

Institutional Handbook of Operating Procedures Policy 08.01.29	
Section: Health, Safety, and Security	Responsible Vice President: EVP and Chief Business/Finance Officer
Subject: Health and Safety	Responsible Entity: Environmental Health & Safety

I. Title

Respiratory Protection

II. Policy

This policy describes the Respiratory Protection Program (RPP) for The University of Texas Medical Branch (UTMB Health). This RPP applies to all [employees](#) and students with potential exposure to respiratory hazards (chemical, biological, radiological) where effective engineering controls cannot be implemented to reduce or prevent respiratory exposure. This policy provides guidelines for protection against inhalation of harmful dusts, toxic gases, vapors, fumes, fogs, mists, smoke, sprays, microorganisms, and oxygen deficiency in the workplace. This program applies to all employees and students who are required to wear [respirators](#) during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. UTMB Health implements this program to ensure the safe and effective use of respiratory protection.

III. Procedures

A. Responsibilities

1. Environmental Health & Safety (EH&S) will:

- a. Manage UTMB’s Health Respiratory Protection Program. The Program Director of Radiation & Occupational Safety will serve as the Respiratory Protection Program Administrator.
- b. Provide training on the selection, use, maintenance, and replacement of respiratory protection.
- c. Maintain a list of approved respirators, and evaluate requests to approve new respirators, for use.
- d. Recommend appropriate respirators, [cartridges](#), and replacement parts based upon the results of risk assessments.
- e. Conduct periodic monitoring to assess concentrations of airborne contaminants to evaluate the need for respiratory protection.
- f. Conduct annual fit testing.
- g. Notify departments of when annual fit testing of employees is due.
- h. Conduct audits of RPP implementation as identified by EH&S leadership.

2. Department of Biosafety (DOB) will:

- a. Provide training on the selection, use, maintenance, and replacement of respiratory protection specific to protection from biological hazards.
- b. Conduct risk assessments related to biological hazards in the research environment.
- c. Provide recommendations on the use of respiratory protection specific to protection from biological hazards in research environments.

3. Employee Health Clinic will:
 - a. Perform and document initial and subsequent medical surveillance related to respiratory protection.
 - b. Establish medical surveillance criteria.
 - c. Notify the employee of any restrictions that apply to the use of respiratory protection.
4. Infection Control and Healthcare Epidemiology will:
 - a. Identify biological hazards in the healthcare environment.
 - b. Conduct risk assessments related to biological hazards in the healthcare environment.
 - c. Make hazard control recommendations.
5. Employee's Supervisor will:
 - a. Notify employees of their fit test due dates and ensure fit testing is scheduled and completed.
 - b. Identify employees who are routinely exposed to airborne contaminants at or above the [Occupational Exposure Limit](#) (OEL) and when potential aerosol exposure to biological agents may occur in performance of duties for which they were hired. When there is uncertainty about the measurement of these levels, EH&S or outside consultation may be needed.
 - c. Ensure employees receive medical clearance prior to fit testing or use of a respirator.
 - d. Ensure employees are properly trained before utilizing respiratory protection, and that employees receive any required refresher training.
 - e. Contact EH&S to perform any initial or follow-up monitoring.
 - f. Report any problems with respiratory protection to EH&S.
 - g. Ensure that employees wearing a respirator have a current, valid fit test. Supervisors can request access to an [online system](#) to verify their employees' current fit test status through a departmental search feature.
 - h. Ensure that employees who are required to wear a respirator because of potential exposure do so as a condition of employment.
 - i. Ensure that appropriate respiratory protection is purchased and available for employees to use. This can include purchasing Powered Air Purifying Respirators (PAPRs) for employees unable to pass a fit test. Respirators are to be provided to employees at no cost to the employees.
6. Respirator Wearer will:
 - a. Only wear brand, model, and size of respirators for which they have been fit tested and in accordance with policy and procedures. No modifications to respirators are authorized.
 - b. Clean and inspect reusable respirator before and after each use.
 - c. Store respirator as required by manufacturer's recommendations.
 - d. Use respirator in accordance with manufacturer's recommendations and only with a current fit test (performed within the last 12 months).
 - e. Properly wear respirator and all related equipment as trained.
 - f. Report any problems with respiratory protection to their supervisor.
 - g. Schedule any required medical evaluations, fit testing, and required training.
 - h. Notify their supervisor and follow departmental and institutional policies to request an accommodation for a medical or religious reason.
7. Contractors:

Adhere to OSHA 1910.134 Respiratory Protection Program.

