

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 3: INSTITUTIONAL OPERATIONS

Sub Chapter: SAFETY & EMERGENCY

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Subject: RESPIRATOR PROGRAM

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Responsibility: Samantha Tucker, Randy Gibbs

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1. PURPOSE

To define and describe the procedures required for respirator use in the Iowa Department of Corrections (IDOC).

2. POLICY

It is the policy of the IDOC to provide respiratory equipment in the workplace to protect staff and incarcerated individuals from respiratory hazard. Respirators are to be used where engineering control of hazard is not feasible, while engineering controls are being installed or in emergencies.

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3. DEFINITIONS – As used in this document:

- A. Air Purifying Respirator – A respirator with an air purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air purifying element.
- B. Canister or Cartridge – A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.
- C. Employee Exposure – Exposure to a concentration of airborne contaminant that would occur if the employee were not using respiratory protection.
- D. Filter or Air Purifying Element – A component used in respirators to remove solid or liquid aerosols from the inspired air.
- E. Filtering Face Piece (Dust Mask) – A negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium.
- F. Fit Test – The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.
- G. Immediately Dangerous to Life or Health (IDLH) – An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
- H. Negative Pressure Respirator (tight fitting) – A respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.
- I. Physician or other licensed health care professional (PLHCP) - an individual whose legally permitted scope of practice (i.e. license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (D and E of the procedures section).

- J. Qualitative fit test (QLFT) - A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- K. Quantitative fit test (QNFT) - An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- L. Respiratory Inlet Covering – That portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing source or both. It may be a face piece, helmet, hood, suit, or a mouthpiece respirator with a nose clamp.
- M. Voluntary Use – A respirator is not required due to the exposure levels and the employee desires to wear a respirator.
- N. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Employee Levels

1. Employees required to wear a respirator shall complete a medical evaluation using a medical questionnaire. See **IO-SE-20 F-1**, *Medical Evaluation Questionnaire*.
2. A physician or PLHCP will review the Medical Evaluation Questionnaire. A physical assessment shall be completed if any items are identified as concerns on the Medical Evaluation Questionnaire.

B. Respirator Selection

1. Respirators shall be selected and provided on the basis of the hazard to which the employee may be exposed and will be National Institute for Occupational Safety and Health (NIOSH) approved. Each facility will outline in their procedures for selecting the appropriate respirator based on the hazard assessment.
2. IDOC employees shall not enter IDLH atmospheres.
3. Information relative to limitations of selected respirators shall be included in each institution's procedures and reviewed annually.

C. Voluntary Respirator Use

1. The Safety Officer may authorize voluntary use of respiratory protective equipment as requested by employees on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.
2. The Safety Officer will provide a respirator for voluntary use if the use of respiratory protection in a specific case will not jeopardize the health or safety of the employee.
3. Employees voluntarily choosing to wear a half-face air-purifying respirator must comply with the procedures for medical evaluations, respirator use, cleaning, maintenance and storage.
4. The Safety Officer shall ensure that Appendix D of 29CFR 1910.134 is provided to the user.
5. IDOC will utilize the voluntary respirator program for the use of OC with the exception of CERT personnel.
6. Full face respirators used under the voluntary program will require approval by the Safety Officer after the medical evaluation questionnaire is completed and approved.
 - a. The Safety Officer shall provide the employee with Appendix D upon approval.
 - b. The staff shall receive training on proper storage and cleaning of the respirator.
7. Half mask respirators (N-95) used under the voluntary program will require approval by the Safety Officer but will not require a medical evaluation.
8. The Safety Officer shall provide the employee with Appendix D upon approval.

D. Medical Evaluations

Employees who are required to wear respirators must pass a medical evaluation by a PLHCP prior to being fit tested or permitted to wear a respirator on the work site. All examinations and questionnaires must remain confidential between the employee and the licensed health care professional.

1. The employee shall complete the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) - 1910.134 App C.
2. The employee shall complete the Respirator Qualification OSHA Questionnaire during work hours. When using an online service to complete the questionnaire, the information will be transmitted directly to the health care provider. If completing by hand, the employee will seal the questionnaire in an envelope and return it to the Safety Officer or designee who will forward the questionnaire to the facility Health Services.
3. The facility PLHCP shall determine if and when follow-up medical exams are necessary.
4. All employees shall have the opportunity to speak upon request with the facility PLHCP concerning the medical evaluation.
5. The Safety Officer shall provide the facility PLHCP with a copy of this directive and a copy of the OSHA Respiratory Protection Standards CFR 29, 1910.134.

The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

- a. The type and weight of the respirator to be used by the employee.
 - b. The duration and frequency of respirator use (including use for rescue and escape).
 - c. The expected physical work effort.
 - d. Additional protective clothing and equipment to be worn.
 - e. Temperature and humidity extremes that may be encountered.
6. The questionnaire and evaluation shall be placed in the employee's medical file.

E. Medical Determination

In determining the employee's ability to use a respirator, the employer shall:

Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:

1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
2. The need, if any, for follow-up medical evaluations.
3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.
4. The employee will bring a copy of the PLHCP recommendations to the fit test.
5. The Safety Officer will keep record of the written recommendation.

F. Fit Testing

The Safety Officer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

1. The name or identification of the employee tested.
2. Type of fit test performed.
3. Specific make, model, style, and size of respirator tested.
4. The date the fit test was performed.
5. The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.
6. Fit test records shall be retained for respirator users until the next fit test is administered.
7. FIT Testing is not required for participation in the voluntary program.

G. Training

See **IO-SE-03**, *Safety and Health Program Management* for training requirements.

H. Safety Issues

1. Respirators shall be worn in accordance with OSHA Standard 1910.134. The wearer shall not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function; or any condition that interferes with the face-to-face piece seal or valve function.
2. Written procedure shall be prepared covering safe use of the respirator in dangerous atmospheres that might be encountered in normal operations or in emergencies. This written procedure shall include use of standby rescue personnel and communication requirements.
3. No entry into an IDLH space shall be made.

I. Maintenance

1. Respirators shall be stored in convenient, clean, and sanitary locations in a manner which would not impair operation.
2. All respirators shall be thoroughly inspected during cleaning. All respirators shall be thoroughly cleaned and disinfected after each use.
3. Respirators used routinely shall be inspected during cleaning i.e., CERT respirator or maintenance respirators. Worn or deteriorated parts shall be replaced. Respirators for emergency use shall be inspected at least once per month and after each use. A respirator inspection record shall be maintained by the Safety Officer at each institution. This report will be completed by the person making the inspection and forwarded to appropriate persons as designated.
4. Each facility will outline cleaning instructions for the specific respirators they use.