Policy #: OH-002 **Last Reviewed**: June 2023
Date Approved by Council: 9/5/2023

Title: Occupational Health Respiratory Protection Plan

I. Policy: The Occupational Health Department (OH) will maintain a current Respiratory Protection Plan for the Stockbridge-Munsee Community (Tribe) operations that complies with applicable standards.[1]

II. Purpose: To establish a written compliance program for respiratory protection to reduce the risk of a respiratory exposure to employees and others who work in areas that may have hazardous or irritating atmospheres. This could include airborne contaminants and incidental spills as part of work operations, exposures from a bioterrorism event, or to reduce the risk of transmission of tuberculosis (TB) or other contagious, airborne diseases to employees, clients, volunteers and visitors.

III. Glossary:

A. **Airborne respiratory illness**- Airborne diseases are caused by pathogenic microbes small enough to be discharged from an infected person via coughing, sneezing, laughing and personal contact.

B. **Airborne Precautions**- Precautions taken to prevent the spread of airborne diseases. It includes standard precautions, personal respiratory protection and an airborne infection isolation room.

C. **Airborne transmission**- Airborne transmission occurs when bacteria or viruses travel on dust particles or on small respiratory droplets that may become aerosolized when people sneeze, cough, laugh or exhale. They can travel on air current over considerable distances. These droplets are loaded with infectious particles.

D. **Contact Precautions**-
   - *Direct*- a method of preventing or slowing down the transmission of a disease that is spread through bodily contact with an infected person.
   - *Indirect*- a method of preventing or slowing down the transmission of a disease that is spread through contact with an infected person's environment or personal items.

E. **Droplet Precautions**- Used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airway and lungs. When a person talks, sneezes or coughs, droplets that contain germs can travel about 3 feet. Included are: Influenza, Pertussis (Whooping Cough), and Mumps.

F. **Environmental controls**- Technologies for the removal or inactivation of airborne disease. These controls help to prevent the spread of airborne diseases in the air.

G. **Fit-testing**- Tests that are carried out to determine if the respirator fits the user adequately and that a good seal is obtained. It is either carried out by the use of a qualitative or a quantitative method.

H. **Hazardous or irritating atmosphere** - one that contains levels of dust, smoke, fog, fumes, mists, vapors or gases that meet or exceed levels that are causing irritations or are considered to create adverse health effects by OSHA.

I. **HEPA filters**- High efficiency particulate air filter. It is a filter that is at least 99.97% efficient in removing particles of 0.3 micrometers in diameter.

J. **OH-** Stockbridge-Munsee Occupational Health Department.

[1] A written compliance program is required by the Occupational Safety and Health Administration ("OSHA") under 29 CFR 1910.134 (c).

K. **Mycobacterium tuberculosis-** The bacteria that causes tuberculosis.
L. **N-95 Respirators-** Respirators that filter at least 95% of airborne particles but is not resistant to oil.
M. **PAPR-** Powered air-purifying respirator. It is used when the N95 respirator does not fit, when an employee has facial hair or facial deformity that would interfere with mask-to-face seal. They are desired for high-risk aerosol-generating procedures.
N. **PLHCP**- Physician or other licensed health care professional.

IV. Applicability and Enforcement

A. Exposure Assessment.
    1. Potential exposures to hazardous materials and conditions are routinely evaluated to ensure appropriate respiratory protection measures are in place.
    2. Employees or supervisors with questions or concerns should contact OH about an assessment.
    3. Where practical engineering or other controls are used to eliminate the need for respiratory protection. However, respirators may be required where exposures cannot be managed in another way or for exposures to odors and/or irritants that may otherwise be below exposure limits.
B. This plan applies to all employees, volunteers, contractors, or other agents of the Tribe, who could potentially be exposed to chemicals and/or airborne respiratory illnesses during normal work operations and during non-routine or emergency situations.
C. Employees will be required to wear respirators when a potential risk to the health of the employee is identified.
D. Employees in the following departments are required to obtain medical evaluations, participate in the Respiratory Fit-testing, and receive appropriate training.
    1. Stockbridge-Munsee Health and Wellness Center (SMHWC)
    2. Stockbridge-Munsee EMS
    3. Stockbridge-Munsee Police Department
    4. Tribal Transport Drivers
    5. Other employees on a position by position basis
    6. Ella Besaw Center

V. Work Hazards and Respiratory Selection

A. **Infection Disease Exposures**
    1. The respirators selected will be used for respiratory protection from potentially airborne infectious diseases: they do not provide protection from chemical exposure.
        a. Through normal working situations employees may be asked to have contact with others who could be infected with a potentially airborne infectious agent such as Mycobacterium tuberculosis.
        b. Examples of other potentially airborne infectious disease that employees may be exposed to in emergency situations include: Severe Acute Respiratory Syndrome (SARS), measles, smallpox, and H1N1 influenza.
    2. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.
        a. N95 respirators are available for contact tracing, disease investigation and patient contact/care (Airborne Precautions).
        b. A powered air-purifying respirator (PAPR) is available for contact tracing, disease investigation and patient contact/care.
        c. A PAPR may be selected for use if:

i. The N95 respiratory choices does not fit.
ii. Employee has facial hair or facial deformity that would interfere with mask-to-face seal.
iii. The N95 respirator choice(s) are unavailable.
iv. Desired for high-risk aerosol-generating procedures.

