



Steven Hirsch & Associates
Healthcare Management Support Systems

RESPIRATORY PROTECTION PROGRAMS
An Area of Unexpected Vulnerability for Many Organizations
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As part of their role in ensuring workplace safety, the Federal (CMS), as well as your State Surveyors, are concerned about the facility Respiratory Protection Program. In addition to the Policies and Procedures that surround the Respiratory Protection Program (Airborne Infection Isolation), they may examine the Engineering Controls that are required, including documentation of the function of the negative pressure rooms, or the portable HEPA devices, as well as the personal protective component (Masks/Respirators). Healthcare organizations should have a well-documented program that addresses all the elements of a Respiratory Protection Program from the administration to education and training, to the engineering controls.

The CDC defines a Respiratory Protection Program as follows:
https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/respsource3respirator.html

"A respiratory protection program is a written program required by the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard (29 CFR 1910.134). The program includes procedures specific to your worksite intended to prevent you from inhaling harmful contaminants in your workplace. OSHA requires that each employer must provide respirators to protect workers from workplace hazards during work to prevent inhalation of hazardous materials that cannot be controlled by other measures (i.e., engineering or administrative controls). The employer must establish and maintain a respiratory protection program, which is compliant with the OSHA respiratory protection standard and provides respirators suitable for their intended purpose".

Some states such as California, may have their own standard for Respiratory Protection, and healthcare organizations must ensure compliance.

In 2009, the California Occupational Safety and Health Administration (CalOSHA) adopted an aerosol transmissible disease standard which is codified in Title 8, 5199. <https://www.dir.ca.gov/title8/5199.html> This standard applies to all high-risk settings--acute care hospitals, acute psychiatric hospitals, clinics, SNFs, CCFs, corrections, homeless shelters, and laboratories.

Aerosol Transmissible Diseases are considered to be those diseases that are transmitted by the inhalation of infectious particles from an infected source and include pulmonary tuberculosis; viral disease such as measles, mumps, and chicken pox; and now the novel Corona virus COVID-19. Implementation of Aerosol Transmissible Precautions include the use of an N-95 respirator for general exposure, and a PAPR for extended use such as during a bronchoscopy.

The regulations require that anyone who must use a respirator must first have a "fit-test" to ensure that the mask properly fits the user and that it will function safely for the user. The "fit test" requires the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. A properly performed "fit test" will provide the organization an opportunity to check for problems with the respirator's use and to permit the recognition of any medical signs or symptoms that may limit or prevent an employee's use of a respirator. "Fit testing" must be done annually and anytime there is a change in the facial architecture of the user (weight loss or gain, facial hair, surgery or accident) that could change the result.

All types of respirator masks used by the organization must be fitted to each user due to manufacturing variation. It is recommended that the organization maintain a spreadsheet of all employees and the type(s) of masks for which they have been fitted so that in times of PPE shortage one can easily retrieve correct substitutes.

Powered Air-Purifying Respirators (PAPRs) are a class of respiratory protective devices that can be used by medical workers to protect themselves against biological hazards. A Controlled Air-Purifying Respirator, or CAPR[®] is a proprietary version of a PAPR, which fulfills all of the same functions using a slightly different arrangement. Because of their design, neither the PAPR nor the CAPR requires fit testing. Additionally, individuals with facial hair can safely use either device.

California Code of Regulations §5144: Respiratory Protection Program, provides guidance on what needs to be done prior to "fit testing", during "fit testing", Respiratory Protection training, and recordkeeping: <https://www.dir.ca.gov/title8/5144.html>

Cal/OSHA Fact sheet on Respiratory Protection:
https://www.dir.ca.gov/dosh/dosh_publications/respiratory-protection-fs.pdf

There are two methods to perform "fit testing", qualitative (use of saccharin or other chemical that can be detected via the sense of smell) and the quantitative (a physical measurement of particulate materials). Facilities who use the qualitative method must ensure that there are procedures that are developed and based on the NIOSH and OSHA standard and that these protocols are followed with each testing cycle. If the facility is using the train-the-trainer method, there must be a way to measure initial competency AND to ensure that the competency is sustained.

Quantitative tests, which require a special device, can be done by the organization, and many larger institutions have adopted this method either under a contract with a qualified agent, or to purchase, use, and maintain the equipment.

Regardless of the method chosen, the organization must ensure that annual "fit testing" is performed and documented; and that there is documented maintenance on the PAPR/CAPR devices including cleaning, preventative maintenance, and battery charge.

Steven Hirsch & Associates can assist you with evaluating and monitoring your infection control policies, procedures and processes.
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