

**Policy:** DC Office of Chief Medical Examiner (OCME) places a high value on the health and safety of its employees.

**Purpose:** The agency is committed to protecting employees by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators.

**Scope:** This program serves to help the agency and employees comply with the Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134.

## 1. PROGRAM ADMINISTRATION

### 1.1. Responsibilities

#### 1.1.1. Agency

1.1.1.1. The OCME is responsible for providing respirators to employees when they are necessary for health protection. The OCME will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by the OCME.

1.1.1.2. The OCME Safety Officer will be responsible for the administration of the respiratory protection program and thus considered to be the Respiratory Program Administrator (RPA). The RPA oversees the development of the respiratory program and makes sure it is implemented in the workplace. The RPA will also evaluate the program regularly to make sure procedures are followed, respirator use is monitored and respirators continue to provide adequate protection when job conditions change. Duties of the RPA include:

- 1.1.1.2.1. Identifying work areas, processes or tasks that require workers to wear respirators;
- 1.1.1.2.2. Evaluating hazards;
- 1.1.1.2.3. Selecting respirator options;
- 1.1.1.2.4. Monitoring respirator use to ensure that respirators are used in accordance with their specifications;
- 1.1.1.2.5. Arranging for and/or conducting training;
- 1.1.1.2.6. Ensuring proper storage and maintenance of respiratory protection equipment;
- 1.1.1.2.7. Conducting qualitative fit testing;
- 1.1.1.2.8. Administering the medical surveillance program;
- 1.1.1.2.9. Evaluating the program; and
- 1.1.1.2.10. Updating the written program, as needed.

- 1.1.1.3. Supervisory Pathologist Assistant is responsible for ensuring that the respiratory protection program is implemented in his/her particular areas. In addition to being knowledgeable about the program requirements for his/her own protection, the Supervisory Pathologist Assistant must ensure that the program is understood and followed by the employees under his/her jurisdiction. Duties include:
- 1.1.1.3.1. Ensuring that employees (including new hires) receive appropriate training, fit testing, and annual medical evaluation)
  - 1.1.1.3.2. Ensuring the availability of appropriate respirators and accessories;
  - 1.1.1.3.3. Being aware of tasks requiring the use of respiratory protection;
  - 1.1.1.3.4. Enforcing the proper use of respiratory protection when necessary;
  - 1.1.1.3.5. Ensuring that respirators are properly cleaned, maintained, and stored according to this program;
  - 1.1.1.3.6. Ensuring that respirators fit well and do not cause discomfort;
  - 1.1.1.3.7. Continually monitoring work areas and operations to identify respiratory hazards; and
  - 1.1.1.3.8. Coordinating with the RPA on how to address respiratory hazards or other concerns regarding this program.
- 1.1.1.4. Employees are responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:
- 1.1.1.4.1. Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location;
  - 1.1.1.4.2. Inform their supervisor if their respirator no longer fits well, and request a new one that fits properly;
  - 1.1.1.4.3. Inform their supervisor or the RPA of any respiratory hazards that they feel are not adequately addressed in the workplace and of any concerns that they have regarding this program; and
  - 1.1.1.4.4. Use the respiratory protection in accordance with the manufacturer's instructions and the training received.

## **2. PROGRAM SCOPE AND APPLICATION**

- 2.1. This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during normal work operations, and during non-routine or emergency situations. Some of the types of work activities required to wear respirators are outlined in the table located in section 3. Identifying Work Hazards:

**3. IDENTIFYING WORK HAZARDS**

3.1. The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure

Work Process	Location	Type of Respirator	Employees
Autopsy Proceedings (Airborne Precautions)	Mortuary Suite	1. N95- disposable 2. PAPR	Medical Examiners Forensic Anthropologists Pathologist Assistants Forensic Photographers Autopsy Assistants Mortuary Technicians Medical Technologists Medicolegal Investigators Forensic Investigators

**4. THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH) CERTIFICATION**

4.1. All respirators used must be certified by the National Institute for Occupational NIOSH and shall be used in accordance with the terms of that certification.

