

# Instructions

This template is designed for use by personnel who have been suitably trained and charged with the responsibility of developing and implementing a respiratory protection program (RPP) that addresses exposure to aerosol transmissible disease (ATD) pathogens and other respiratory hazards in congregate care facilities and environments. Use of this template does not guarantee compliance with OSHA standards, but it is meant to help congregate care facilities fulfill the requirement for a written RPP as one component of a comprehensive program to protect their employees. It is important that you reference [29 CFR 1910.134](#), the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements.

Before considering the use of respirators, keep in mind that you must first implement, where feasible, engineering, work practice and administrative controls as the means to prevent or reduce exposures, and only look at respiratory protection as a last line of defense when exposures cannot be eliminated or substantially reduced in frequency and duration by using these other methods.

As you prepare to develop your program, you must consider whether you will have one comprehensive RPP for the entire congregate care facility, which would cover all inhalation hazards, including infectious agents and chemical exposures, or whether you will have an RPP for chemical exposures and a separate one for exposure to infectious agents. Your decision may depend on the size of your facility and the number of staff with exposure to various inhalation hazards. A single RPP with one program administrator is preferred, to ensure consistency and accountability.

The OSHA Respiratory Protection standard ([29 CFR 1910.134](#)) requires employers to include certain policies and procedures in their RPP, but there is some flexibility in the content of those policies and procedures. What might work well for one facility may not work at all for another. For this reason, the template is designed to be flexible and it is made available as an editable Microsoft Word document that each facility can customize to meet its specific needs. **Your paramount goal is to develop a site-specific RPP that can be effectively implemented.**

There are places throughout the document where you will need to fill in a blank or change a generic placeholder to customize it to your facility. These **placeholders and blanks** are always in **{bold curly brackets}**, so that you can find them easily and replace them with the appropriate black text.

You will also notice text enclosed in **[bold, italic square brackets]** in many places throughout the document. This text gives you **instructions, tips, or ideas** for customizing sections that you might want to change. *Make sure to remove the red text in your final document.*

Remember – this template is meant to be used as a helpful guideline for developing your RPP. You may be able to use it with minimal modification, but you will need to change the wording or organization to be specific to your facility and include your site-specific procedures and policies. Make sure that you include each section that is in the template since these components are required by OSHA's Respiratory Protection standard (29 CFR.1910.134).

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**Respiratory Protection Program for Congregate settings  
that serves vulnerable populations: a skilled nursing facility,  
an assisted living facility, a group home,  
a homeless shelter, or a correctional setting**

**{Name and address of Facility}**

**Updated {Facility Provide Date}**

***[We recommend updating the RPP annually or as necessary  
to reflect changes in workplace conditions that affect respirator use.]***

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## 1.0 Purpose and Applicability

It is the policy of **{Facility Name}** to protect the health and safety of its employees by (1) eliminating hazardous exposures where feasible; (2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and (3) using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated.

The purpose of this respiratory protection program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA's [Respiratory Protection standard \(29 CFR 1910.134\)](#)

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work and/or potential exposures at **{Facility Name}**. It applies to the use of air-purifying and filtering facepiece respirators (i.e. N95).

***[Note: You must provide a description of how your facility has decided to handle respiratory protection for healthcare workers who are contractors, nursing registries, and other non-employees. Are contractors held to their own RPP and if so, how? Via contract? How will you ensure the adequacy of their RPP? Will staff from a temporary agency or registry be included with facility employees in all aspects of the facility RPP, training, fit testing, etc., or are responsibilities divided in some way? You must have a clear policy that ensures all healthcare workers are adequately protected and describe it in writing.]***

## 2.0 Responsibilities

***[You may choose to assign responsibilities differently than below as long as someone is responsible for each of the components of the program]***

### 2.1 Respirator Program Administrator

***[This should be an individual (either a name or a job title or both) rather than a department or group of administrators, and affected employees need to know who that person is.]*** {XXXXXX,} has been designated as the respirator program administrator (RPA). The RPA has received appropriate training and is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. The facility administrator has the ultimate responsibility for all aspects of this program and has given **{him/her}** full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in the written RPP.

