

AV1900 – RESPIRATORY PROTECTION PROGRAM

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, Syilx, and Tšilhqot’in Nations, where we live, learn, collaborate, and work together.

Interior Health recognizes that diversity in the Workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the Workplace. The dimensions of a diverse Workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To ensure Interior Health (IH) Workers are provided with appropriate respiratory protection and the education and training to utilize the protection correctly when it is required.

2.0 DEFINITIONS

TERM	DEFINITION
<i>Airborne Contaminants:</i>	<i>A harmful, irritating, or nuisance material in the air, usually occurring in the form of a dust, mist, fume, gas or vapour, which could enter the respiratory tract and, upon exposure, may result in an adverse health effect. For the purpose of this policy, Airborne Contaminants include bioaerosols.</i>
<i>Contractor:</i>	<i>A person or company that undertakes a contract to provide materials or labour to perform a service or do a job.</i>
<i>Employee:</i>	<i>A person currently employed by IH in a full-time, part-time, and/or term-specific position.</i>
<i>Hierarchy of Controls:</i>	<i>A process of eliminating or reducing hazards, with consideration given first to the most effective and dependable control methods. The most effective control is to eliminate the hazard. Where elimination is not possible, substituting a less hazardous method or material is considered. Next, engineering controls are considered, followed by administrative controls to change the way work is organized. Personal protective equipment is the least dependable method of control.</i>

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<i>Respiratory Protection:</i>	<i>A device, material or piece of equipment that is recognized by testing and certification agencies and authorities as providing the user with Respiratory Protection from Airborne Contaminants. For respiratory personal protective equipment (PPE), the most common types of respirators used in health care facilities are tight fitting N95 FFR or 95PFE (disposable) respirators, elastomeric (reusable) respirators, and loose-fitting powered air purifying respirators (PAPR).</i>
<i>Respiratory Protection Program (RPP):</i>	<i>A program that defines the roles and responsibilities of all partners and includes components such as hazard assessment; respirator selection including limitations, training requirements, and fit testing; appropriate procedures for cleaning, inspecting, and storing respirators; program evaluation; and recordkeeping to ensure adequate protection of all Workers who may be exposed to Airborne Contaminants, where there is no possibility of implementing more effective controls according to the Hierarchy of Controls.</i>
<i>Worker:</i>	<i>Refers to all IH Employees, physicians, students, volunteers and/or Contractors who perform work for compensation (monetary or non-monetary).</i>
<i>Workplace:</i>	<i>Refers to all IH owned or operated facilities/sites. Synonymous with the term "Workplaces" as defined by the British Columbia Workers Compensation Act, Part 2: "Any place where a Worker is or is likely to be engaged in any work and includes any vessel, vehicle, or mobile equipment used by a Worker in work."</i>

3.0 POLICY

- 3.1 IH will provide a safe Workplace by eliminating or reducing the risk of exposure to Airborne Contaminants through the use of the Hierarchy of Controls, in accordance with [AV0100 – Occupational Health and Safety Program](#).
- 3.2 If elimination of the hazard is not possible, substitution with less hazardous products must be the first consideration followed by engineering controls such as dilution ventilation or dedicated exhaust. Administrative controls must then be explored to change the work processes to reduce the hazards associated with exposure to Airborne Contaminants.
- 3.3 Appropriate Respiratory Protection must be provided to and used by the Worker in tandem with available engineering and administrative controls if the

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Respiratory Protection is not completely sufficient in reducing exposure below applicable WorkSafeBC exposure levels.

3.4 All Workers are expected to participate fully in the provincial [Respiratory Protection Program \(RPP\)](#), which outlines the necessary responsibilities, procedures, training, use and maintenance of respirators to ensure the health and safety of all Workers when utilizing Respiratory Protection against Airborne Contaminants.

