

Wishkah Valley Respirator Safety Plan

Purpose

This program ensures that Wishkah Valley School District Employees are protected from airborne chemical and biological hazards during their work. Engineering controls such as ventilation and substitution of less toxic materials are preferred protection methods. However, for some tasks and during emergencies, respirators may be necessary to protect employees. To ensure that employees who wear respirators are protected from airborne chemical hazards, Wishkah Valley SD will do the following:

- Evaluate respiratory hazards to ensure employees have appropriate respirators.
- Ensure that employees are medically able to wear respirators.
- Fit-test employees with the appropriate respirators.
- Train employees about the identified respiratory hazards
- Train employees how to use, clean, store and inspect their respirator.
- Evaluate this program periodically to ensure that it is effective.

Scope

This program applies to all employees who are required to wear respirators during their work. Employees participate in the respiratory protection program at no cost; the costs for medical evaluations, fit testing, and respirators will be paid by Wishkah Valley SD.

Program Administrator

Our respirator program administrator is our school nurse Ruth Safonova and Superintendent Don Hay with help from Lynn Nelson, Senior Director for Health Services and Student Support, or designee, with assistance from Bob Pierce, Safety and Health Administrator.

The program administrators are responsible for administering the respiratory protection program and has the following duties:

- Identify the work areas, processes or tasks that require employees to wear respirators and evaluate the hazards.
- Select appropriate respirators for employees.
- Ensure that employees use respirators in accordance with NIOSH certifications.
- Ensure that employees receive respiratory protection training.

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- Ensure that employees store and maintain respirators properly.
- Manage respirator fit testing.
- Manage medical surveillance of employees.
- Maintain required records.
- Inform contractors of this company's respiratory protection requirements.
- Evaluate the respiratory protection program.
- Update the respiratory protection program when necessary.

Employee Responsibilities

Employees must wear their respirators in the way they were trained and do the following:

- Care for and maintain their respirators as instructed and store them in a clean sanitary location.
- Inform their supervisor if the respirator no longer fits and request a new one that fits properly.
- Inform their supervisor or the program administrator about respiratory hazards or other concerns that they have regarding the respiratory protection program.

Respirator Selection

We have evaluated the need for respiratory protection due to the COVID-19 pandemic. ESD 113 nurses assigned to school districts will wear N-95 filtering face pieces when performing health where there is potential for generation of aerosols from saliva or mucous from the mouth or nose such a, tracheostomy care/suctioning or nebulizer treatments.

Medical Evaluation

Every ESD 113 employee who must wear a respirator will be provided with a medical evaluation before they can use the respirator.

- The medical evaluation will be conducted with a questionnaire consistent with WAC 296-842-22005 (sample in Appendix). The program administrator will provide a copy of this questionnaire to each employee who requires a medical evaluation. The medical professional may use a physical exam instead of this questionnaire if the exam covers the same information as the questionnaire or on-line questionnaires may be used if the questions are the same and the requirements in WAC 296-842-14005 of this chapter are met.
- Employees are required to fill out the questionnaire in private and send or give them to the medical provider for evaluation. Completed questionnaires are

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confidential and will be sent directly to medical provider without review by management.

- If the medical questionnaire indicates that a further medical exam is required, this will be provided at no cost to employees. Wishkah Valley SD will get a recommendation from this medical provider on whether the employee is medically able to wear a respirator.
- All employees will have the opportunity to speak to the physician about their medical evaluation.
- Additional medical evaluations will be done in the following situations:
 - a medical provider recommends it,
 - our respirator program administrator decides it is needed,
 - an employee shows signs of breathing difficulty,
 - changes in work conditions that increase employee physical stress (such as high temperatures or greater physical exertion).

