



CLINICAL POLICY

Respiratory Protection Program: Respirator Usage for Airborne Infectious Agents

A. EFFECTIVE DATE :

August 16, 2022

B. PURPOSE :

To ensure all healthcare workers (HCWs) are protected from airborne infectious agents by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program also serves to help UConn Health to comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134.

C. POLICY :

Annual respirator fit testing is required for all healthcare workers.

D. SCOPE :

This policy applies to all healthcare workers that have any patient contact.

UConn Health acknowledges any health care discipline that provides patient care as a healthcare worker.

E. DEFINITIONS :

- 1. HEALTHCARE WORKER (HCWs)** – The CDC states healthcare workers (HCWs) include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.
- 2. RESPIRATOR-** Commonly known as a N95 respirator is a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health (NIOSH) standards for filtering at least 95% of airborne particles.
- 3. POSITIVE AIR-PURIFYING RESPIRATOR (PAPR)** – An air-purifying respirator that uses a blower and motor to force air through filters and into the breathing zone of the wearer.

F. MATERIAL(S) NEEDED :

N95 Respirators

PAPRs

Respirator Fit Testing Kits

G. PROCEDURE :

RESPONSIBILITIES

The Respiratory Program Coordinator (x6539), part of the epidemiology department, will be responsible for the administration for the respiratory protection program as well as monitoring the ongoing and changing needs for respiratory protection. Duties include:

- Identify work areas, processes, or tasks that require respiratory protection.
- Develop and monitor respirator maintenance procedures.
- Monitor OSHA policy and standards for changes and make changes to agency's policy
- Select respiratory protection products.
- Monitor respirator use to ensure that respirators are used in accordance with their certification.
- Distribute and evaluate education/medical questionnaire.
- Evaluate any feedback information or surveys, and make any necessary changes to the program.
- Arrange for and/or conduct training and fit testing.
- Ensure proper storage and maintenance of respiratory protection equipment.
- Coordinate the purchase, maintenance, repair, and replacement of respirators.

The **Director of Environmental Health and Safety (x2723)** is responsible for any requests from the research department and any respirator needs for environmental use.

The **UConn Health Deputy Fire Chief** is responsible for any requests from both the fire and police departments.

Managers/Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, managers/supervisors must also ensure that the program is understood and followed by their employees. Duties include:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and worksite procedures are followed.
- Enforcing/encouraging staff to use required respirators.
- Ensuring HCWs receive training and medical evaluations.
- Coordinating annual retraining and/or fit testing.
- Notifying the respiratory program coordinator with any problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
- Ensure proper storage of all disposable respirators.

The **healthcare worker** has the responsibility to wear their respirator when and where required and in the manner they were trained. HCWs must also:

- Use their respirator for only the tasks it was selected for.
- Only wear the size and model of respirator that they successfully passed the qualitative fit test with.
- Care for, dispose of, and maintain their respirators as instructed.
- Don, wear, and doff their respirator as they were trained.
- Inform their manager/supervisor and the respiratory program coordinator if the respirator no longer fits well and request a new fit testing.
- Not enter an area designated as requiring respiratory protection without donning a NIOSH approved respirator with medical concomitant medical clearance, fit testing, and training.
- Comply with annual fit testing, training, and medical evaluation requirements.

RESPIRATOR SELECTION

- Only respirators approved by National Institute for Occupational Safety and Health (NIOSH) will be selected and used.
 - N95 respirators are readily available for patient contact/care who is under airborne precautions. If none available in your department, contact your manager/ supervisor.
 - Positive air-purifying respirator (PAPR) may be used if :
 1. The N95 respirators available do not fit.
 2. HCW has facial hair or facial deformity that would interfere with mask-to-face seal.
 3. The N95 respirator choice(s) are unavailable.

MEDICAL EVALUATION

- HCWs assigned to tasks that require respirator use must be physically able to perform the tasks while wearing a respirator.
 - **The Respiratory Program Coordinator (x6539)** along with the **Division of Occupational and Environmental Medicine**, will determine individual medical clearance via a medical questionnaire. HCWs who do not submit this medical questionnaire prior to their scheduled session will not be fit tested, thus will not be in compliance.
 1. The medical evaluation will be conducted using the Respirator Medical Evaluation Questionnaire form.
 2. **The Division of Occupational and Environmental Medicine** will respond promptly to any concerns seen on the Respirator Medical Evaluation Questionnaire form, and contact the Respiratory Program Coordinator and the employee.
 3. All affected HCWs will be emailed a copy of the questionnaire to complete, along with instructions to return to fittesting@uchc.edu for medical clearance.
 4. Medical clearance will be conducted annually prior to each fit testing session.