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with OSHA's [Respiratory Protection standard \(29 CFR 1910.134\)](#):

- Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location" in Appendix A of this RPP.
- Develop and monitor respirator maintenance procedures.
- Coordinate the purchase, maintenance, repair, and replacement of respirators.
- Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
- Provide or arrange for annual training on the use and limitations of respirators
- Ensure that medical evaluations are provided.
- Ensure that initial respirator fit testing is provided.
- Maintain records of respirator training, medical clearance, and fit testing as required by [29 CFR 1910.134](#) and [29 CFR 1910.1020](#).

- Maintain a copy of this written RPP and program evaluations, and ensure that they are readily accessible to anyone in the program.

## 2.2 Supervisors

Supervisors of employees included in the RPP will:

- Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens, and communicating this information to the RPA.
- Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA. ***[This will be a shared responsibility with the RPA since the supervisor knows the day-to-day jobs/tasks their employees do, but the RPA may have more knowledge about respiratory protection requirements.]***
- Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP. Schedule employees for medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

## 2.3 Employees in the Program

Employees assigned to jobs/tasks requiring the use of a respirator will:

- Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
- Adhere to facility policies on facial hair to ensure respirator seals properly.
- Attend training and respirator fit testing as required in the RPP.
- Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP.

## 3.0 Respirator Selection

***[You may remove any mention of types of respirators that are not used at your facility.]***

### 3.1 Hazard Assessment

The RPA will select the types of respirators to be used by the facility's staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), and other public health guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants. The hazard assessment will include the following as needed:

- Identification of potential exposures. The most common potential exposure for employees involved in resident care will be pathogens associated with aerosol transmissible disease ATDs such as tuberculosis and COVID-19. Maintenance, housekeeping, dietary or other staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATD pathogens.
- A review of work processes to determine levels of potential exposure for all tasks and locations.
- Quantification or objective determination of potential exposure levels, where possible. This may not be feasible for ATD pathogens.

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### 3.2 NIOSH-Certified Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. The NIOSH Certified Equipment List is found at the following Internet address: [www.cdc.gov/niosh/npptl/topics/respirators/cel](http://www.cdc.gov/niosh/npptl/topics/respirators/cel). (Temporarily allowed to use equipment certified under certain standards of other countries or jurisdictions, as specified in the following OSHA Temporary Guidance:

<https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under>

The following definitions apply to equipment that may be issued to employees under this program:

- **Air-purifying respirators (APR)** are respirators with a filter, canister, or cartridge that removes specific air contaminants from the ambient air by passing through an air-purifying element. APRs must have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. These respirators do not supply oxygen and therefore cannot be used to enter an atmosphere that is oxygen-deficient.
  - **Filtering facepiece respirators (FFR)** are disposable, negative-pressure, air purifying respirators where an integral part of the facepiece or the entire facepiece is made of filtering material. These respirators are designed to be used once and then properly disposed of. However, a FFR may be reused by the same user, under some circumstances, as long as the respirator has not been obviously soiled or damaged (See discussion of specific conditions in which FFR reuse may be acceptable in section 8.1). An N95 FFR has a filter efficiency of 95% and is not resistant to oil, while a P100 FFR has a filter efficiency of 99.97% and has a strong resistance to oil. Filters with other combinations of filtration efficiency and oil resistance, “N”, “R” or “P”, categories are available. [You must provide clear guidance on when FFRs will be discarded. You may allow employees to wear the same FFR while carrying out a number of tasks, requiring it to be discarded after it is removed; or, for infection control reasons, you may want to have employees discard FFRs between patients.]
  - **Half mask elastomeric respirators** are reusable air-purifying respirators that fit over the nose and mouth. They are made of rubber or silicone with attached cartridges or filters for removal of gases, vapors, or dusts.
  - **N95 respirator** is a generally used term for a half mask negative pressure air-purifying respirator with NIOSH-approved N95 filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).
  - **Full facepiece elastomeric respirators** are reusable air-purifying respirators that cover the face from the forehead to the chin. They are made of rubber or silicone with a clear plastic lens and have attached cartridges or filters for removal of gases, vapors, or dusts.