Respirator Fit-testing

All employees who are required to wear tight-fitting respirators, including filtering facepieces such as the N-95, will be fit-tested. Employees will be fit tested with the make, model, and size of respirator that they will wear. Fit-testing will be repeated annually. (Annual fit-testing is exempted for COVID pandemic). Fit-testing will also be done when a different respirator facepiece is chosen, when there is a physical change in an employee's face that would affect fit, or when our employees or medical provider notify us that the fit is unacceptable.

Documentation of fit-testing will be kept in the employee's personnel file.

Our respirators will be checked for proper sealing by the user whenever the respirator is first put on, using the seal check procedures found in the appendix.

Respirator Cleaning, Maintenance, Storage

Respirators must be cleaned as often as necessary to keep them sanitary. N-95 face pieces are not meant to be re-used, however during the COVID pandemic it is acceptable to re-use them. Other types of respirators will be cleaned according to the manufacturer's instructions or the following procedure.

1. Disassemble respirator. Remove filters, canisters, or cartridges.
2. Wash the face piece and parts in warm water with a mild detergent. Do not use organic solvents.
3. Rinse completely in clean warm water.
4. Wipe the respirator with disinfectant wipes.
5. Air dry the respirator in a clean area.
6. Reassemble the respirator, inspect it, and replace defective parts.

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7. Put the respirator in a clean, dry, plastic bag or other air-tight container.

Maintenance*

Respirators must be properly maintained to ensure that they work properly. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced. No components will be replaced, or repairs made except those recommended by the manufacturer. Dust masks cannot be cleaned or repaired if soiled or damaged. Replace dust masks if breathing becomes difficult, if they are damaged, or if they are dirty or dusty on the inside or if you suspect that the respirator has been exposed to the virus.

Change Schedules*

Air-purifying particulate filters, cartridges, or filtering face pieces must be replaced when breathing resistance increases, the cartridge surface is contaminated, or when the filter is damaged.

Respirator Storage

Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations. Employees must clean and inspect their air-purifying respirators in accordance with the provisions of this program and store them in a plastic bag. Each employee's name must be on the bag and the bag must be used only to store the respirator.

* Not applicable for filtering face piece respirators

Respirator Use

The Program Administrator will monitor the work area to be aware of changing conditions where employees are using respirators.

Employees will use their respirators as required by this program and in accordance with the training they receive. Employees will not be allowed to wear respirators with tight-fitting face pieces if they have facial hair (e.g., stubble, bangs) absence of normally worn dentures, facial deformities (e.g., scars, deep skin creases, prominent cheekbones), or other facial features that interfere with the face piece seal or valve function. Jewelry or headgear that projects under the face piece seal is also not allowed.

If corrective glasses or other personal protective equipment is worn, it will not interfere with the seal of the face piece to the face. Employees must conduct user seal checks each time that they wear their respirators.

Training

The program administrator will ensure training is provided to respirator users and supervisors. Employees must be trained before using a respirator. Training is completed

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before employees wear their respirators and annually thereafter as long as they wear respirators.

Additional training will also be done when an employee uses a different type of respirator or workplace conditions affecting respiratory hazards or respirator use have changed.

Training will cover the following topics:

- Why the respirator is necessary,
- The respirator's capabilities and limitations,
- How improper fit, use or maintenance can make the respirator ineffective,
- How to properly inspect, put on, seal check, use, and remove the respirator,
- How to clean, repair and store the respirator or get it done by someone else,
- How to use a respirator in an emergency situation or when it fails,
- Medical symptoms that may limit or prevent respirator use,
- Our obligations under the Respirators Rule.

Respiratory Program Evaluation

We evaluate our respiratory program for effectiveness by doing the following steps:

1. Checking results of fit-test results and health provider evaluations.
2. Talking with employees who wear respirators about their respirators – how they fit, do they feel they are adequately protecting them, do they notice any difficulties in breathing while wearing them, do they notice any odors while wearing them, etc.
3. Periodically checking employee job duties for changes in exposure.
4. Periodically checking maintenance and storage of respirators.
5. Periodically checking how employees use their respirators.

