

## **Respiratory Protection Program**

### **Emergency Department**

#### **I. Purpose**

Based on community assessment and anticipated response, Level C respirators are required for First Receivers of patients exposed to and/or contaminated by hazardous materials. This program is designed to provide a safe environment for all employees involved in the triage and decontamination process for hazardous materials incidents in the Emergency Department.

#### **II. Scope**

The Respiratory Protection Program addresses staff that may respond to potential victims of hazardous materials events. Refer to Hazardous Materials First Receivers/Emergency Department policy for additional procedures. This does not include First Responder Awareness or Operations Level training as defined by 29 CFR 1910.120.

#### **III. Authority**

- A. The Respiratory Protection Program meets the OSHA regulations as defined in 29 CFR 1910.134 and guidelines of OSHA Best Practices for First Receivers of Victims of Hazardous Materials.
- B. The Program Manager of the Respiratory Protection Program works in conjunction with the Employee Health Program, Respiratory Protection Program Medical Director, Respiratory Department Manager, hospital Hazardous Waste Coordinator and Emergency Department Manager.
- C. The Program Manager will oversee the program and monitor its effectiveness through evaluation after each event and annually.
- D. The Emergency Department Manager reports related incidents to Employee Health and the Environment of Care Committee.

#### **IV. Respiratory Protection Program Manager**

- A. The program is administered by a suitably trained and experienced Program Manager.
  - 1. Training and experience include Basic, Intermediate and Advanced (100 – 400 Levels) Incident Command System training, FEMA's Hospital Emergency Response Training Train-the-Trainer Course or equivalent and hospital HAZWOPER training.
  - 2. Additional training will include FEMA National Incident Management training courses (IS 700, IS 800).
  - 3. Respirator training by the vendor or other qualified person for the selected

respirators is also required.

4. The Program Manager will be a licensed health care professional.
  - B. Program Manager adheres to 29 CFR 1910.120, 29 CFR 1910.134 regulations and Joint Commission guidelines.
  - C. Program Manager works with other community responders including Hazardous Materials Regional Response Team, (list county/state agencies) XXX Health Department, EMS, fire, law enforcement and other health care providers.
  - D. Program Manager is dually responsible for overseeing the Hazardous Materials First Receivers/Emergency Department policy in compliance with 29 CFR 1910.120
- V. Program Medical Director
- A. The Medical Director will be responsible for establishing and monitoring the required Medical Evaluation criteria for respirator use.
- VI. Respirators
- A. Based on assessment of anticipated events and conditions, information in OSHA *Best Practices for Hospital-based First Receivers of Victims from Mass Casualty Incidents involving the Release of Hazardous Substances* and consultation with the Hazardous Materials Regional Response Team, the facility will use a NIOSH certified, Powered Air Purifying Respirators (PAPR) Level C respiratory protection. (Refer to Hazardous Materials First Receivers/Emergency Department policy for additional Personal Protective Equipment [PPE] procedures)
  - B. Staff will be trained in PAPR application, inspection, maintenance, storage, use and cleaning prior to use as recommended by the manufacturer.
  - C. PAPR batteries and chargers are included in the Preventive Maintenance (PM) process.
  - D. PAPR batteries will be charged and discharged/recharged on a regular basis and after use.
  - E. Filters will be the NIOSH approved, broad spectrum, all hazard type.
  - F. PAPRS will be used in outside environments for unknown hazardous materials.
    1. PAPRS may be used in other environments if the Hazardous Materials Regional Response Team is able to determine appropriateness.
  - G. An incident Safety Officer with training and experience in hazardous materials incidents will be assigned to assure safety of staff.
  - H. A timed rotation in PPE will be overseen by the incident Safety Officer.
  - I. Any malfunctioning equipment will be taken immediately out of service and a work order will be completed per department protocol.
- VII. Training
- A. Training will include expected respiratory hazards, donning & doffing of respirators (and other PPE), care and maintenance of respirators, exposure reporting guidelines required by the Employee Health Program and emergency procedures related to respirator use.
  - B. Initial and annual training and/or demonstrated competency will be done in accordance with 29 CFR 1910.134(k).
  - C. Training will also include requirements in CFR 1910.120 and the Hazardous Materials First Receivers/Emergency Department policy.

VIII. Medical Evaluation

- A. OSHA Respirator Medical Evaluation Questionnaire (29 CFR 1910.134 Appendix C) will be used on all staff using Level C/PAPRs.
- B. The Program Manager will perform the initial medical evaluation using the Medical Questionnaire (29 CFR 1910.134 Appendix C).
  - 1. Variances or abnormal findings will be referred to the Program Medical Director.
- C. Guidelines for additional medical screening are at the discretion of the Program Medical Director.
- D. Medical Questionnaires will be kept in a confidential manner in accordance with Employee Health policies.

IX. Recordkeeping

- A. A record of all incidents will be kept by the Program Manager and forwarded to Employee Health.
- B. All records will include staff involved, exposure information and other applicable data as needed and will be kept according to Employee Health policies.