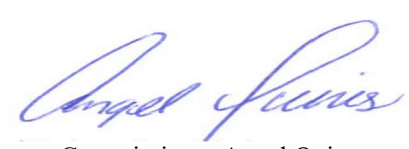
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 2.28	Effective Date 11/06/2020	Page 1 of 5
	Supersedes New Directive		
Approved By  Commissioner Angel Quiros	Title Employee Respirator Policy		

1. **Policy.** The Department of Correction shall ensure respirators are provided when such equipment is necessary to protect the health of employees. The Department of Correction shall be responsible for the establishment and maintenance of a respirator protection program which shall include the requirements set forth below.
2. **Authority and Reference.**
 - a. US Department of Labor Occupational Safety & Health Administration Respiratory Protection Policy 1910.134. Appendix A Fit Testing Procedures, Section 3 Saccharin Solution Aerosol Protocol, Section 4 Bitrex (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol.
 - b. US Department of Labor Occupational Safety & Health Administration Respiratory Protection Policy 1910.134. Appendix B-1 User Seal Check Procedures
 - c. US Department of Labor Occupational Safety & Health Administration Respiratory Protection Policy 1910.134. Appendix D Information for Employees Using Respirators When Not Required Under the Standard
 - d. Williams-Steiger Occupational Safety and Health Act of 1970 (84 Statute 1590-1620).
 - e. Administrative Directives 2.7, Training and Staff Development; 2.13, Employee Work Attire, Personal Appearance and Identification; 6.4, Transportation and Community Supervision of Inmates; 6.6, Reporting of Incidents; 7.2, Armories; 7.3 Emergency Plans; 7.4, Emergency Response Units; 7.8, Management of Pandemic Outbreak.
3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - a. **Air-purifying respirator.** A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element. The identified respirators shall include N95, P100, and CBRN (Chemical, Biological, Radiological and Nuclear) masks.
 - b. **Canister or cartridge.** A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.
 - c. **Employee Exposure.** Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.
 - d. **Filtering Face-piece (dust mask).** A negative pressure particulate respirator with a filter as an integral part of the face-piece or with entire face-piece composed of the filtering medium.
 - e. **Fit Test.** The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an employee.
 - f. **Hood.** A respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.
 - g. **MCTSD.** Maloney Center for Training and Staff Development.
 - h. **NIOSH.** The National Institute for Occupational Safety and Health.
 - i. **Self-contained breathing apparatus (SCBA)** means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.
 - j. **Supplied-Air Respirator.** An atmosphere supplying respirator for which the source of breathing air is not designed to be carried by the user.
 - k. **Tight-fitting Face-piece.** A respiratory inlet covering that forms a complete seal with the face.

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1. QLFT. Qualitative Fit Test. A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- m. QNFT. Quantitative Fit Test. An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
4. General Principals. The respirator program shall be administered by the Director of the MCTSD or their designee. In addition, certain program elements may be required to prevent potential hazards associated with the use of the respirator. The department shall ensure the respirator program includes:
 - a. Procedures for selecting respirators for use in the workplace which shall be NIOSH certified;
 - b. Medical evaluations of employees required to use respirators;
 - c. Fit testing procedures for tight-fitting respirators which shall be during the annual training of employees on the use of respirators or during pre-service employment as defined by Administrative Directive 2.7, Training and Staff Development;
 - d. Procedures for proper use of respirators in routine and reasonably expected emergency situations in accordance with Administrative Directive 6.6, Reporting of Incidents. Such incidents or situations which require a respirator shall include but are not limited to; transporting inmates with known or suspected airborne illnesses, response to areas with chemical exposure and working in medical infirmary units; and
 - e. Proper cleaning, disinfecting, repairing, discarding, and maintaining respirators.
5. Medical Evaluation Procedures. The department shall utilize Concentra's Occupational Health Services to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.
 - a. All examinations and questionnaires are to remain confidential between the employee and the physician. The director or designee will only retain the physician's written recommendations regarding each employee's ability to wear a respirator.
 - b. All medical evaluations shall be completed and approved by a physician or other licensed health care professional prior to a fit test occurring.
 - c. Follow-up medical evaluations shall be completed if necessary as determined by the evaluating physician.
6. Fit Testing. MCTSD shall be responsible for qualitative and quantitative fit testing. Before an employee is required to use any respirator with a negative or positive pressure tight-fitting face-piece, the employee must be fit tested with the same style, and size of respirator that will be used.
 - a. Qualitative fit testing of N95 and P100 respirators shall be accomplished utilizing the Bitrex Solution or Saccharin Solution Aerosol Protocol.
 - b. Quantitative fit testing for CBRN and SCBA respirators shall be accomplished by temporarily converting the respirator user's actual face-piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator face-piece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator face-piece.
 - i. Quantitative fit testing will be conducted in accordance with OSHA Fit Testing Protocols, Standard 1910-134 Appendix A
 - c. Respirator fit testing shall be conducted prior to initial use of the respirator, whenever a different face piece is utilized, and at least annually thereafter.
 - d. The test shall not be conducted if there is any hair growth between the skin and the face-piece sealing surface, such as stubble beard growth, beard,

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mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

- e. Testing shall occur in accordance with OSHA accepted Fit Test Protocols, and shall be documented on Attachment B, N95 and P100 Respirator Fit Test. The MCTSD shall design, implement and administer fit testing procedures.
- f. Changes to respirators and employee appearance shall result in the need for a new fit test.
 - i. Changes to employee appearance include but are not limited to;
 - 1. Significant weight loss,
 - 2. Facial scarring,
 - 3. Cosmetic surgeries and or
 - 4. Dental changes.
- g. Evaluations regarding the fit of the mask will be conducted in accordance with Attachment A: Qualitative Fit Testing. Based on these evaluations and expanded incidents, different respirators may be recommended to better protect employees.