Recordkeeping

The program administrator will maintain and store records of this program. The following records will be kept:

- A copy of this completed respirator program
- Employees' latest fit-testing results (a sample fit-testing record form is located in the appendix)
- Employee training records (a sample training record form is located in the appendix)

Employees will have access to these records. Medical questionnaires and the physician's documented findings are confidential. The program administrator will keep only the physician's written recommendation for each employee to wear a respirator.

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Appendix

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Respirator Medical Evaluation Questionnaire

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at time and place that is convenient to you. To maintain your confidentiality, your supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care 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: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care 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 health care 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): _____

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").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you ever had any of the following conditions?
 - a. Seizures (fits): Yes/No
 - b. Diabetes (sugar disease): Yes/No
 - c. Allergic reactions that interfere with your breathing: Yes/No
 - d. Claustrophobia (fear of closed-in places): Yes/No
 - e. Trouble smelling odors: Yes/No

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3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis: Yes/No
 - b. Asthma: Yes/No
 - c. Chronic bronchitis: Yes/No
 - d. Emphysema: Yes/No
 - e. Pneumonia: Yes/No
 - f. Tuberculosis: Yes/No
 - g. Silicosis: Yes/No
 - h. Pneumothorax (collapsed lung): Yes/No
 - i. Lung cancer: Yes/No
 - j. Broken ribs: Yes/No
 - k. Any chest injuries or surgeries: Yes/No
 - l. Any other lung problem that you've been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath: Yes/No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?
 - a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?
 - a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/ No
 - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?
 - a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures (fits): Yes/No

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: Yes/No

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- b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

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.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
 - b. Wear glasses: Yes/No
 - c. Color blind: Yes/No
 - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
 - b. Wear a hearing aid: Yes/No
 - c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
 - b. Back pain: Yes/No
 - c. Difficulty fully moving your arms and legs: Yes/No
 - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
 - e. Difficulty fully moving your head up or down: Yes/No
 - f. Difficulty fully moving your head side to side: Yes/No
 - g. Difficulty bending at your knees: Yes/No
 - h. Difficulty squatting to the ground: Yes/No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
 - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Complete questions in this part ONLY IF your employer's health care provider says they are necessary

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No
If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
- a. Asbestos: Yes/No
 - b. Silica (e.g., in sandblasting): Yes/No
 - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No

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- d. Beryllium: Yes/No
 - e. Aluminum: Yes/No
 - f. Coal (for example, mining): Yes/No
 - g. Iron: Yes/No
 - h. Tin: Yes/No
 - i. Dusty environments: Yes/No
 - j. Any other hazardous exposures: Yes/No
- If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No
If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

10. If "yes," name the medications if you know them:

11. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

12. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per day: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

13. During the period you are using the respirator(s), is your work effort:

- a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:
_____ Hrs. _____ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

- b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:
_____ Hrs. _____ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

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c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:

_____ hrs. _____ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

14. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

15. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

16. Will you be working under humid conditions: Yes/No

17. Describe the work you'll be doing while you're using your respirator(s):

18. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

19. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

20. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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Sample Respirator Fit Test Record

Name: _____ **Initials:** _____

Type of qualitative/quantitative fit test used: _____

Name of test operator: _____ **Initials:** _____

Date: _____

Respirator Mfr./Model/Approval no. Size Pass/Fail or Fit Factor

Note: "Fit factor" is numerical result of quantitative fit test from instrument reading

1. _____	S M L	P	F	_____
2. _____	S M L	P	F	_____
3. _____	S M L	P	F	_____
4. _____	S M L	P	F	_____

Clean Shaven? Yes___ No___ (Fit-test cannot be done unless clean-shaven)

Medical Evaluation Completed? Yes___ No___

NOTES: _____

This record indicates that you have passed or failed a qualitative or quantitative fit test as shown above for the particular respirator(s) shown. Other types will not be used until fit tested.