B. Medical Evaluation & Clearance

1. A respirator can make it more difficult for someone to breathe. This can negatively impact a person's health if they suffer from certain medical conditions. Medical evaluations are conducted to make sure an employee is healthy enough to wear a respirator. Prior to fit testing or wearing of any respirator, a physician or other licensed health care professional (PLHCP) must conduct a medical evaluation. The following PLHCP are to be used in making this assessment:
 - a. UTMB employees will receive their medical evaluation through the Employee Health Clinic.
 - b. UTMB students will receive their medical evaluation through the Student Health Clinic.
 - c. Contract employees will receive their medical evaluation through a PLHCP chosen by their employer.
2. UTMB employees and students will initiate the medical evaluation process by submitting to the PLHCP the required medical questionnaires. Employees are to be permitted to complete the medical questionnaire on company time.
 - a. Clinical & research staff wearing N-95 respirators and PAPRs will complete the "[N-95 and PAPR Medical Questionnaire](#)."
 - b. Select Agent Users wearing any form of respiratory protection, Researchers and other staff wearing elastomeric (half-face, full-face, SCBA) respirators will complete the "[Respiratory Questionnaire](#)."
3. Supervisors are responsible for ensuring that the required medical surveillance questionnaire is completed and submitted to the PLHCP in a timely manner. Respirator fit testing cannot occur until the medical questionnaire has been reviewed and the employee cleared by the PLHCP. If the PLHCP makes the determination that an individual is not medically cleared to use a respirator, then the individual is not authorized to be fit-tested or use a respirator.
4. Prior to fit testing an individual, EH&S will verify the individual's medical clearance status with the PLHCP to verify they have a current clearance to wear a respirator.
5. [Healthcare workers](#) wearing N-95 respirators and PAPRs will receive an initial medical evaluation. Employee supervisors will receive an annual email reminder notifying them of employees due for annual medical clearance and fit testing. Employees shall submit the medical clearance form to Employee Health prior to repeat fit testing if more than one year has elapsed since their initial medical clearance. Students shall submit the medical clearance form to Student Health if more than one year has elapsed since their initial medical clearance. If a healthcare worker arrives for a fit test but has not had their medical evaluation updated and it has expired, then the individual will be authorized to complete a short questionnaire to determine whether any health changes have taken place that could impact their medical clearance status. A copy of this completed questionnaire is routed to Employee Health or Student Health (as appropriate) for their records. Healthcare workers with no changes will not be required to repeat medical evaluations by the PLHCP. If an individual indicates that there has been a change to their health status since the last medical evaluation, a repeat medical evaluation performed by the PLHCP will be required prior to fit-testing or continued respirator use.
6. Researchers and other individuals wearing elastomeric respirators will be required to complete a medical evaluation by the PLHCP on an annual basis.

7. Individuals are required to comply with any restrictions on respirator use put in place by the PLHCP.

C. Fit Testing

Because every person's face is unique, a respirator is not "one size fits all." To ensure that a respirator fits correctly and provides adequate protection, individuals wearing a respirator must be fit tested annually. UTMB uses quantitative fit testing as the primary means of fit testing. Qualitative fit testing may be used as an alternative means of fit testing in instances when approved by EHS.

