

# Staff Respiratory Protection Program for Everett Public Schools





# Staff Respirator Program for Everett Public Schools

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## 1. Introduction

The Occupation Safety and Health Administration (OSHA) and Washington State Labor and Industries requires a Respiratory Program be established if you provide respirators to your employees to protect them from airborne respiratory hazards. EPS has evaluated the respiratory risks related to COVID and found respirators must be used by some employees.

Respirators are used to protect employees from inhaling respiratory hazards in the air during routine operations. These hazards may include, chemical vapors, certain biohazards, asbestos and other particulates. The written program must contain:

- How the proper respirators for the particular hazards are selected and issued (include a list of respirators used),
- When and how respirators will be used in routine work activities, infrequent activities, and foreseeable emergencies such as spill response, rescue or escape situations,
- How medical evaluations of respirator wearers is provided,
- How respirator fit-testing is done,
- How respirators are use, cleaned, stored, inspected and repaired or discarded,
- How employees are trained about respiratory hazards at your workplace,
- How employees are trained on the proper use of the respirators used at your workplace,
- How you evaluate the effectiveness of your respiratory program.

## 2. Respirator Administrator

Our respirator program administrator at Everett Public Schools (EPS) is the district Nurse Supervisor. Our administrator's duties are to oversee the development of the respiratory program and, make sure it is carried out at the workplace. The administrator will also evaluate the program regularly to make sure procedures are followed, respirator use is monitored, and respirators continue to provide adequate protection when job conditions change.

## 3. Purpose

EPS has evaluated the respiratory risks related to COVID and found respirators must be used by some employees. EPS has determined that certain employees may have a higher COVID transmission risk during routine operations. The purpose of this program is to ensure that all EPS employees are protected from exposure to such respiratory hazards.

Engineering controls, such as ventilation and social distancing, are the first line of defense at EPS; however, these are not always feasible for some tasks or do not completely control the identified hazards. In these situations, respirators and other protective equipment must be used. The work activities requiring respirator use at EPS are outlined in the Respirator Selection section of this program. In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, EPS will review each of these requests on a case-by case basis.



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## 4. Respirator Selection

EPS has evaluated the respiratory risks related to COVID and found some types of respirators must be used by some employees. This program applies to all employees who are required to wear respirators during normal work operations and must be trained as outlined in the Staff Respiratory Protection Program for Everett Public Schools. Respirators are selected based on the employees COVID Transmission Risk Level. The following respirator types will be used at EPS;

- Loose-fitting negative pressure filtering respirator (KN95)
- Tight-fitting negative pressure filtering respirator (N95)
- Loose positive air purifying respirator (PAPR)

The selected respirators are based on information from the following documents: [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospital clinics\) Face coverings, Masks, and Respirator Choices Document](#) (5/22/2020), [Which Mask for Which Task? Covid-19 Prevention at Work: When to use Face Coverings and Respirators](#) (9/9/2020), and [Employer Health & Safety Requirements for School Scenarios](#) (9/30/2020).



The following tables provide information for the employee regarding Transmission Risk Levels, the minimum required mask or respirator for employees, and guidance on what types of respirator/mask may be required, depending on the duties, tasks or activities by employee type.



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<b>Examples of Work Conditions by Transmission Risk Level</b>			
Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
<b>Health Status of the People Around You: Healthy/Asymptomatic (No COVID-19 Symptoms)</b>			<b>Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions</b>
Work inside a structure/office where number present allows for at least 6 feet of distance to be easily maintained fulltime and only broken intermittently, in passing, up to several times a day. For example, in the general instructional setting, in office settings with 6 feet of distance, or in food service with 6 feet of distance.	Work inside a structure/office where at least 6 feet of distance is mostly maintained, but with job tasks that require sustained several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations. For example, in an individual/small group instructional setting with 6 feet of distance or in transportation settings with 6 feet of distance mostly maintained.	Work in close quarters, such as a multiple-occupancy permit-required confined space or inside a room with 10 or more people where at least 6 feet of distance is not maintained, and includes job tasks requiring sustained close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day. For example, in different in-person educational settings with sustained close contact.	Healthcare work involving face to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose. For example, in a health or isolation room.



