

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-1</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

## 6Hx23-2.904 RESPIRATORY PROTECTION PROGRAM

The Board of Trustees authorizes the President to implement and carry out the attached Respiratory Protection Program in compliance with the State Requirements for Educational Facilities, which reference the Code of Federal Regulations, Occupational Safety and Health Standard, 29 CFR 1910.134 Respiratory Protection.

Specific Authority: 1001.64(2) & (4), F.S.  
Law Implemented: Chapter 6-2.001, F.A.C.; 29 C.F.R. 1910.134; 29 C.F.R. 1910.1000-1500 and authority listed throughout proposed rule.

History: Adopted 2/18/97. Effective - 2/18/97; 5/21/04. Filed – 5/21/04.  
Effective – 5/21/04.

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-2</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

## ST. PETERSBURG COLLEGE

### RESPIRATORY PROTECTION PROGRAM

#### I. Purpose

The purpose of this program is to ensure that St. Petersburg College employees who are expected to perform work in environments that may be contaminated with harmful dusts, fogs, fumes, mists, gases, smoke or vapors are properly protected from these respiratory hazards through the use of appropriate respirators.

#### II. Scope

This program establishes procedures for respirator use in compliance with Occupational Safety and Health (OSHA) Standards for General Industry, 29 CFR 1910.134 Respiratory Protection. All College employees required to use respirators must be included in this program.

#### III. Policy

The College will make every effort to institute engineering controls when possible to protect employees from respiratory hazards. When engineering controls are not possible or cannot eliminate the need for respiratory protection, administrative controls will be used to provide respiratory protection for employees.

Any employee who is expected to perform work that would expose them to toxic substances in excess of the recommended safe exposure level must wear an approved respirator to minimize their exposure. Approved respirators include only those respirators which have been tested and approved by the National Institute for Occupational Safety and Health (NIOSH).

Strict compliance with this Respiratory Protection Program is essential to provide employee protection against respiratory hazards. Any employee who fails to comply with the policies and procedures set forth in the Program may be subject to disciplinary action as set forth in Board of Trustees' Rule 6Hx23-2.19 for Career Service Employees and as provided in the Rules of the Department of Education, State Board of Community Colleges, Chapter 6A-14 F.A.C. for other College employees.

#### IV. Respiratory Protection Standards

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-3</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

This Respiratory Protection Program has been developed to comply with the State Requirements for Educational Facilities (SREF), which requires community colleges to comply with the U.S. Occupational Safety and Health Administration standards adopted by the Florida Department of Education. Therefore, the content of this program is determined based on the following standards:

*Occupational Safety and Health Standards for General Industry*

Respiratory Protection - 29 CFR 1910.134  
Toxic and Hazardous Substances - 29 CFR 1910.1000 - 1500

*Occupational Safety and Health Standards for Construction Industry*

Respiratory Protection - 29 CFR 1926.103  
Toxic and Hazardous Substances - 29 CFR 1926.1100 - 1148

*National Institute for Occupational Safety and Health (NIOSH) - Approvals for Respirators*

Respiratory Protective Devices - 42 CFR Part 84

*American National Standards Institute (ANSI)*

Practices for Respiratory Protection - ANSI Z88.2 – 1992

## **V. Program Administration**

The responsibility for administration and enforcement of this program has been assigned to the Safety/Environmental Manager and the Environmental Specialist. They are responsible to ensure that required records are maintained, annual medical screenings are provided, and procedures for respirator use are enforced by supervisory staff. The Safety/Environmental Manager and the Environmental Specialist may assign responsibility for daily implementation and enforcement of this program to department supervisors.

## **VI. Respirator Selection and Purchase**

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-4</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

## **A. Respirator Selection**

Safety/Environmental Services, with guidance from the American Board of Industrial Hygiene certified industrial hygienist approved by the Board of Trustees, will select the proper type of respirator for each job category requiring the use of respiratory protection. Selection shall be made based on the following categories:

1. Type of contaminant.
2. Warning property of contaminant.
3. Airborne concentration level or expected exposure level of contaminant.
4. OSHA established Permissible Exposure Level (PEL) or Threshold Limit Value (TLV).
5. Eye or respiratory irritation.