B. **Chemical Exposures**

1. The Tribe will identify departments where employees may work in hazardous or irritating atmospheres due to chemicals and take appropriate precautions to control such conditions.
2. To the extent feasible, the Tribe will control atmospheric conditions by using accepted engineering control measures such as enclosed systems, general and local ventilation and substitution of less toxic materials.
3. The use of respiratory protection to reduce exposures to acceptable levels is only allowed in the following circumstances:
    i. When effective engineering controls are not feasible.
    ii. While engineering controls are being instituted fully or when the engineering controls are under repair.
    iii. During emergency situations.
4. Only respiratory types appropriate for the types of chemicals and atmospheric conditions will be used. Employees will work OH to select the appropriate type of respirator. Only respirators approved by NIOSH will be selected and used.
5. Departments will follow their individual policy(s) on Chemical Exposure or the training required for their specific job(s).
6. All chemical exposures need to be reported to OH as soon as possible.

VI. Medical Evaluation

A. Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. All employees required to wear respirators shall be provided a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit-tested or required to use the respirator in the workplace. Medical evaluations may be discontinued when the employee is no longer required to use a respirator. The medical evaluations are conducted annually at no charge to the employee.

B. A physician or other licensed healthcare professional (PLHCP) will perform a medical evaluation using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire. The medical questionnaire found in Appendix A will be used. A follow-up medical examination will be provided for any employee who gives a positive response to any of the questions on this medical questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination.

C. Re-evaluation will be conducted under these circumstances:

1. Employee reports physical symptoms that are related to the ability to use a respirator (wheezing, shortness of breath, chest pain, etc.)
2. It is identified that an employee is having a medical problem during respirator use.
3. The PLHCP performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation.
4. A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.
5. Employee facial size/shape/structure has changed significantly.

D. All examinations and questionnaires are to remain confidential between the employee, OH, and the PLHCP.

VII. Fit Testing

A. OH will arrange/schedule for employee respiratory fit testing.
B. Fit testing will be done for all new required employees along with current employees during the annual Respiratory Fit Testing.
C. Fit testing is done annually or more frequent if there is a change in status of the wearer or if the employee changes model or type of respiratory protection.
D. The Bemidji Area Indian Health Service (IHS) will do the Respiratory Fit Testing every 3rd year with OH doing the testing annually in the years between.
E. Fit testing procedures can be found in Appendix B of this Respiratory Protection Plan. The testing procedures will be conducted by OH and all records pertaining to the employee fit test will be kept in the employee's OH file.
F. Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.
G. Fit testing is required for tight fitting respirators.
H. Fit tests will be conducted:
    1. Prior to being allowed to wear any respirator.
    2. If there is a change in respirator products.
    3. If employee changes weight by 10lbs or more. (Weight change will be by self-reporting.)
    4. If employee has changes in facial structure, facial hair, or scarring.
    5. As OSHA standards require.

VIII. Proper Respirator Use

A. Employees will use their respirators under conditions specified by this plan 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 the National Institute for Occupational Health (NIOSH) or by its manufacturer.
B. All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.
C. All employees shall leave a potentially contaminated work area to clean (for a PAPR) or change (for a N95-disposable) their respirator if the respirator is impeding their ability to work.
D. All employees are responsible for surveillance of equipment, work area condition, and the degree of employee exposure or stress to help ensure the continued effectiveness of the respirator.
E. Restrictions.
    1. Respirators requiring a tight face seal for proper performance may not be worn without an appropriate remedy if certain physical or health conditions prevent obtaining the tight seal.
    2. These may include: eyeglasses (with tight fitting full facepiece respirators); missing denture(s); facial hair or facial jewelry that interferes with the seal; punctured eardrum; articles of clothing that affect fit; other physical, health, or prosthetic conditions that interrupt or preclude an effective respirator fit test.