4.2. N95 respirators are available for use during autopsy procedures and processes.

4.3. A powered air-purifying respirator (PAPR) is available if:

- 4.3.1. The N95 respirator choice(s) does not fit
- 4.3.2. Employee has facial hair or facial deformity that would interfere with mask-to-face seal
- 4.3.3. The N95 respirator choice(s) are unavailable
- 4.3.4. Desired for high-risk aerosol-generating procedures

4.4. Voluntary Respiratory Use

4.4.1. The RPA shall authorize voluntary use of respiratory protective equipment by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

4.4.2. The RPA shall authorize voluntary use of respiratory protective equipment by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

#### 4.5. Medical Evaluation

- 4.5.1. Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator.
- 4.5.2. Every employee who must wear a respirator must undergo medical evaluation before they are allowed to use the respirator. The attached medical questionnaire is provided to the employees. See RPP Attachment A.
- 4.5.3. If the medical questionnaire indicates to the medical provider that a further medical exam is required, this will be provided at no cost to employees by a medical facility. The agency will get a recommendation from this medical provider on whether or not the employee is medically able to wear a respirator.
- 4.5.4. Re-evaluation or additional medical evaluations will be conducted under these circumstances:
  - 4.5.4.1. Employee reports physical symptoms (breathing difficulty) that are related to the ability to use a respirator (i.e., wheezing, shortness of breath, chest pain, etc.)
  - 4.5.4.2. It is identified that an employee is having a medical problem during respirator use.
  - 4.5.4.3. The medical provider performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation.
  - 4.5.4.4. A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.
  - 4.5.4.5. Employee facial size/shape/structure has changed significantly.
  - 4.5.4.6. The RPA determines it is needed.
- 4.5.5. All examinations and questionnaires are to remain confidential between the employee, the medical provider and possibly supervisor.

#### 4.6. Fit Testing

- 4.6.1. Employees who are required to or who voluntarily wear half-face piece APRs will be fit tested:
  - 4.6.1.1. prior to being allowed to wear any respirator with a tight-fitting face piece;
  - 4.6.1.2. annually; or
  - 4.6.1.3. when there are change in the employee's physical condition that could affect respiratory fit (e.g. obvious change in body weight, facial scarring, etc.)
- 4.6.2. Employees will be fit tested with the make, model and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode.

#### 4.6.3. Fit Testing Procedures

- 4.6.3.1. Fit tests are conducted annually 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.
- 4.6.3.2. Fit testing is required for tight fitting respirators. Fit-testing is not required for loose-fitting, positive pressure (supplied air helmet or hood style) respirators.
- 4.6.3.3. A Fit-Test Record Form is to be completed by the RPA and maintained. See RPP Attachment B.
  - 4.6.3.3.1. Prior to being allowed to wear any respirator.
  - 4.6.3.3.2. If a different respirator face piece is chosen.
  - 4.6.3.3.3. If employee changes weight by 10% or more.
  - 4.6.3.3.4. If employee has changes in facial structure or scarring that would affect fit
  - 4.6.3.3.5. When the medical provider notifies the agency that the fit is unacceptable.
  - 4.6.3.3.6. As Occupational Safety and Health Administration (OSHA) standards require.
- 4.6.4. Proper Respirator Use
  - 4.6.4.1. General Use Procedures
    - 4.6.4.1.1. Employees will use their respirators under conditions specified by this program, 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 Safety and Health (NIOSH) or by its manufacturer.
    - 4.6.4.1.2. All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.
    - 4.6.4.1.3. Non-disposable respirators will be stored in a clean location in the mortuary suite.
    - 4.6.4.1.4. All employees shall leave a potentially contaminated work area to clean (PAPR) or change (N95 - disposable) their respirator if the respirator is impeding their ability to work, this includes:
      - 4.6.4.1.4.1. replacing filters or cartridges
      - 4.6.4.1.4.2. when there is a smell or taste of chemical inside the respirator
      - 4.6.4.1.4.3. when a change is noticed in breathing resistance
      - 4.6.4.1.4.4. adjusting the respirator
      - 4.6.4.1.4.5. washing faces or respirator
      - 4.6.4.1.4.6. if one becomes ill or injured
      - 4.6.4.1.4.7. if one experiences dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever or chills.
  - 4.6.4.2. Employees will not be allowed to wear respirators with tight-fighting face pieces if they have facial hair (i.e., stubble, beard, bangs) absence of

normally worn dentures, facial deformities (i.e., scars, deep skin creases, prominent cheekbones), or other facial features that interfere with the face piece seal or valve function.

