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Headquarters, United States Army Medical Department Activity
Fort Leonard Wood, Missouri 65473-8952

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Safety
RESPIRATORY PROTECTION PROGRAM

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**Chapter 1
Introduction**

1-1. History. This issue publishes a revision of this regulation.

1-2. Purpose. To establish a respiratory protection program at General Leonard Wood Army Community Hospital (GLWACH).

1-3. Applicability. This regulation applies to GLWACH, Fort Leonard Wood, Missouri, and its satellite medical treatment facilities.

1-4. References.

- a. AR 11-34, The Army Respiratory Protection Program.
- b. AR 40-5, Preventive Medicine.
- c. AR 385-10, Army Safety Program.
- d. FLW Reg 385-6, Fort Leonard Wood Safety Program, Chapter 10, Respiratory Protection Program.

e. 29 CFR 1910.134, Occupational Safety and Health Administration Respiratory Protection Standard.

f. 42 CFR 84, National Institute for Occupational Safety and Health (NIOSH) Standard for Respiratory Protective Devices.

g. American National Standards Institute (ANSI) Z88.2, American National Standards for Respiratory Protection.

1-5. Basic Policy. It is this command's policy to provide a safe and healthful work environment in compliance with all Federal and Army standards. To protect employees from potential inhalation hazards produced during worksite operations, engineering controls will be used whenever possible to control air contaminants at their source of generation.

1-6. Scope.

a. This command has made a commitment to establish and maintain a respiratory protection program for the protection of employees where respirators are used:

- (1) As an interim measure until proper engineering controls can be installed.
- (2) Where engineering controls are not feasible.
- (3) Where emergency respirators are required.
- (4) Where respiratory protection must be worn in addition to engineering controls.

b. The respiratory protection program will include written standard operating procedures (SOPs) for hazard assessment, respirator selection and assignment, cartridge change out schedules, fit testing, medical surveillance, equipment cleaning, storage, inspection, maintenance, and program evaluation.

c. SOPs will be developed for the specific respiratory protection requirements of each shop. Shop SOPs will be posted in the work areas and will include at a minimum this regulation and SOPs (Appendix A).

Chapter 2 Responsibilities

2-1. Hospital Commander. The Hospital Commander is responsible for establishing a respiratory protection program and appointing a qualified respiratory protection program manager.

2-2. Chief, Preventive Medicine. The Chief, Preventive Medicine is responsible for conducting an annual (or more frequent) risk assessment of respiratory disease transmission potential. This information will be used to determine adjustments to the personnel required to be fit tested for this purpose.

2-3. Respirator Program Director (RPD) Industrial Hygiene. The responsibility for administration of this program rests with the RPD. The specific duties of the program director include, but are not limited to:

- a. Selecting appropriate, approved respiratory protection based on references and available literature.
- b. Develop respirator cartridge change out schedules.
- c. Train personnel in the proper use, limitations, and maintenance of respirators.
- d. Conduct respirator fit testing.

- e. Develop procedures for regular cleaning and inspection.
- f. Advise on appropriate storage locations and procedures.
- g. Provide input on procedures for inventory control.
- h. Annual evaluation of the written respirator program and standard operating procedures.

2-4. Supervisors. Supervisors shall ensure that respirators are properly worn and maintained by area personnel.

2-5. Employees. Employees are responsible for inspecting their respirators and notifying the supervisor of any defects. Employees shall also maintain and store their respirators according to procedures established in this regulation.

2-6. Preventive Medicine Service. Preventive Medicine Service is required by reference (e) to provide the following services:

- a. Perform an annual industrial hygiene survey to identify the workplace hazards and recommend respiratory protection.
- b. Provide the RPD with an annual written evaluation of the effectiveness of the respirator program.
- c. Medically evaluate personnel identified to wear respiratory protection.

Chapter 3

Respirator Protection Program Elements.

- a. Respirator selection.

(1) Respirator selection is based on the hazards to which the employees are exposed, as determined by annual industrial hygiene surveys. Respirators and cartridges are selected by the RPD.

(2) Only respirators approved by NIOSH will be worn.

- b. Cleaning, disinfecting, issuing, and inventory control.

(1) Procedures for cleaning and disinfecting respirators will be conducted IAW 29 CFR 1910.134, Appendix B-2.

(2) Respirator styles (half face, full face, N95, etc.) and amount to maintain on hand in inventory will be approved by RPD/IH.

- c. Inspection, repair, and storage.

(1) Employees shall inspect their respirators prior to donning, and as they disassemble the respirator for cleaning. They are also responsible for ensuring that cartridges are inserted correctly into the respirator (e.g., not cross-threaded). Defective or dirty respirators shall not be used.

(2) Respirators other than disposable identified as defective and requiring repair will be reported to RPD for serviceability determination.

(3) Storage. Each employee will store their respirator in a clean and sanitary location within the worksite. Respirators will be laid flat in a natural position and will be protected from sunlight, chemicals, or excessive temperatures.