### 3.3 Assignment of Respirators by Task and Location

The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the facility. These assignments are listed in Appendix A of this RPP.

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### 3.4 Updating the Hazard Assessment

The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

### 3.5 Voluntary Use of Respirators

***[You may choose whether or not to allow voluntary use. If you do not allow it, you may remove this section of the program]***

When the use of a respirator is not required by a substance-specific OSHA standard, the OSH Act or facility policies and the RPA has determined that its use is not necessary to protect the health of the employee, an employee may still request to use a respirator voluntarily.

Employees using respirators voluntarily will be provided with the information in [Appendix D to 29 CFR 1910.134](#) (Appendix B of this RPP). If they are using a respirator other than a filtering facepiece respirator, they will also be provided initial medical clearance and required to clean, store, and maintain the respirator as per the requirements of this RPP. Employees who choose to voluntarily use respirators should advise their supervisor of the need to be included in the applicable sections of the respirator program. If approved, the employees using a respirator other than a filtering facepiece respirator are required to attend annual training provided to those in the full respirator program, as 29 CFR 1910.134(k)(1)(v) requires training in the procedures for cleaning, maintenance and storage of the respirator. If employees voluntarily using respirators are aware of a change that warrants review of medical clearance or repeat fit testing, they should bring that to the attention of their supervisor. **[You may choose to fit test voluntary users, but this is not required.]**

## 4.0 Medical Evaluation

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator.

Medical evaluations will be performed by a physician or other licensed health care professional (PLHCP) at **{Facility Name Occupational Health Clinic}**. ***[This can be the facilities occupational employee health service or clinic, or another provider of your choice as long as the evaluations are kept medically confidential, conducted by an individual licensed in your state to perform such evaluations, and are provided at no cost to the employee. To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee's immediate supervisor and others in the employee's direct line of authority.]***

Before being assigned to work in an area where respirators are required, each employee will complete the questionnaire in Appendix C of this RPP and deliver it to **{Facility Name Occupational Health Clinic}**. ***[Any other questionnaire may also be used, as long as it includes the same information as the questionnaire provided in [Appendix C of the OSHA Respiratory Protection standard](#).]*** Employees may also speak directly with the PLHCP if they have questions. The PLHCP will be provided with a copy of the RPP, information from the RPA about the type of respiratory protection to be used by employees, duration and

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frequency of respirator use, expected physical effort, other protective equipment worn, and any expected extremes of temperature or humidity.

The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. The PLHCP may make this determination based on the questionnaire alone but may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems are necessary. The PLHCP will provide a written recommendation to the employer, which may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn, the duration that it may be worn, and the acceptable level of exertion while wearing the respirator. A copy of this written determination shall also be provided by the PLHCP to the employee.

An additional medical evaluation is required when:

- The employee reports medical signs or symptoms that are related to the ability to use a respirator.
- A PLHCP, supervisor, or the RPA requests a reevaluation.
- Observations made during fit testing or program evaluation indicate a need for reevaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

## 5.0 Fit Testing

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by *[Insert who will be doing the fit testing. {XXXXXX}]* with the same make, model, style, and size of respirator to be used. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function.