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Minimum Required Mask or Respirator for Employees Without Additional Engineering Controls or PPE			
Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
<b>Health Status of the People Around You:</b> <b>Healthy/Asymptomatic (No COVID-19 Symptoms)</b>			<b>Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions</b>
<ul style="list-style-type: none"> <li>• Reusable cloth face covering that fully covers the mouth and nose.</li> <li>• A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Face shield and a cloth face covering Surgical Mask <b>-OR-</b></li> <li>• Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH style filtering facepiece respirators, or non-FDA approved procedure masks.</li> </ul>	<ul style="list-style-type: none"> <li>• Elastomeric half- or full-face respirator with particulate filters*.</li> <li><b>-OR-</b></li> <li>• Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.</li> <li><b>-OR-</b></li> <li>• Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator*).</li> <li><b>-OR-</b></li> <li>• Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</li> </ul>	<ul style="list-style-type: none"> <li>• FDA-approved surgical mask or healthcare N95 filtering facepiece respirator.</li> <li><b>-OR-</b></li> <li>• Elastomeric Half-face Respirator with particulate filters.</li> <li><b>-OR-</b></li> <li>• Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</li> </ul>
<p>*Use a face shield combined with the minimum face covering to lower the risk category where the work or job task allows.</p> <p>**Employers will strive to obtain the highest level of PPE possible for each transmission risk. In the event specific PPE cannot be obtained (respirators) the employer may provide an alternative PPE, approved for the transmission risk, as indicated above.</p>			



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<b>Staff-Only Face Coverings Required in School-Specific Scenarios Based on Transmission Risk Level</b>				
<b>Scenario</b>	<b>Low Transmission Risk</b>	<b>Medium Transmission Risk</b>	<b>High Transmission Risk</b>	<b>Extremely High Transmission Risk</b>
<b>General Group Instructional Setting</b>	X – with 6 feet of distance easily maintained			
<b>Individual/Small Group Instructional Support Setting</b>		X – with 6 feet of distance	X – without 6 feet of distance, sustained close contact*	
<b>Office Settings— School and Non-School-Based</b>	X – with easily maintained 6 feet of distance		X – if near health/isolation room, sustained close contact	
<b>Transportation (Driver and Staff)</b>		X – with 6 feet of distance mostly maintained	X – without 6 feet of distance, sustained close contact	
<b>Food Service</b>	X – with easily maintained 6 feet of distance	X – with 6 feet of distance mostly maintained		
<b>Care Room (Covid Isolation Room)</b>				X – whether nurse or other staff
<b>Health Room (Asymptomatic)</b>		X – with 6 feet of distance mostly maintained	X – without 6 feet of distance, sustained close contact	
<b>Band</b>	X – for percussion and string instruments only with easily maintained 6 feet of distance			
<b>Choir</b>	Remote only with no other human outside the household present; otherwise not permitted at this time. See DOH Guidance to determine when small or large group choir may be resumed.			
<b>Physical Education (Outdoor)</b>	<b>(Outdoor)</b> X – with easily maintained 6 feet of distance; no strenuous activity; cloth face covering worn at all times	<b>(Indoor)</b> X – with 6 feet of distance mostly maintained; no strenuous activity; cloth face covering worn at all times		
<b>Distribution Centers</b>	X – with 6 feet of distance easily maintained	X – without 6 feet of distancing		
<b>Custodial</b>	X – with 6 feet of distance easily maintained	X – without 6 feet of distancing	X – when cleaning an area where a symptomatic individual visited	



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## 5. Medical Evaluations

Every EPS employee who must wear a respirator will be provided with a medical evaluation before they are allowed to use the respirator. Identified employees will complete their medical evaluations through an identified outside company approved to perform the medical evaluation for respirator fit-testing or trained EPS staff as allowed by law. Employees are required to fill out the questionnaire in private and submit to the licensed health care provider (LHCP) identified. Completed questionnaires are confidential and will be sent directly to the identified medical provider without review by management.

If the medical questionnaire indicates to the medical provider that a further medical exam is required, this will be provided at no cost to our employees. This will be coordinated by the employee's supervisor. We will get a recommendation from a medical provider on whether or not the employee is medically able to wear a respirator.