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Sample Respirator Training Record

Employee Name (printed)

I certify that I have been trained in the use of the following respirator(s):

This training included the inspection procedures, fitting, maintenance and limitations of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator(s) as described above and I understand the instructions relevant to use, cleaning, disinfecting and the limitations of the respirator(s).

Employee Signature

Instructor Signature

Date

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Seal Check Procedures (from Respirators Rule)

Table 21
User Seal Check Procedure

Important Information for Employees:

- You need to conduct a seal check each time you put your respirator on before you enter the respirator use area. The purpose of a seal check is to make sure your respirator (which has been previously fit tested by your employer) is properly positioned on your face to prevent leakage during use and to detect functional problems.
- The procedure below has 2 parts; a positive pressure check and a negative pressure check. You must complete both parts each time. It should only take a few seconds to perform, once you learn it.
 - If you can't pass both parts, your respirator is not functioning properly, see your supervisor for further instruction.

Positive Pressure Check:

1. Remove exhalation valve cover, if removable.
2. Cover the exhalation valve completely with the palm of your hand while exhaling gently to inflate the facepiece slightly.
3. The respirator facepiece should remain inflated (indicating a build-up of positive pressure and no outward leakage).
 - If you detect no leakage, replace the exhalation valve cover (if removed), and proceed to conduct the negative pressure check .
 - If you detect evidence of leakage, reposition the respirator (after removing and inspecting it), and try the positive pressure check again.

Negative Pressure Check:

4. Completely cover the inhalation opening(s) on the cartridges or canister with the palm(s) of your hands while inhaling gently to collapse the facepiece slightly.
 - If you can't use the palm(s) of your hands to effectively cover the inhalation openings on cartridges or canisters, you may use:
 - Filter seal(s) (if available)
 - or
 - Thin rubber gloves
5. Once the facepiece is collapsed, hold your breath for 10 seconds while keeping the inhalation openings covered.
6. The facepiece should remain slightly collapsed (indicating negative pressure and no inward leakage).
 - If you detect no evidence of leakage, the tightness of the facepiece is considered adequate, the procedure is completed, and you may now use the respirator.
 - If you detect leakage, reposition the respirator (after removing and inspecting it) and repeat both the positive and negative fit checks.

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Respirator Cleaning Procedures (from Respirators Rule)

Table 20 Respirator Cleaning Procedure	
Step	Task
1.	Remove filters, cartridges, canisters, speaking diaphragms, demand and pressure valve assemblies, hoses, or any components recommended by the manufacturer. <ul style="list-style-type: none">• Discard or repair any defective parts.
2.	Wash components in warm (43°C [110°F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. <ul style="list-style-type: none">• A stiff bristle (not wire) brush may be used to help remove the dirt.• If the detergent or cleaner doesn't contain a disinfecting agent, respirator components should be immersed for 2 minutes in one of the following:<ul style="list-style-type: none">- A bleach solution (concentration of 50 parts per million of chlorine). Make this by adding approximately one milliliter of laundry bleach to one liter of water at 43°C (110°F)- A solution of iodine (50 parts per million iodine). Make this in 2 steps:<ul style="list-style-type: none">• First, make a tincture of iodine by adding 6-8 grams of solid ammonium iodide and/or potassium iodide to 100 cc of 45% alcohol approximately.• Second, add 0.8 milliliters of the tincture to one liter of water at 43°C (110°F) to get the final solution.- Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer
3.	Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably, running water. Note: The importance of thorough rinsing can't be overemphasized. Detergents or disinfectants that dry on facepieces could cause dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts, if not completely removed.
4.	Drain components.
5.	Air-dry components or hand dry components with a clean, lint-free cloth.
6.	Reassemble the facepiece components. <ul style="list-style-type: none">• Replace filters, cartridges, and canisters, if necessary (for testing)
7.	Test the respirator to make sure all components work properly.