4.0 PROCEDURES

Roles and Responsibilities

4.1 Senior Management (Senior Executive Team, Executive Directors, Directors)

Senior management must:

- Be familiar with the contents of the RPP and its requirements (e.g., respirator fit-testing requirements).
- Ensure resources required for the implementation/administration of the RPP are available. This may include, but is not limited to:
 - Respirators
 - Fit-testing equipment/supplies
 - Education/training resources
 - Policies/procedures aimed at minimizing the risks associated with known Airborne Contaminants hazards
 - Sufficient fit-testers who are trained and have capacity to obtain and sustain adequate access to fit-testing.

4.2 Managers and Supervisors

Managers and supervisors must:

- Ensure potential respiratory hazards in the Workplace are identified and risk assessments pertaining to potential Airborne Contaminants exposure are completed in a timely fashion (as per health authority process).
- Consult with WHS when work procedures involving potential Airborne Contaminants (e.g., chemicals, dust etc.) are modified / introduced to the Workplace.
- Ensure Workers have access to appropriate Respiratory Protection equipment and have received education/training in the safe use of that equipment (e.g. fit-testing before they are assigned any work where Respiratory Protection is required).
- Ensure there are sufficient Fit-Testers and capacity available to provide and sustain fit-testing.
- Ensure Workers are informed before commencing work of any Airborne Contaminants hazards and all subsequent exposure control methods (e.g. respirator usage requirements).

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- Ensure the policy regarding Respiratory Protection and annual fit-testing is communicated to all Workers.
- Ensure Workers use and maintain/store (where applicable) assigned Respiratory Protection as outlined in the education/training and instructions provided by IH.
- Document problems and issues associated with the use of Respiratory Protection and correct as soon as possible in consultation with Workplace Health and Safety (WHS) (where applicable).
- The guidelines for N95 FFR, elastomeric respirators, and PAPRs provided in the RPP are used as applicable.
- Where assigned Respiratory Protection requires cartridges/filters, an appropriate “change-out schedule” is designed in consultation with WHS.

4.3 Healthcare Providers

A healthcare provider who is required to use a respirator must:

- Complete respirator fit-testing annually as required by regulation or as agreed upon with the employer.
- Be clean shaven where the respirator comes in contact with the face:
 - Whenever fit-testing is to be completed
 - Whenever a tight-fitting respirator must be worn

Note: If a Worker is exempted from shaving due to religious or medical considerations, alternate Respiratory Protection may be provided by IH. The Worker must consult with their manager in this case.

- Use, handle, store and dispose of Respiratory Protection in accordance with the education/training and instructions provided by IH.

Note: When necessary, refer to the manufacturer’s instructions.

- Use only respirators for which the Worker has been successfully fit-tested and/or been trained to use.

Note: In certain cases, fit-testing may not be required (e.g. loose-fitting PAPRs). In these cases, education/training in the safe use of these respirators is still required at least annually.

- Inspect Respiratory Protection for defects and/or conduct a user seal check, according to the manufacturer’s guidelines, prior to each use and as required during use.
- Dispose of disposable Respiratory Protection immediately after use.
- Report any equipment malfunctions to their supervisor or employer immediately.
- Ensure that no clothing or other equipment/accessories interfere with the fit/usage of the respirator (e.g. hair, makeup, eyeglasses, jewelry).
- Request to have fit-testing repeated as soon as possible if they experience any physical/psychological changes which may affect their ability to wear a respirator. This may include, but is not limited to, substantial changes in weight (+/- 10%), reconfiguration of facial morphology (e.g. due to the use of dentures), etc.

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- Leave a contaminated area and report concerns immediately to their supervisor if the effectiveness of the Respiratory Protection is uncertain/questionable. Examples of concerns include, but are not limited to, the detection of odour or difficulty breathing while wearing the respirator.