1. Fit tests are valid for one year. Upon successful fit-testing, an individual is considered enrolled in the respiratory protection program.
2. Individuals who are successfully fit tested will be provided with documentation showing the respirator make, model, size, and the date of fit test. Individuals wearing a respirator are required to have this documentation on their person, or readily accessible within the respirator use area, at all times.
3. Individuals wearing face-fitting respirators (N-95, half-face, full-face, SCBA) must be clean shaven at all points where a respirator seals against the face for fit testing and respirator use. Individuals unable (or unwilling) to shave or unable to pass a fit test for other reasons must not be allowed to work in environments where a respirator would be required. Alternatively, the individual could wear a PAPR if it is deemed appropriate for the hazard.
4. Loose fitted PAPRs do not require fit-testing but do still require that the individual be medically cleared and trained to use the respirator prior to use.

Employees or students needing fit testing can self-schedule their fit test at their convenience using [booking pages located on the EH&S website](#). Departments requesting on-site fit tests where EH&S will come to their department, can submit a [Departmental Fit Test Request Form](#). EH&S requires departments to have a minimum number of employees for on-site fit testing to be scheduled (10 employees in Galveston, or 20 employees at Regional Hospitals or clinics).

Documentation of fit testing shall be retained for one year by the respirator user (fit test card) and by EH&S (electronic records). Documentation of training on PAPRs shall be retained by the user and by EH&S/DOB.

D. Training

EH&S provides training on the use of face-fitting respirators to employees during the fit testing process. Training will cover the proper selection and use of the respirator, the limitations of the respirator, [donning](#) and [doffing](#), how to ensure a proper fit before each use, maintenance and storage of the respirator, and how to determine when a respirator no longer provides the intended protection. Documentation of training will be maintained by EH&S.

EH&S and DOB provide training on the use of PAPRs. Training will cover the proper selection and use of the respirator, the limitations of the respirator, [donning](#) and [doffing](#), maintenance and storage of the respirator, and how to determine when a respirator no longer provides the intended protection. Documentation of training will be maintained by the department providing the training.

E. Respirator Use

1. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all [filters](#), cartridges, and [canisters](#) must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use. Except for PAPRs, respirators shall be issued to an individual for his or her exclusive use and shall not be used by another individual.
2. Selection of appropriate respirators shall be based upon the specific respiratory hazard(s) to which the individual is exposed, as well as workplace and user factors that affect respirator performance and reliability. EH&S can assist in performing a workplace hazard assessment and with recommendations for an appropriate respirator.
3. Individuals shall only wear respirators for which they have a current, unexpired fit test.
4. Prior to donning a respirator, individuals shall inspect the respirator to ensure it is in working condition.
5. Respirators shall be used, maintained, repaired, and stored in accordance with manufacturer’s recommendations.
6. Air Purifying Respirators shall not be used in an oxygen deficient environment (<19.5% oxygen) or in any environment containing unknown concentrations of a hazardous contaminant or in atmospheres that are [Immediately Dangerous to Life or Health](#) (IDLH). Supplied Air or Self-Contained Breathing Apparatus shall be used in those environments.
7. Limited-Use PAPRs are authorized to be used on a temporary basis in healthcare settings by healthcare personnel only during a declared public health emergency and only by appropriately trained and supervised healthcare personnel. Staff authorized to use these limited-use PAPRs must meet all existing UTMB requirements for respiratory protection including medical evaluation and training.
8. Departments using respirators that use cartridges or canisters shall develop and document a change-out schedule for cartridges and canisters if not equipped with an end-of-service-life indicator (ESLI). This change out schedule will identify the frequency with which cartridges and canisters must be replaced. EH&S can assist in the development of an appropriate change-out schedule.
9. Financial responsibility to purchase PAPRs and other forms of respiratory protection due to a request for religious or medical accommodation shall be determined by relevant institutional policies.

IV. Relevant Federal and State Statutes

[Occupational Safety Health Administration 29 CFR 1910.134: Respiratory Protection](#)
[Environmental Protection Agency 40 CFR 311: Worker Protection](#)

V. Additional References

Joint Commission Hospital Accreditation Manual: EC.02.02.01, EP9

VI. Dates Approved or Amended

<i>Originated: 04/24/2017</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
10/16/2019	
03/23/2021	
9/10/2024	

VII. Contact Information

Environmental Health & Safety
 409-747-0515