- 4.6.4.3. Jewelry or headgear that projects under the face piece seal is also not allowed. If corrective glasses or other personal protective equipment is worn, it will not interfere with the seal of the face piece to the face.
- 4.7. Cleaning and Disinfecting
- 4.7.1. Respirator will be cleaned and sanitized on a routine basis or whenever they are visibly dirty. This does not apply to paper dust masks which are disposed of daily. Respirators will be cleaned according to manufacturer instructions.
  - 4.7.2. N95 – disposable
    - 4.7.2.1. If patient not in Contact Precautions (e.g., TB), discard if soiled, if breathing becomes labored, or if structural integrity is compromised
    - 4.7.2.2. If patient in Airborne Precautions is also in Contact Precautions (e.g., SARS, smallpox), discard after use.
  - 4.7.3. PAPR
    - 4.7.3.1. Recommendation on cleaning and disinfection differs among manufacturers.
- 4.8. Inspecting, Maintenance and Repairs
- 4.8.1. All types of respirators should be inspected prior to use.
  - 4.8.2. All respirators will be inspected before and after every use and during cleaning. In addition, emergency respirators and self-contained tank-type supplied air respirators in storage will be inspected monthly.
  - 4.8.3. N95 – disposable
    - 4.8.3.1. 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 or if the filter material is physically damaged or soiled.
    - 4.8.3.2. Check the respirator straps to be sure they are not cut or otherwise damaged.
    - 4.8.3.3. Make sure the metal nose clip is in place and functions properly (if applicable).
    - 4.8.3.4. Disposable respirators are not to be stored after use. They are to be discarded.
  - 4.8.4. PAPR
    - 4.8.4.1. Inspect the breathing tube and body of the High Efficiency Particulate Air (HEPA) filter for damage.
    - 4.8.4.2. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Program Administrator).
    - 4.8.4.3. Check for airflow prior to use.

- 4.8.4.4. Follow manufacturer's recommendations on maintenance, including battery recharging.
- 4.9. Storage
  - 4.9.1. After inspection, cleaning and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.
  - 4.9.2. Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program, and will store their respirator in the designated area.
- 4.10. Respirator Malfunctions and Defects
  - 4.10.1. For any malfunctions of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage or improperly working valve, the respirator wearer should inform his/her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain the respirator. The supervisor must either ensure that the employee receives the needed parts to repair the respirator or provide a new respirator.
  - 4.10.2. Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor
- 4.11. Respirator Training
  - 4.11.1. Workers will be trained prior to the use of a respirator and thereafter when deemed necessary by the Respiratory Program Administrator.
  - 4.11.2. Training will include:
    - 4.11.2.1. Identify hazards, potential exposure to these hazards, and health effects of hazards.
    - 4.11.2.2. Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
    - 4.11.2.3. Emergency use if applicable.
    - 4.11.2.4. Inspecting, donning, removal, seal check and trouble shooting.
    - 4.11.2.5. Explaining respirator program (policies, procedures, OSHA standard, resources).
    - 4.11.2.6. A Respiratory Training Record Form will be completed and signed by the employee and trainer. See RPP Attachment C.
- 4.12. Evaluating/Updating Program
  - 4.12.1. The RPA will complete an annual evaluation of the respiratory protection program.

- 4.12.2. Evaluate any feedback information or surveys from employees regarding conditions in use of respirators.
- 4.12.3. Check results of fit-test results and health provider evaluations.
- 4.12.4. The RPA will review any new hazards or changes in policy that would require respirator use.
- 4.12.5. The RPA will periodically check employee job duties for changes in chemical exposure and work conditions.
- 4.12.6. The RPA will periodically check maintenance and storage of respirators.
- 4.12.7. The RPA will make recommendations for any changes needed in the respiratory protection program.

## 5. Tuberculosis (TB) Control

- 5.1. OSHA issued a Tuberculosis (TB) Standard in October, 1995. Several types of masks have been recommended for use for protection against TB, some only useful in the industrial setting. Within the TB Guidelines, OSHA allows the use of the less expensive and less restrictive NIOSH approved N95 mask for employee use. The N95 mask meets the criteria of 95% efficacy against 0.3 micron aerosol particles, the minimum test requirement for TB.
- 5.2. Specified OCME employees<sup>1</sup> are required to undergo annual TB testing. The agency provides such testing cost-free for all employees. After completion of testing, employees must present the RPA with documentation from the testing facility that the test was completed, the result and the name and signature of the person administering and reading the test.
- 5.3. If the employee completes the test offered by the agency testing facility but does not return to obtain the result/reading, the employee must repeat the TB testing, possibly at cost to the employee.
- 5.4. If the employee completes the test and employee has a negative TB skin test, the employee shall complete the process during the next annual testing period.
- 5.5. If the employee completes the test and employee has a positive TB skin test and/or indicates that he/she may have signs or symptoms of active TB, the employee must report to the testing facility typically for a chest x-ray and a TB questionnaire. If the chest x-ray is negative and no communicable TB is indicated, the results are documented in the employee's file and the employee is only required to complete a TB questionnaire annually for up to five years. X-rays must then be renewed after 5 years. If the chest x-

---

<sup>1</sup> Medical Examiners, Investigators, Pathologists' Assistants, Autopsy Assistants, Histotechnicians, Mortuary Technicians, Photographers, Toxicologists, Anthropologist, Intake Assistants, Safety Officer and Emergency Response Administrator.



ray shows abnormalities, the employee will be referred to his/her physician for evaluation (and may be relieved of duties). The Employee must provide documentation from his/her physician that he/she is free from communicable TB (and may be return to work).