All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn. Fit tests will be provided at the time of initial assignment and annually thereafter (see OSHA's Temporary Guidance on Annual Fit Testing:

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>)

Additional fit tests will be provided whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Employees who will be using only a PAPR with loose-fitting facepiece, hood, or helmet do not need to be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting respirator may be assigned a PAPR with a loose-fitting facepiece, hood, or helmet for all tasks requiring a respirator. [

A qualitative fit test may be used for all wearers of half mask APRs, including filtering facepiece respirators with N95 or P100 filters and elastomeric APRs. The qualitative test will follow the protocol **{for saccharine or Bitrex® solutions} [choose one and delete the other]** found in [Appendix A of the OSHA Respiratory Protection standard](#) (29 CFR 1910.134) and in Appendix D of this RPP. Another available test is the

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quantitative ambient aerosol condensation nuclei counter (CNC) fit testing protocol [choose if applicable] and can be used to replace the qualitative test *[If you will be using a quantitative test, indicate the chosen protocol from Appendix A of the OSHA standard here and in Appendix D of this RPP.]*

## 6.0 Training

Initial and annual respirator training will be provided for all employees covered by this program. The training will be conducted by {XXXXXXXX} *[Insert who will be doing training]* and will include the following:

- The general requirements of the OSHA Respiratory Protection standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
- The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.

Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.

Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions (see Appendix E of this RPP). ***[Generally, the hands-on training provided during fit testing does not meet the requirements of the standard and a separate training session will be necessary. Appendix E of this RPP currently contains mandatory Appendix B-1 of the Respiratory Protection standard on User Seal Check Procedures. Manufacturers of filtering facepiece respirators often provide their own recommended procedures for user seal checks. You should insert copies of the applicable respirator manufacturers' instructions for user seal checks in Appendix D of the RPP.]***

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Employees will be given the opportunity during training, annual retraining and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement. ***[The standard requires that you get feedback from employees when evaluating your program and it makes sense to gather the feedback at the annual training. However, you may choose some other mechanism for obtaining feedback.]***

## 7.0 Respirator Use

Employees will follow procedures for proper use of their respirators under conditions specified by this program and in accord with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in Appendix A of this RPP.

Practices allowing extended use of N95 respirators, when acceptable, can also be considered. The decision to implement policies that permit extended use of N95 respirators should be made by the RPP, in consultation with their occupational health and infection control departments with input from the state/local public health departments. CDC has [recommended guidance](#) on implementation of extended use of N95 respirators in healthcare settings which can be found at this link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/>

When respirators with cartridges are used, the RPA shall determine a cartridge change schedule, which will be included in Appendix A. Odor or taste may not be used as the primary basis for determining the useful life of a cartridge for gases or vapors. Respirator cartridges should include an End of Service Life Indicator (ESLI) system to warn the wearer when it is time to change cartridges. The ESLI are usually specific to only one contaminant. The ESLI gives the wearer an indication, often a color change, that the contaminant will no longer be able to be removed by the cartridge or canister and that the cartridge or canister should be replaced. In addition to the manufacturer's recommendations, the [NIOSH Respirator Selection Logic](#) and [Federal OSHA Respirator e-Tool](#) can aid in the development of a change schedule for cartridges. ***[If your facility only has filtering facepiece respirators then you may leave this out.]*** When filtering facepiece respirators are used, respirators should be discarded after each use or sooner if breathing becomes difficult or if the respirator is damaged, soiled, or contaminated. (Refer to sections 8.1 and 8.3 for information on re-use of filtering facepiece respirators)

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## 8.0 Storage, Reuse, Maintenance and Care of Respirators

### 8.1 Storage and Reuse

Respirators will be stored in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

Reusable elastomeric respirators that are assigned to individual users will be cleaned and disinfected/sterilized after use and stored at room temperature in a dry area that is protected from exposure to hazardous contaminants in { \_\_\_\_\_ } [e.g., *employee locker, nurses' station, etc.*] as per the manufacturer's instructions. **[The respirator has to be kept in a clean environment where it will not be damaged or contaminated].**

The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear. **[The RPA must describe the facility policies regarding when Filtering Facepiece Respirators will be used and discarded. This includes policies pertaining to training and procedures to reduce contact transmission and when reuse of the FFRs by employees are allowed.]** Disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag labeled with the user's name, as per your program policy { \_\_\_\_\_ } [e.g., *in the patient's room, etc.*]

When caring for infectious patients, disposable filtering facepiece respirators will be discarded after each use when supplies allow (i.e., patient encounter). It should be noted that currently there is temporary guidance for extending the use of respiratory protection due to COVID-19:

<https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>

If extended use of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission after donning:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

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## 8.2 Inspection, Maintenance and Repairs

All respirators will be inspected by the user prior to each use. Inspections should include a check of:

- Condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.
- All rubber or plastic parts, for pliability and signs of deterioration.

Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to {XXXXXX} [*specify who*] for repair, adjustment, or disposal.

## 8.3 Cleaning and Disinfection

Reusable respirators will be cleaned with mild soap and warm water and air dried before storing in a plastic bag for reuse (which is mandatory [Appendix B-2 of the Respiratory Protection standard](#)).

In reference to FFRs; When information from the manufacturer or a third-party is available showing that respirators can be successfully decontaminated without impacting respirator performance, then FFRs decontaminated following those recommendations can be worn for any patient care activities.

In the absence of guidance or when information is available that a respirator cannot be decontaminated without negatively impacting the performance, respirators may still be decontaminated. However, given the uncertainties on the impact of decontamination on respirator performance, these FFRs should not be worn by HCPs when performing or present for an aerosol-generating procedure. For specific instructions on decontamination refer to the CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

### **Respirator Assignments by Job Title and/or Procedure** ***[Adapt as needed for tasks and exposures in your facility]***

Voluntary & Required Respirator Use		
(Example only-employer must complete for the jobsite)		
Respirator or Face Mask	Voluntary or Required	Employee Job Title/Procedure
N95 Filtering Facepiece (dust masks)	Voluntary use	
Half-mask elastomeric air purifying respirator	Voluntary use	
N95 Filtering Facepiece (dust masks)	Required	
Face Mask	Required	

Use of this template does not guarantee compliance with OSHA standards, but it is meant to help congregate facilities fulfill the **requirement for a written respiratory protection program as one component of a comprehensive program to protect their employees**. It is important that you reference 29 CFR 1910.134, the Federal OSHA Respiratory Protection standard, (or the equivalent state OSHA standard) for details on specific OSHA requirements. This template is provided for public use and is not protected by copyright. You have permission to edit and use this template as a resource in developing a written respiratory protection program for your facility.

Reusable respirators issued for the exclusive use of an employee will be cleaned and disinfected **{by the user}** *[change this if your facility has a procedure for centralized respirator cleaning]* as often as necessary to maintain a sanitary condition.

Reusable respirators used in fit testing and training will be cleaned and disinfected after each use.

## 9.0 Program Evaluation

The RPA will conduct a periodic evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done **{\_\_\_\_\_}** *[How often? Some recommend at least annually, but the requirement is "as necessary." State your procedure here.]*

Program evaluation will include but is not limited to: *[Program evaluation is required by the standard, but there are no rules regarding how you will evaluate, so you may choose alternatives to what is described below.]*

- A review of the written program.
- Completion of a program evaluation checklist based on observations of workplace practices.
- A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session. *[Add other program evaluation methods if used at your facility.]*

The RPP will be revised as necessary and records of revisions will be kept on file with the written program. Any procedural changes that are implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

## 10.0 Recordkeeping

The RPA will ensure that the following records are maintained:

- Personnel medical records such as medical clearance to wear a respirator shall be retained by **{XXXXXXXXXX}** *[specify who and where stored]* as part of a confidential medical record. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained for a minimum of thirty (30) years after an employee's separation or termination.
- Documentation of training and fit testing will be kept by **{XXXXXXXXXX}** *[specify who and where stored]* until the next training or fit test.

A copy of this RPP and records of program evaluations and revisions shall be kept by **{XXXXXXXXXX}** *[specify who and where stored]* and made available to all affected employees, their representatives, and representatives of OSHA upon request.

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