4.4 Workplace Health & Safety (WHS)

WHS must:

- Maintain the RPP and all related components.
- Provide guidance in the identification of chemical and biological respiratory hazards so they can be identified, assessed and evaluated in conjunction with relevant partners when requested by departments. Wherever practicable, engineering (e.g. local exhaust ventilation) and administrative controls must be utilized rather than solely relying on the use of personal protective equipment.
- Upon request and/or in consultation with departmental leaders, determine which situations require Respiratory Protection, as well as the level/type of protection.
- Maintain and sustain an electronic listing of department/occupation combinations where fit-testing is required for airborne infectious agents.
- Assist managers in reviewing the suitability of selected respiratory protective devices.
- Provide technical support to partners as required—this includes, but is not limited to, working with groups such as PHSA Supply Chain in the selection and procurement of respiratory protective devices.
- Educate and train selected Employees to become Fit-Testers and provide refresher training and assessment.
- Oversee the education/training program for respiratory protective devices.
- Maintain education/training and fit-testing documentation/records.
- Where fit-testing and/or respiratory protective equipment is owned by WHS, maintain this equipment in good working condition, including calibration, maintenance, and repairs in accordance with manufacturer's requirements.
- Provide advice and guidelines to leaders/Workers to ensure compliance with the RPP and this policy.
- Liaise with internal learning and development department and post-secondary school administration regarding fit-testing requirements.
- Conduct evaluations of the RPP as applicable.

4.5 Joint Occupational Health and Safety Committees (JOHSCs)

JOHSCs must:

- Promote the safe use of Respiratory Protection.
- Identify gaps in Workers meeting the standards.

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- Receive Workplace reports.
- Make recommendations for improvement of the RPP to site leadership.

4.6 PHSa Supply Chain (formerly BCCSS)

PHSA Supply Chain Buyers or Purchase Contract Coordinators must:

- Engage WHS and other applicable partners (e.g. IPAC) when reviewing and/or considering a change in any respirator purchasing contracts.
- Ensure appropriate types and quantities of respirators are stocked and available.
- Ensure respirator stock, both operational and pandemic supply, is rotated to prevent expiry.
- Consult with and provide regular reporting to partners (e.g. Public Health, HEMBC) and WHS Department regarding pandemic supply, quantities and types of respirators in stockpiles.

4.7 Infection Prevention and Control (IPAC)

The IPAC Department, participating in consultation with WHS, must:

- Ensure that requirements for the use of respirators for protection against airborne infectious microorganisms or bioaerosols are identified and procedures/protocols involving the use of the respirator are developed as part of the appropriate level of precaution.
- Identify when airborne precautions need to be in place and communicate to the affected Workers, leaders, and/or departments.
- Provide educational materials and information to leaders, Workers, and possibly other external partners regarding infectious diseases, including information on the routes of exposure.

4.8 Physicians

Physicians must:

- Comply with all relevant elements of the RPP, including fit-testing requirements where potential or confirmed exposure to Airborne Contaminants may exist.
- Maintain proof of their fit testing.
- Be clean shaven where the respirator comes in contact with the face whenever:
 - Fit-testing is to be completed
 - A tight-fitting respirator must be worn

Note: Where being clean shaven is not possible (e.g. for religious or medical reasons), physicians are expected to explore other options through discussion with the department manager and other relevant partners (e.g. WHS and IPAC Departments).

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4.9 Contractors

Contractors must:

- Develop, implement and sustain their own RPP.
- Comply with any other Respiratory Protection policies/protocols provided by IH's IPAC and/or WHS Departments.
- Wear and properly utilize Respiratory Protection for situations identified by their leadership as requiring its use. This includes being fit-tested by a qualified person and using an ANSI/CSA approved respirator that meets the requirements of the Occupational Health & Safety Regulation.

4.10 Post-Secondary Students and their Instructors

When working in areas that require Respiratory Protection, post-secondary students and their instructors must:

- Comply with the Occupational Health & Safety Regulation.
- Comply with the Respiratory Protection Student Practice Education Guidelines, available at Health Sciences Placement Network.
- Where required, receive fit-testing, through their post-secondary academic institution, on a model of respirator currently utilized by IH prior to placement in a healthcare facility.
- Carry proof of fit-testing that details the fit-test date, respirator brand, model and size at all times during the placement experience.
- Inform their supervisor if they are required to wear a respirator and have not received fit-testing or if they were fit-tested on a respirator model that their placement site doesn't stock.
- Wear and properly utilize a respirator for those situations identified by their supervisor as requiring its use.
- Comply with IPAC and WHS policies, protocols, and/or procedures regarding respirator use.