Additional medical evaluations will be done in the following situations:

- our 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).

A copy of the required [medical questionnaire](#) as outlined in Chapter 296-842, WAC, Respirators is attached to this program.

## 6. Respirator Fit-testing

All employees who wear tight-fitting respirators will be fit-tested before using their respirator or given a new one. Fit-testing will be repeated annually. 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. No beards are allowed on wearers of tight-fitting respirators. Respirators are chosen for fit-testing following procedures in the WISHA Respirators Rule. Fit-testing is not required for loose-fitting, positive pressure (supplied air helmet or hood style) respirators. We do qualitative fit-testing using one or more of the following fit-testing protocols:

- Bitrex protocol
- Saccharin protocol

Documentation of fit-testing results (Fit Testing Record) will kept in by the respirator program administrator.

Respirators will be checked for proper sealing by the user whenever the respirator is first put on, using the user Seal Check Procedures in Appendix A.





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## 7. Respirator Storage, Cleaning, Maintenance, Repair & Replacement

Our disposable respirators will be stored by the individual it is assigned to. These respirators will be replaced whenever they are visibly dirty or as the manufacturer recommendation (does not apply to paper dust masks which are disposed daily). Respirators will only be cleaned according to the manufacturer's instructions.

Our non-disposable respirators will be stored by the individual it is assigned to. These respirators will be cleaned and sanitized whenever they are visibly dirty or as the manufacturer recommendation. Respirators will be cleaned according to the manufacturer's instructions.

All respirators will be inspected before and after every use and during cleaning.

Respirators will be inspected for damage, deterioration or improper functioning and repaired or replaced as needed.

## 8. Respirator Use

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

Employees will not be allowed to wear respirators with tight-fitting facepieces 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 facepiece seal or valve function. Jewelry or headgear that projects under the facepiece seal is also not allowed.

If corrective glasses or other personal protective equipment is worn, it will not interfere with the seal of the facepiece to the face.

A seal check will be performed every time a tight-fitting respirator is put on.

The program administrator will make sure that the NIOSH labels and color-coding on respirator filters and cartridges remain readable and intact during use.

Employees will leave the area where respirators are required for any of the following reasons:

- to replace filters or cartridges,
- when they smell or taste a chemical inside the respirator,
- when they notice a change in breathing resistance,
- to adjust their respirator,
- to wash their faces or respirator,
- if they become ill,
- if they experience dizziness, nausea, weakness, breathing difficulty, coughing, sneezing vomiting, fever or chills.



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## 9. Respirator Training

Training is done by trained staff under the direction of the respirator program administrator before any employees wear their respirators and annually thereafter as long as they wear respirators. Our training program is available upon request from the respirator program administrator.

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,
- Medical symptoms that may limit or prevent respirator use,
- Our obligations under the Respirators Rule.

## 10. 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.

## 11. Recordkeeping

The following records will be kept:

- A copy of this completed respirator program
- Employees' latest fit-testing results
- Employee training records
- Written recommendations from our medical provider

The records will be kept at the following location: Employee's file in Human Resources. Employees will have access to these records.

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## Appendix A

Respiratory Fit Test Record.....Pg. 12

Respiratory Training Record.....Pg. 13

Seal Check Procedures.....Pg. 14

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## **Respirator Fit Test Record**

Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Type of qualitative/quantitative fit test used: \_\_\_\_\_

Name of test operator: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_

<b><u>Respirator Mfr./Model/Approval no.</u></b>	<b><u>Size</u></b>	<b><u>Pass/Fail</u></b>
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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## **Respirator Training Record**

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Employee Name

ID #

- I certify that I have watched the training video.
- I have reached out to the Respiratory Program Administrator with any questions.
- I certify that I have been trained in the use of the following respirator(s): N95
- I understand my role as the employee when wearing a respirator.
- I know what to do when I need additional N95 masks.

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).

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Employee Signature

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Instructor Signature

---

Date

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## Seal Check Procedures

### **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:**

1. 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
2. Once the facepiece is collapsed, hold your breath for 10 seconds while keeping the inhalation openings covered.
3. 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.