## **B. Purchase and Issue of Respirators**

Purchase and issue of respirators will be performed by Safety/Environmental Services.

## **VII. Respirator Training**

### **A. Initial and Annual Refresher**

Respirators will not be issued to individuals until they have received proper training. Training shall be performed initially prior to issuing a respirator and annually thereafter. A respirator is only effective when used properly; otherwise, it may give the employee a false sense of protection. The training program shall include the following elements:

1. The nature of airborne contaminants the employees are exposed to and extent of exposure.
2. Explanation of the purpose of selecting a specific type respirator to protect against a certain contaminant.

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-5</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

3. Instruction on the proper use, fitting, cleaning, and storage of respirators.
4. Instructions on the limitations of respirators which includes exposure levels, use in oxygen deficient atmospheres, and environments which are immediately dangerous to life or health (IDLH).
5. Frequency for changing filter cartridges.
6. Purpose of qualitative fit testing and the proper way to conduct positive and negative pressure user seal checks each time the respirator is used.
7. Elements of the OSHA Respiratory Protection Standard 29 CFR 1910.134.

## **B. Training Records**

Each employee receiving respirator training must sign a "Record of Training" form attesting that they have received such training (See Table II). Safety/Environmental Services will maintain these records.

## **VIII. Respirator Inspection**

Respirators shall be inspected for physical damage and missing valves prior to each use. Respirators stored for emergency use shall be inspected monthly. Respirator inspection shall include:

1. Stretching capability of straps.
2. Condition of breathing tubes, face piece, and cartridges.
3. Condition of inhalation and exhalation valves.
4. Pliability and flexibility of rubber and silicone parts.
5. Condition of the face piece lens. The lens should be clean, free of cracks and permit clear vision.

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-6</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

6. On Powered Air-Purifying Respirators (PAPR), check battery charge by using the flow meter included with each unit.
7. On Self-Contained Breathing Apparatus (SCBA), check air cylinder pressure, warning devices, hoses and attachments.

Respirator inspection will be conducted periodically, in a random fashion, by Safety/Environmental Services to assure that respirators are properly selected, fitted, used, cleaned, and maintained.

## **IX. Care and Maintenance of Respirators**

Respirators should be cleaned and disinfected after each use or at the end of the shift. The following procedures should be followed for cleaning and disinfecting the respirator:

### **A. Cleaning and Disinfecting Procedures**

1. Remove and discard the filter cartridge as needed. Reusable cartridges should be removed prior to cleaning to prevent water from wetting the filters.
2. Wash the face piece using warm water (not to exceed 100 degrees F) and respirator cleaner/disinfectant that is provided with the respirator cleaning kits at each site. **Do not use alcohol products.**
3. Rinse completely in clean water.
4. Air dry in clean air or pat dry with a clean, lint free, dry cloth or towel.
5. Inspect the valves, head straps, and other parts for damage.
6. Replace defective parts and reinstall or replace filter cartridges. Part replacement and cartridges must be of the same brand as the respirator. Exchanging parts will disqualify the NIOSH approval.
7. Properly store respirator face piece in a re-sealable plastic bag.

### **B. Storage of Respirator**

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-7</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

Respirators should be stored in a re-sealable plastic bag and stored away from direct sunlight, extreme temperatures, caustic chemicals, and excessive moisture. They should be stored in a hanging position or face down. To avoid distorting rubber parts and damage to respirator valves, do not place any items on top of a respirator.

## **X. Medical Fitness**

### **A. Medical Evaluation**

A medical evaluation must be performed by a physician, who is well versed in occupational medicine and the medical requirements for respirator wearers, to determine an employee's physical ability to use a respirator. The medical screening will be performed before an employee is assigned to work that requires the use of a respirator. Annual medical evaluations will be performed for respirator users. The medical screening shall follow the protocol specified in the OSHA Respiratory Protection Standard.

### **B. Medical Records**

All medical records are confidential and will be maintained, as required by OSHA 29 CFR 1910.1020 Access To Employee Exposure and Medical Records, in a locked file by Human Resources. Medical records must be maintained for a period of thirty (30) years after an employee terminates their employment with the College.

## **XI. Respirator Fit Testing**

Any employee required to utilize a negative pressure respirator must be fit tested to ensure a proper face-to respirator seal can be obtained.

The purpose of fit testing is to select the type and size of respirator which provides a comfortable and air tight face seal. The College uses the irritant smoke or Bitrex qualitative fit test protocols, specified in the OSHA Respiratory Protection Standard, for conducting respirator fit testing.

### **A. Frequency of Testing:**

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-8</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

Fit testing will be performed initially when a respirator is issued and annually thereafter. Records of the fit test for each individual will be maintained by Safety/Environmental Services (See Table I).

## **B. User Seal Checks:**

There are two (2) checks that are used in the field to check the proper fit of the respirator each time it is used, negative and positive pressure user seal checks. Both checks must be conducted each time the respirator is put on and prior to entering a contaminated area.

### **1. Positive Seal Check:**

Seal off the exhalation valve using the palm of the hand, do not use the fingers, and exhale slightly into the face piece. A slight positive pressure should build up inside the face piece. Hold the positive pressure for about 10 seconds.

### **2. Negative Seal Check:**

Seal the inhalation valves using the palm of the hand and inhale slightly. The face piece should collapse slightly. Hold the negative pressure for about ten (10) seconds.

## **C. Facial Hair**

Employees are prohibited from entering or working in environments that require wearing half-face or full-face mask negative pressure respirators, or self-contained breathing apparatus (SCBA) when a good face-to-respirator seal cannot be maintained.

Employees who choose to maintain facial hair which interferes with the face-to-respirator seal or who have any other condition which prevents a good face-to-respirator seal are required to wear a hooded, powered air purifying respirator (PAPR) anytime air purifying respiratory protection is required. The PAPR may be used in place of a half-face or full-face mask negative pressure respirator anytime air purifying respiratory protection is required; **however, a PAPR may not be used as a substitute in situations where self-contained breathing apparatus (SCBA) is required.**

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-9</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-10</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

## TABLE I

### RESPIRATOR FIT TEST RECORD

EMPLOYEE NAME: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

PRESCRIPTION GLASSES REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

#### RESPIRATOR SELECTED AND FITTED:

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

TYPE (Half-Mask/Full-Mask): \_\_\_\_\_

SIZE OF RESPIRATOR: \_\_\_\_\_

INITIAL FIT OK:	YES _____	NO _____
NEGATIVE SEAL CHECK:	YES _____	NO _____
POSITIVE SEAL CHECK:	YES _____	NO _____
IRRITANT SMOKE TEST:	YES _____	NO _____
BITREX TEST:	YES _____	NO _____

\_\_\_\_\_  
EMPLOYEE SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
FIT TESTER'S SIGNATURE

# RULE

<b>SUBJECT</b>	<b>RESPIRATORY PROTECTION PROGRAM</b>	<b>PAGE</b>
		<b>2.904-11</b>
<b>LEGAL AUTHORITY</b>	<b>6Hx23-2.904</b>	<b>5/21/04 Revision #04-5</b>

**TABLE II**  
**RECORD OF TRAINING**

This is to acknowledge that I successfully completed the following occupational safety and health training:

Respirator training which included the following:

1. Explanation of the dangers related to misuse of respirators
2. Explanation of why respiratory protection is required
3. Instruction on selecting, putting on, fitting, testing, and wearing respirators
4. Instruction on the inspection, cleaning and maintenance of respirators
5. Limitations of respirators
6. How to recognize and handle emergencies
7. Explanation of the medical evaluation

\_\_\_\_\_  
Name  
(Please Print)

\_\_\_\_\_  
Work Location  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Trainer's Signature**

\_\_\_\_\_  
**Job Title (Please Print)**

\_\_\_\_\_  
**Date**