4.11 Respiratory Therapy Department

Where agreements have been reached with a Respiratory Department, Respiratory Therapists are responsible for a variety of tasks pertaining to the use of loose-fitting PAPRs. Examples include, but are not limited to:

- Ensuring adequate Respiratory Department Workers and/or designates are educated and trained on all aspects related to the use of the organization's PAPRs.
- Providing education and training to all Workers that may be required to use PAPRs, according to the RPP for Air-Purifying Respirators.
- Develop and update PAPR safe work procedures in consultation with other relevant partners including, but not limited to, representatives from WHS and IPAC.
- Ensure that PAPR units are maintained in good working order and are available for use when required.

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4.12 Medical Device Reprocessing (MDR)

Where agreements have been reached with MDR departments, that group must:

- Establish, in conjunction with applicable partners, appropriate cleaning protocols for re-usable respirators and/or other applicable accessories.
- Follow the above-mentioned cleaning protocols.

4.13 Internal Fit-Testers (Employees trained to conduct fit-testing)

IH Employees trained to conduct fit-testing must:

- Keep up-to-date with any RPP information provided by WHS Department.
- Be qualified through a Health Authority-recognized/required fit-tester education/training course(s).
- Attend the required train-the-fit-tester session(s) and refresher(s) coordinated through WHS and become familiar with the materials taught/discussed during the session.
- Only provide fit-testing on respirator models for which they have been trained to conduct fit-tests for.
- Follow all steps and address all points outlined in the fit-test procedures/protocols and education/training documents.
- Provide fit-testing within their scope of training to:
 - New hires within their department required to wear a respirator to safely perform their job duties.
 - Employees, as required, to meet urgent/surge demands within the department(s)/site(s).
 - Employees, as identified by the WHS or the department or site leadership.
- Maintain fit-test kits in good working condition.
- Consult with department management, Workers and WHS Department regarding any issues or concerns that arise.
- Promptly provide all required fit-test records to WHS Department following fit-test sessions.
- Provide fit-test records and other applicable documentation to department management.
- Ensure that all Workers within their specified department are fit-tested within the timeframe discussed with WHS Department and department management.

4.14 External Fit Testers (agencies contracted to conduct fit-testing)

Where IH's fit-testing (all or portion) has been contracted to an external agency, that group must:

- Ensure that fit-tests are completed in accordance with the WSBC Occupational Health & Safety Regulation and CSA Standard Z94.4-11.

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- Ensure that fit-testing and any other relevant education/training is conducted in a manner with approval by IH.
- Utilize respirator models currently used by IH.
- Provide proof of fit-testing completion that details the fit-test date, respirator brand, model and size and name of fit-tester and company.

5.0 REFERENCES

This policy and the [RPP](#) (and any associated forms/tools/documentation) comply with requirements presented in:

1. The Occupational Health & Safety Regulation (OHSR) (WorkSafeBC)
 - a. [Part 5 Chemical Agents & Biological Agents, 5.48 - 5.59](#)
 - b. Part 8 Personal Protective Clothing and Equipment
 - i. General Requirements
 1. OHSR Sections [8.2 – 8.10](#)
 - ii. Respirators
 1. OHSR Sections [8.32 - 8.45](#)
 - c. The WorkSafeBC [Guidelines](#) associated with Respiratory Protection
2. Standard Z94.4 -18: Selection, Use, and Care of Respirators (Canadian Standards Association)

Note: Where there is a discrepancy between the requirements outlined by “1” and “2” above, the WHS Department must default to WorkSafeBC regulations.

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