7. Training. MCTSD shall be responsible for general awareness training for employees who wear respirators prior to the use of a respirator in the workplace. Retraining shall be administered annually, or when changes in the workplace or type of respirator render previous training(s) obsolete. Supervisors will also be trained prior to supervising employees who wear respirators. The training course will cover the following topics.

- a. A review of this directive;
- b. Respirator Hazards encountered in the workplace and their health effects;
- c. why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- d. the limitations and capabilities of the respirator;
- e. how to use the respirator effectively in emergency situations in which the respirator malfunctions;
- f. how to inspect, put on and remove, use and check the seals of the respirator in accordance with Attachment D: User Seal Check Procedures; and
- g. how to recognize the medical signs and symptoms that may limit or prevent the effective use of respirators.

8. Use of Respirators. Employees shall use their respirators under conditions specified in this program, and in accordance with the training they receive on the use of each particular model- N95, P100 and CBRN Mask. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

- a. In accordance with Administrative Directive 6.6, Reporting of Incidents, supervisors or facility designees shall oversee incidents and decide if a respirator shall be used by an employee to ensure their safety and shall ensure they are fitted in a correct and appropriate manner. Incidents and situations which shall require use of a respirator include, but are not limited to:
 - i. transporting inmates with known or suspected airborne illnesses such as Tuberculous or SARS Coronavirus, which shall require the use of an N95 respirator;
 - ii. chemical exposure to fentanyl or other drugs, which shall require the use of a P100 respirator;
 - iii. maintenance projects which include working in confined spaces, exposure to asbestos, or other airborne health hazards, which shall require the use of an SCBA (self-contained breathing apparatus); and
 - iv. assignment to a medical/infirmiry unit where staff are working in close proximity to ill patients and there is a risk of direct prolonged exposure, which shall require use of an N95 or P100 respirator. This includes clinical and custody staff working in units designated for the care of infected individuals, nursing sick call, nursing treatments, and

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MD sick call for identified infected individuals. This shall also include instances where staff are working in close proximity to individuals in a quarantine unit or other clinical work where there is a risk of exposure to infected individuals. This includes custody or clinical staff working in a quarantine unit, medical administration, dental, mental health individual treatment, Nursing and MD Sick Call and clinical treatment of individuals who have not had a confirmed infection; and

- v. Assignment to a cell extraction team, riot control or other emergency scenarios which would require the use of a CBRN respirator.
 - b. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures that would prevent a proper seal.
 - c. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.
 - d. Employees are responsible to inspect a respirator for any deficiencies before use.
 - e. Before and after each use of a CBRN respirator, an employee or immediate supervisor must make an inspection of tightness or connections and the condition of the face piece, headbands, valves, filter holders and filters.
 - f. Inoperable items must be addressed immediately by the supervisor or designee.
 - g. A CBRN may only be worn by those employees who have been properly fit tested.
 - h. Alternative respirators of a similar type may be used in the event there is a shortage of the identified respirators.
9. Voluntary Use Respirator use is optional during certain tasks or in certain areas that do not require respiratory protection.
- a. Any employee may choose to voluntarily wear a filtering face-piece when they are assigned to an area which may warrant it
 - i. Any area where particulates may be in excess, examples are, but not limited to
 - 1. Sweeping, sanding, dusting, lawn mowing
 - b. Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard, you should do the following:
 - i. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warning regarding the respirator limitations.
 - ii. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
 - iii. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
 - iv. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

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10. Maintenance and Care of Respirators.
- a. Cleaning and disinfecting shall occur before and after an employee utilizes a CBRN respirator for training purposes or for use in during an incident.
 - i. Filters, cartridges or canisters shall be disassembled, cleaned and reassembled.
 - 1. Any Defective pieces shall be repaired or discarded
 - ii. N95 and P100 masks shall be discarded in accordance with the most current Center for Disease Control recommendations.
 - 1. Any defective pieces discovered shall be discarded.
 - 2. Respirators shall be placed in a non-sealable container in between individual uses.
 - b. Each facility shall create a procedure for storage of respirators.
 - i. All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the face-piece and exhalation valve.
 - c. Each facility shall ensure respirators are inspected monthly and in accordance with the manufacturers recommendations.
 - i. During inspection or use, if it is determined that the respirator is no longer operable, it shall be repaired. If the repair does not fix the problem and the respirator is not no longer appropriate for use, it shall be discarded.
11. Cartridge Change Schedule.
- a. Employees wearing tight fitting respirators with particulate or chemical vapor cartridges shall utilize the following cartridge changing schedule to ensure the continued effectiveness of the respirator.
 - i. It is recommended to change the cartridge/canister after 8 hours of use in an area that contains CBRN agents.
12. Respirator Program Evaluation.
- a. The Director of MCTSD or their designee will conduct periodic evaluations of the workplace to ensure that the written respirator program is being properly implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records. Factors to be assessed include, but are not limited to: respirator selection, fit, use, storage, and maintenance. These findings will be reported to the Director of MCTSD and any discrepancies identified during this assessment shall be corrected.
 - b. Based on these evaluations and expanded incidents, different respirators may be recommended to better protect employees.
13. Forms and Attachments.
- a. Attachment A, Qualitative Fit Testing N95 and P100 Respirators;
 - b. Attachment B, Qualitative Fit Testing Documentation for N95 and P100 Respirators;
 - c. Attachment C, Quantitative Fit Testing; and
 - d. Attachment D, User Seal Check Procedures
14. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.