- 5.6. Employees that decline agency-provided TB testing must complete and sign the OCME Risk Management Tuberculosis Declination Form. The Employee must provide documentation from his/her physician that he/she is free from communicable TB. See RPP Attachment D.

## **6. Documentation and Record-keeping**

- 6.1. A written copy of this program can be found in the OCME Policies and Procedures Manual provided to each employee and available upon request of supervisors.
- 6.2. The RPA maintains the medical information for all employees covered under the respiratory program, including medical evaluations, fit-testing records and TB testing records.
- 6.3. The completed medical forms and documented medical recommendations are confidential and will remain with/in agency personnel files.
- 6.4. All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.
- 6.5. All training documentation is maintained by the RPA.

## ***References***

- NIOSH Respiratory Protection Program  
<http://www.cdc.gov/niosh/docs/99-143>
- OSHA Respiratory Protection  
[http://www.osha.gov/dts/osta/otm/otm\\_toc.html](http://www.osha.gov/dts/osta/otm/otm_toc.html)

**Employer-Provided Information for Medical Evaluations  
(RPP Attachment A)**

Specific Respirator Use Information

**Employee Name:** \_\_\_\_\_

**Agency Name:** Office of the Chief Medical Examiner

**Employee job title:** \_\_\_\_\_

**OCME Address:** 410 E St, SW, Washington, DC 20024

**OCME contact person and phone #:** \_\_\_\_\_

1. Will the employee be wearing protective clothing and/or equipment (other than the respirator) when using the respirator?

Yes/No \_\_\_\_\_ If "Yes," describe protective clothing and/or equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will employee be working under hot conditions (temperature exceeding 77°F)?

Yes/No \_\_\_\_\_ If "Yes", describe nature of work and duration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will employee be working under humid conditions? Yes / No \_\_\_\_\_

4. Describe any special or hazardous conditions the employee could encounter when using the respirator (for example, confined spaces, life-threatening gases).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCME Respirator Fit Test Record (RPP Attachment B)**

Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Type of qualitative/quantitative fit test used: \_\_\_\_\_

Name of test operator: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Respirator Mfr./Model/Approval no.</u>	<u>Size</u>	<u>Pass/Fail</u>	<u>or Fit Factor</u>
Note: "Fit factor" is numerical result of quantitative fit test from instrument reading			

- |          |       |   |   |       |
|----------|-------|---|---|-------|
| 1. _____ | S M L | P | F | _____ |
| 2. _____ | S M L | P | F | _____ |
| 3. _____ | S M L | P | F | _____ |
| 4. _____ | S M L | P | F | _____ |

Clean Shaven? Yes\_\_\_ No\_\_\_ (Fit-test cannot be done unless clean-shaven)

Medical Evaluation Completed? Yes\_\_\_ No\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This record indicates that you have passed or failed a qualitative or quantitative fit test as shown above for the particular respirator(s) shown. Other types will not be used until fit tested.

## OCME Respirator Training Record (RPP Attachment C)

---

Employee Name (printed)

I certify that I have been trained in the use of the following respirator(s):

This training included the inspection procedures, fitting, maintenance and limitations of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator(s) as described above and I understand the instructions relevant to use, cleaning, disinfecting and the limitations of the respirator(s).

---

Employee Signature

---

Instructor Signature

---

Date



**OCME RISK MANAGEMENT TUBERCULOSIS (TB)  
MANDATORY DECLINATION FORM (RPP Attachment D)**

I understand that due to my occupational exposure to deceased persons, blood or other potentially infectious materials I may be at risk of exposure to Tuberculosis (TB). I have been given the opportunity to be tested for TB exposure, at no charge to myself. However, I decline TB testing at this time.

**Explanation:**

- I have received a vaccine against TB. Provide Documentation of Clearance from Clinic/Hospital/Physician.
- I received a TB skin test within the past 6 months. Provide Documentation of Clearance from Clinic/Hospital/Physician.
- I have had a positive TB skin test in the past. Provide Documentation and follow-up testing results.
- Other:

---

---

---

---

If, in the future, I want to receive TB testing, I can receive this testing at no charge to myself.

Employee's Name (print): \_\_\_\_\_

Employee's Unit: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_