IX. Cleaning and Disinfecting

A. N95-disposable Respirator

1. Respirator is disposed at the end of use. Additionally, employees must discard respirator if soiled, if breathing becomes labored, or if structural integrity is compromised during use.
2. If the employee is in Airborne Precautions and also Contact Precautions (e.g., SARS, smallpox), then the respirator is discarded in red biohazard bag after use.
3. If the employee is in Contact Precautions, but not in Airborne Precautions, then respirator is disposed of in the red biohazard bag.
4. If the employee is in Airborne Precautions, but not in Contact Precautions, then respirator is disposed of in a regular garbage.

B. PAPR

1. The PAPR respirator will be cleaned by the employee that uses it after each use. Manufacturer's instructions will be followed when cleaning a PAPR respirator.
2. Contaminated PAPR masks will be stored in "dirty" utility area until time is available to clean it.

X. Inspecting, Maintenance and Repairs

A. All types of respirators must be inspected prior to use.

B. N-95-disposable

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 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).
4. Disposable respirators are not to be stored after use. They are to be discarded appropriately.

C. PAPR

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 OH).
3. Check for airflow prior to use.
4. Follow manufacturer's recommendations on maintenance, including battery recharging.

XI. Respirator Training

A. OH will train workers prior to the use of the respirator and thereafter when deemed necessary (at least annually).

B. Training will include:

1. Why respirator is necessary and how improper fit, use and maintenance compromise protection
2. Limitations and capabilities of respirator
3. Identifying hazards, potential exposure to these hazards, and health effects of hazards.
4. Respirator fit, improper fit, usage, maintenance, usage, cleaning, and storage.
5. Emergency use if applicable.
6. Inspecting, donning, removal, seal check and trouble shooting.

7. How to recognize medical signs and symptoms that limits or prevent effect use of respirator
8. Explaining respirator plan (policies, procedures, OSHA standard, resources).

XII. Evaluation/Updating Program

A. OH will evaluate the respiratory protection plan annually and evaluate any feedback information on testing.
B. OH will review any new hazards or changes in operations or the policy that would require respirator use.

XIII. Roles and Responsibilities of Occupational Health

A. Identify work areas that require respiratory protection.
B. Select respiratory protection products.
C. Monitor respirator use to ensure that respirators are used in accordance with their certification.
D. Evaluate any feedback information from testing.
E. Educating employees about proper storage and maintenance of respiratory protection equipment.
F. Distribute and evaluate medical questionnaires.
G. Implementing, administrating, and enforcing the Respiratory Protection Plan
H. Providing respiratory training
I. Maintaining documentation of training and respiratory-related injury.
J. Monitoring the ongoing and changing needs for respiratory protection. This plan will be reviewed annually.

XIV. Roles and Responsibilities of Department Supervisors

A. Ensuring that the respiratory protection program is implemented in their particular department.
B. Ensure that the program is understood and followed by the employees under their charge.
C. Knowing the hazards in the area in which they work.
D. Knowing types of respirators that need to be used.
E. Ensuring the respiratory plan and worksite procedures are followed.
F. Enforcing/encouraging staff to used required respirators.
G. Ensuring employees receive training and medical evaluations.
H. Coordinating annual training and/or fit testing.
I. Surveillance of equipment, work area condition, and employee exposure or stress.
J. Notifying OH of any problems with respirator use, or change in work processes that would impact airborne contaminant levels.
K. Ensure proper storage and maintenance of all respirators.

XV. Roles and Responsibilities of Employees

A. Participate in all training.
B. Wear respirator when indicated.
C. Maintain equipment.
D. Report malfunctions or concerns to Supervisor.
E. Surveillance of equipment, work area condition, and employee exposure or stress.

XVI. Documentation and Record-keeping

A. A written copy of this plan can be found on the Mohican website under Employees >Occupational Health.

B. OH will maintain records on medical evaluations, fit testing, and the respirator program.[2]
C. Medical evaluation records are confidential and will remain within the Occupational Health Department files. Access shall be consistent with federal law.[3]
D. All relevant medical information, including the medical evaluation and exposure information, will be maintained for the duration of the employment of the individual plus thirty years.[4]

XVII. Environmental Controls

A. Environmental controls will be used where reasonable and available to prevent the spread and reduce the concentrations of infectious droplet nuclei in ambient air.
B. In the case where Airborne Precautions or Contact Precautions need to be utilized; an employee should be asked to wait in an area away from other people and will be required to wear a mask.
C. Primary environmental controls consist of controlling the source of infection by using local exhaust ventilation and diluting and removing contaminated air by using general ventilation.
D. Secondary environmental controls consist of controlling the airflow to prevent contamination of air in areas adjacent to the source and cleaning the air by using negative pressure in the room.

[2] 29 CFR 1910.134 (m).
[3] 29 CFR 1910.1020.
[4] 29 CRF 1910.1020 (d).