FIT TESTING AND RESPIRATOR TRAINING

UConn Health uses OSHA accepted fit testing methods in addition to manufacturers' recommendations.

To schedule a fit testing session, visit [EquipmentTestingCertification \(uchc.edu\)](http://EquipmentTestingCertification(uchc.edu)).

- Fit tests are conducted to determine that the respirator fits the HCW adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.
- Fit testing is required for tight fitting respirators. OSHA does not require fit testing of loose-fitting respirators (PAPRs).
- Respirator Fit testing is required for all HCW involved in patient care.
 - Fit testing will be performed:
 1. Upon starting at UConn Health.
 2. Annually.
 3. If there are any changes in the employee's physical condition that could affect respirator fit (e.g., facial or dental surgery, obvious change in body weight, etc.).
 4. If UConn Health changes respirator product.
 5. As OSHA standards require.

Healthcare workers may only wear the respirator they are fit tested for. Several models and sizes are available to find an optimal fit.

- Training will include:
 - Identify hazards and potential exposure to these hazards.

- Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
- Emergency use if applicable.
- Inspecting, donning, doffing, seal check and trouble shooting.
- Explaining respirator program (policies, procedures, OSHA standard, resources).
- HCWs will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- All HCWs shall conduct seal checks each time they wear a respirator.
- All HCWs shall leave a potentially contaminated work area to change their N95 respirator (disposable) or clean their PAPR if the respirator is impeding their ability to work.

INSPECTING, MAINTENANCE, STORAGE, AND REPAIRS

All types of respirators should be inspected prior to use.

- N95 respirators are not to be stored after use. They are to be discarded after each use.
 1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
 2. Check the respirator straps to be sure they are not cut or otherwise damaged.
 3. Make sure the metal nose clip is in place and functions properly (if applicable).
- If it is found that a HCW requires a PAPR, that HCW will be given their own hood. That HCW will be responsible for maintaining, storing and cleaning their hood. The hood must be clearly labeled with their name. They must request for the PAPR motor and battery pack via transport if the one kept on their unit is unavailable (See below).
- PAPRs are non-disposable and to be regularly cleaned and disinfected.
 1. Inspect the breathing tube and body of the High Efficiency Particulate Air (HEPA) filter for damage.
 2. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Program Coordinator x 6539 or via Voalte; on off-hours, contact the nursing supervisor).
 3. Check for airflow prior to use.
 4. Follow manufacturer's recommendations on maintenance, including battery recharging.
- One PAPR will be stored on each of the following units:
 - Obstetrics (OB)
 - Psychiatry
 - Department of Corrections (DOC)
 - Emergency Department (ED)
 - Intermediate Unit (IU)
 - Medicine UT3
 - SURGE UT4
 - Surgery Orthopedics UT5
 - Oncology UT6
 - Intensive Care Unit (ICU) will have two PAPRs
- Each manager from the above units are responsible for maintaining and cleaning of the PAPR and keeping the battery charged at all times. Should any issues arise with the PAPR, the respiratory program coordinator should be contacted immediately.
- The HCW who uses the PAPR is responsible for cleaning after use.

- PAPRs will be stored in the transportation department office and are approved for use by individuals who are unable to wear a N95 respirator. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer's instructions.
- To request any additional PAPRs, a request must be made in EPIC or x 1948 for transport to deliver it.
 - A request must also be made to transport to be picked up and stored with the exception of the PAPR that remains on the unit.

PROGRAM EVALUATION/UPDATING PROGRAM:

The Respiratory Program Coordinator is responsible for conducting periodic evaluations of the respiratory protection program.

- An evaluation survey will be sent via email to HCWs after the completion of a fit testing session.
- The Respiratory Program Coordinator will evaluate the feedback information from these surveys and make any changes if necessary.
- HCWs will also be given the opportunity during the fit testing session to provide feedback on the effectiveness of the program and suggestions for its improvement.
- The Respiratory Program Coordinator will review any new hazards or changes in policy that would require respirator use.
- The Respiratory Program Coordinator will make recommendations for any changes needed in the respiratory protection program.

H. ATTACHMENTS :

None

I. REFERENCES :

NIOSH Respiratory Protection Program (<http://www.cdc.gov/niosh/topics/respirators/>)

OSHA Hospital Respiratory Protection Program ([OSHA3767.pdf](#))

J. SEARCH WORDS:

Respiratory Program
 Respirator
 PAPR
 Fit Testing
 N95

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|--|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>09/02/2022</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>08/24/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>08/26/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>08/26/2022</u>
Date |

O. REVISION HISTORY:

Replaced: Environmental Health and Safety: Written Respirator Program for the Selection and Use of Respirators

Date Issued: 8/16/2022

Date Revised:

Date Reviewed: