify the wearer.

III. Mandatory Use

- A. Respirator use is mandatory in the following identified posts and positions:

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1. Custody - All S/ERT, Inmate Recovery Team (IRT), and QRST members, and all Intensive Management Unit (IMU), Segregation, and Transportation employees.
 - a. Employees conducting medical transports will be fit tested for an N95 respirator.
2. Health Services - All employees, contract staff, and providers involved in direct patient medical care per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program. Employees and contract staff include, but will not be limited to:
 - a. Nurses, Nurse Assistants, and Medical Assistants,
 - b. Mid-level providers,
 - c. Physicians,
 - d. Radiology Technicians,
 - e. Laboratory Technicians, and
 - f. Medical Technicians.
3. Non-Custody - Specific positions identified in maintenance and Correctional Industries operations.

IV. Voluntary Use Respirators

- A. Respirators used on a voluntary basis will be implemented per WAC 296-842-11005. The Voluntary Use statement will be posted in a conspicuous location and available to respirator wearers.

V. Standby Procedures for IDLH Situations


- A. The atmosphere will be considered IDLH whenever exposure cannot be measured or expected exposure cannot be reasonably estimated.
- B. At least 2 standby employees or contract staff will be outside the IDLH atmosphere whenever a person is working in IDLH atmospheres.
 1. One standby employee or contract staff is permitted when the IDLH atmosphere is well identified, hazards are addressed, and s/he can adequately:
 - a. Monitor the person(s) in the IDLH atmosphere,
 - b. Implement communication activities, and
 - c. Initiate rescue.

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- C. Visual, voice, or signal line communication must be maintained between the person(s) in the IDLH atmosphere and the standby employee(s) or contract staff.
- D. Standby employees or contract staff must be trained and equipped to provide effective emergency rescue. Equipment will include:
 - 1. Pressure demand or other positive pressure Self-Contained Breathing Apparatus (SCBA),
 - 2. A pressure demand or other positive pressure supplied air respirator with auxiliary SCBA, and
 - 3. Either appropriate retrieval equipment or equivalent means for rescue when retrieval equipment is not necessary.
 - a. Retrieval equipment will be used when it contributes to the rescue and does not increase the overall risk resulting from entry.

VI. Medical Evaluation


- A. Before initial fit testing, a person's ability to wear a respirator will be medically evaluated, at no cost to the wearer, by a LHCP.
- B. The Respirator Program Administrator will ensure employees, contract staff, and offender workers are provided with DOC 03-219 Respirator Medical Evaluation Questionnaire and DOC 03-314 LHCP Information and Response Sheet.
 - 1. The wearer will complete DOC 03-219 Respirator Medical Evaluation Questionnaire.
 - a. Employees and contract staff will submit the packet within 5 days to [DOC Occupational Health and Wellness](#).
 - b. Supervisors of offender workers will ensure the packet is completed and submitted to Health Services within 5 days.
 - 1) Correctional Industries Environmental Services will follow their established process.
- C. The designated LHCP will:
 - 1. Conduct the initial review of DOC 03-219 Respirator Medical Evaluation Questionnaire.

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2. Refer and/or ensure completion of any follow up medical evaluation with an employee, contract staff, or offender worker.
 - a. If further medical evaluation is needed with another LHCP, the designated LHCP will provide him/her with:
 - 1) The completed DOC 03-219 Respirator Medical Evaluation Questionnaire
 - 2) DOC 03-314 LHCP Information and Response Sheet
 3. Certify the wearer for fit testing based on the responses given on the questionnaire and complete DOC 03-314 LHCP Information and Response Sheet.
 4. Based on LHCP results, coordinate with the employee, contract staff, and/or offender, including any limitations, and distribute the completed DOC 03-314 LHCP Information and Response Sheet.
- D. If the LHCP finds a medical condition that may place the person's health at increased risk if the respirator is used, a PAPR may be considered, if applicable.
1. If a subsequent LHCP evaluation finds that the person is medically able to wear a negative pressure respirator, a PAPR is no longer required.
- E. An additional medical evaluation is required when:
1. The wearer reports medical signs or symptoms related to his/her ability to wear a respirator.
 2. A LHCP, supervisor, or the Respirator Program Administrator determines that a wearer needs to be reevaluated.
 3. Observations made during fit testing and program evaluations indicate a need.
 4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on a wearer.

VII. Fit Testing


- A. A minimum standard for fit testing negative pressure respirators will be qualitative fit testing. PAPR use requires an approved medical clearance and training, but does not require fit testing.

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1. When a disposable respirator is worn, qualitative fit testing will follow the manufacturer's fit testing protocol and be documented on DOC 03-243 Respirator Fit Testing and Training Acknowledgement.
 2. Quantitative fit testing must be used for SCBA and when atmospheric concentrations are at or above 10 times the PEL.
- B. If a respirator wearer notifies the LHCP or his/her supervisor that the fit of the respirator is unacceptable, a reasonable attempt will be made to select a different respirator facepiece and the new respirator will be re-tested per WAC 296-842-15005.
- C. Each respirator wearer will receive initial fit testing:
1. Prior to initial use of a respirator, or
 2. When using a different facepiece (e.g., size, style, model, make).
- D. Annual fit testing, within 12 months of the last fit test, will occur for all current assigned respirator wearers who use one of the following respirators:
1. Full face masks,
 2. Half mask respirators, or
 3. Disposable tight-fitting respirators.
- E. Respirator wearers will also submit to fit testing when they have:
1. An obvious change in body weight,
 2. Significant facial scarring in the area of the facepiece seal,
 3. Significant dental changes (i.e., multiple extractions without prosthesis or acquiring dentures),
 4. Reconstructive or cosmetic surgery, or
 5. Any other condition that may interfere with facepiece sealing.

VIII. Training

- A. Respirator Program Administrators, Respirator Coordinators, and other employees involved in providing or conducting respirator fit testing will complete the DOC Respirator Program and Fit Test Training for Trainers.
1. This training will be documented on a roster and in the Learning Management System (LMS).

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- B. Persons required to wear respirators will complete training consistent with DOC 03-243 Respirator Fit Testing and Training Acknowledgment before initial fit testing and within 12 months of the last fit test.
1. Training will be documented on a class roster and in LMS.
 2. Health services supervisors, employees, and contract staff required to wear PAPRs will also receive PAPR training located under Health Services on the Department's internal website.
- C. Respirator training is also required when:
1. Previous training is obsolete or incomplete based on changes in the workplace or the type of respirator.
 2. The wearer's knowledge or use of the respirator indicates that s/he does not have the skill or knowledge required in WAC 296-842-16005.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Bioassay, Contaminants, Hazardous Atmosphere, Immediately Dangerous to Life and Health (IDLH), Negative Pressure Respirator, Permissible Exposure Limit (PEL). Other words/terms appearing in this policy may also be defined in the glossary section.

ATTACHMENTS:

None

DOC FORMS:

- [DOC 03-219 Respirator Medical Evaluation Questionnaire](#)
- [DOC 03-243 Respirator Fit Testing and Training Acknowledgement](#)
- [DOC 03-246 Respirator Cleaning and Inspection Log](#)
- [DOC 03-247 Hazard Assessment Certification and PPE Selection Worksheet](#)
- [DOC 03-314 LHCP Information and Response Sheet](#)