RESPIRATORY PROTECTION PROGRAM

In order to ensure employee safety when potentially exposed to Tuberculosis, and to maintain compliance with OSHA standards and CDC recommendations, Pleasant View has developed this respiratory protection program.

ADNIMSTRATIVE RESPONSIBILITY

The respiratory protection program coordinator, Georgia Smith, Environmental Services Director, will be responsible for ensuring appropriate hazard surveillance, policy review and update, supervision of equipment selection, purchase and maintenance, employee training, and other aspects of the program. This program complies with OSHA standard 29 CFR 1910.134, Respiratory Protection, and contains written standard operating procedures for all aspects of the program.

The written program will be located in the main office with copies available where respirator use is likely. The program will be continually evaluated for appropriateness and formally evaluated at least annually by the Infection Control Committee.

All employees participating in the program will be fit tested according to guidelines in OSHA standard 29 CFR 11926.62 to assure appropriate equipment selection and employee protection.

Random inspections of respirator use will be conducted to determine that respirators are being used and worn properly. Wearers will be questioned regarding comfort, breathing resistance and fatigue, interference with vision, communication or movement, and their confidence in the respirator. Cleaning, maintenance and storage of equipment will also be evaluated.

Medical surveillance of employees participating in the respirator program will be evaluated by the facility Medical Director prior to the selection and use of a respirator.

EQUIPMENT SELECTION

All respiratory equipment used must be NIOSH approved, indicated by the NIOSH approval statement and number on the equipment.

The minimum acceptable level of respiratory protection for workers potentially exposed to TB shall be a NIOSH-approved high efficiency particulate air(BEPA) respirator. Disposable respirators may be used if they meet the NIOSH-approved HEPA requirements.

 1 of 4

 RESPIRATORY PROTECTION PROGRAM, continued

HEPA respirators will be used by workers when entering the room of a suspected or confirmed active TB resident.

When choosing respiratory equipment, considerations will be made for staff with facial hair, eye glasses or contact lenses, facial scars or deformities, or any other factor which may interfere with the complete protection of the staff member while wearing the respirator. Equipment will be available in at least 3 sizes to meet the need of differing facial shapes and sizes of employees.

All equipment purchased will be able to be qualitatively or quantitatively fit tested prior to assignment to staff, and adequately fit checked using negative or positive pressure by the employee prior to each use.

MEDICAL EVALUATION FOR RESPIRATOR USE

Staff will be evaluated medically prior to assignment to duties requiring the use of respirators. No one will be assigned a task requiring the use of respirators unless found to be physically able to do the work while wearing the respirator. Medical evaluations will consider the following:

Respirators increase breathing resistance, thereby increasing the effort needed to breathe. Respirators also increase the pulmonary dead space, and carbon dioxide is not easily dispersed. This may decrease respiratory endurance. Negative pressure is also increased during inspiration while wearing a respirator. Cardiac effects include increased work load on the heart and may increase blood pressure. Body temperature rises due to the added work of breathing, possible weight of the respirator, and rebreathing expired air. Vision and hearing may be obstructed or distorted by some types of respirator equipment. Some staff may have psychological problems related to respirator use, including feelings of anxiety or claustrophobia. Respirator materials may cause irritation to the eyes or skin.

Medical evaluations will include medical history and a physical exam of the face, ear drums, blood pressure, heart and lungs.

Some conditions which may restrict respirator use include: Pulmonary disease, hypertension, cardiac disease, insulin dependent diabetes, poorly controlled seizure disorders, facial abnormalities precluding a good fit, perforated ear drum, and some musculoskeletal problems.

FIT TESTING AND FIT CHECKING

All employees assigned duties requiring the use of a respirator must participate in a fit test prior to respirator assignment. A quantitative or qualitative fit test must be performed according to the OSHA and ANSI standards. Some aspects of the test are described below.

 2 of 4

 RESPIRATORY PROTECTION PROGRAM, continued

Employee will be shown how to put on a respirator. A mirror will be available to evaluate fit.

Employee will conduct a negative and positive fit check under the supervision of the person conducting the test. Employee will be evaluated for facial hair or other physical characteristics that may interfere with proper fit. The procedure will be explained to the employee prior to the start of the test.

A qualitative test will be performed to assure the absence of face-seal leaks. Qualitative tests are quick, inexpensive, and easily performed in most areas. The disadvantage of qualitative tests is they rely on the wearers subjective response and therefore may not be entirely reliable.

Quantitative tests do not rely on subjective responses, but require expensive equipment that must be operated by trained personnel.

EQUIPMENT INSPECTION, CLEANING, AND MAINTENANCE

Respirators will be inspected prior to each use for the following:

Facepiece - Check for excessive dirt cracks, tears, holes or distortions from improper storage, inflexibility, cracked or badly worn threads or missing gaskets.

Headstraps - Check for breaks, loss of elasticity, broken buckles and attachments.

Exhalation Valve - Check for foreign material, cracks, tears or distortions, improper insertion of the valve body in the facepiece, cracks, breaks or chips in the valve body, missing or defective valve cover and improper installation of the valve in the valve body.

Air-purifying Elements - Check for incorrect cartridge or filter, incorrect installation, missing or worn gaskets, or cross threading, expiration date on cartridge, cartridge or filter damage.

Cleaning of respirators will be done according to manufacturer's recommendations, using approved solutions that will not destroy or alter the respirator materials. If hung for drying, be sure not to distort the facepiece. Clean respirators should be stored in containers protecting them from distortion, excessive moisture, dust, sunlight, heat, cold and damaging chemicals. A complete inspection will be done during the cleaning of respirators.

Maintenance will be performed by trained personnel, using manufacturer's replacement parts. Instruction sheets showing respirator parts, assembly and disassembly should be on hand for quick reference during repair and cleaning.

 3 of 4

 RESPIRATORY PROTECTION PROGRAM

STAFF EDUCATION AND TRAINING

Training will be conducted prior to initial assignment of staff to duties requiring use of respirators, and at least annually thereafter.

Supervisors will be trained at the same level as those staff they supervise, even if the supervisor is not participating in the respirator program.

 4 of 4

Q-9