(4) Emergency Respirators. Emergency respirators will be cleaned and inspected after each use according to the manufacturer's instructions. Emergency respirators will be inspected monthly, and a written record will be maintained with the respirator.

d. Breathing air quality. Sources of compressed breathing air for atmosphere supplying respirators will be tested to ensure that air quality meets the minimum Grade D requirements of the Compressed Gas Association Commodity Specification for Air, Pamphlet G-7.1-1997.

e. Medical evaluation. The Occupational Health Clinic will make all decisions regarding the medical evaluation and determination of the employees' physiological and psychological ability to wear a respirator.

(1) Each individual must be medically cleared by Occupational Health Clinic before initial fit testing.

(2) Supervisors will complete the top portion of the medical clearance form, MEDDAC Form 649. Employees will hand carry the form with them to their initial or annual Occupational Health Clinic visit. Upon completion of the respirator physical, licensed medical personnel will complete the medical clearance form and schedule a fit test for the individual.

(3) The RPD will record the medical clearance information on the employees' individual fit test record.

f. Training. Personnel will be trained on the respiratory hazards to which they are potentially exposed, proper use of respirators, any limitations, and their maintenance, prior to fit testing.

g. Fit testing. Only fit testing procedures outlined in 29 CFR 1910.134 Appendix A will be used at GLWACH.

h. Workplace surveillance and program evaluation.

(1). Workplace surveillance. Air sampling is performed by industrial hygienists when necessary.

(a) Facilities management will notify industrial hygiene during the design phase for any changes in ventilation.

(b) Supervisors will immediately contact the industrial hygiene section when there are any changes in operations. Supervisors will consult industrial hygiene prior to changing chemicals used. The industrial hygienist will reevaluate the process and collect additional air samples if necessary.

(c) Supervisors will immediately notify the industrial hygiene section when ventilation systems are installed or changes to the systems implemented. The industrial hygienist will evaluate the system and reevaluate the requirements for respiratory protection.

(2) Program evaluation. The RPD will:

(a) Conduct an annual audit of the respirator program.

(b) The RPD shall act immediately to correct all faults found in the program and/or procedures.

i. Record keeping. The RPD will document the medical clearance, training, and fit testing, to include the type of respirator, brand name and model, method of fit test, test results, test date, and person performing the fit test. One copy of this record will be maintained by the RPD, and one copy will be provided to the employee for their competency assessment folder.

j. Facial hair, contact lenses, and voluntary use of respirators.

(1) Facial hair. No respiratory protection equipment, except positive pressure supplied-air hoods, or loose fitting powered air purifying respirators where appropriate, will be worn by personnel when conditions such as beards, sideburns, etc., prevent a good seal between the face and the facepiece.

(2) Contact lenses and spectacle kits. Contact lenses may be worn with respiratory protection in contaminated atmospheres. If wearing corrective eye glasses, lenses shall meet the ANSI Standard Z87.1 requirements. Spectacle kits will be provided for personnel needing vision correction who are required to wear full face respirators.

(3) Voluntary use of respirators. NIOSH approved respirators may be used by employees in areas where the levels of contamination would not require the use of respirators. This is known as voluntary use. Voluntary respirator use is defined as personnel choosing to wear respirators when they are not required to control exposures or when respirators are not required by this command. Only filtering facepiece voluntary use respirators can be obtained or issued without fit testing and medical examination; all other respirators will require entry into the respiratory protection program. Voluntary respirator users will be trained annually on the limitations stated on the respirator approval label and the information contained in Appendix D of 29 CFR 1910.134. An evaluation must be conducted to ensure respirator use will not create a hazard. NIOSH approved respirators must be selected appropriately for the perceived inhalation hazard.

k. Respirator cartridge change out schedules. Respirator cartridge change out schedules will be developed and approved by Industrial Hygiene.

APPENDIX A

Respirator Standard Operating Procedure Sample

Respiratory protection is required in the work area because certain operations or environments may generate airborne contaminant levels above occupational exposure limits (OELs). In particular, the listed respirators and cartridges are required to be worn when performing the listed operations:

Operation	Hazard	Respirator and Cartridge	Cartridge Change Schedule	NIOSH Approval
<u><i>Operation</i></u>	<u><i>Hazard</i></u>	<u><i>Respirator</i></u>	<u><i>IH Guidance</i></u>	<u><i>NIOSH Number</i></u>

The respirators used will be dependent on the mask certified for use on the individual fit test.

Before wearing respirators, all section personnel must be medically qualified, fit tested, and trained. It is the responsibility of shop personnel to notify the supervisor or RPD of any of the changes listed below or other circumstances that might interfere with the facial seal of the respirator.

- a. Obvious weight change
- b. Facial scarring in area of face seal.
- c. Any dental changes.
- d. Any reconstructive surgery or cosmetic surgery.

Each employee is responsible for properly wearing and maintaining their respirator.

The RPD can be reached at 596-0064.

The proponent of this publication is the Preventive Medicine Division, Industrial Hygiene Section. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, USA MEDDAC, ATTN: MCXP-PMD, 126 Missouri Avenue, Fort Leonard Wood, Missouri 65473.

FOR THE COMMANDER:



MERRY L. ROSS
Adjutant

ROBERT A. LETIZIO
LTC, MS
Deputy Commander for Administration

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