



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

Mount Sinai Beth Israel
Mount Sinai Brooklyn
Mount Sinai Hospital
Mount Sinai Queens
Mount Sinai Morningside
Mount Sinai West
New York Eye & Ear Infirmary

POLICY TITLE:	Respiratory Protection Requirements		
POLICY NUMBER:	EHC-SAF10-1	POLICY OWNER:	Environmental Health and Safety
ORIGINAL DATE OF ISSUE:	12/22/2008	LAST REVIEWED DATE:	03/01/2021
EFFECTIVE DATE:	03/01/2021		

CROSS REFERENCE: The Joint Commission Accreditations Standard IC.02.01.01

1 Purpose

The purpose of these requirements is to ensure that all faculty, and staff at Mount Sinai Health System and the Icahn School of Medicine at Mount Sinai are adequately protected against workplace respiratory hazards through assessment, medical clearance, respirator assignment, and fit testing. Assessments are made based on the hazards present. The determination on whether respiratory protection is necessary and what type is to be used will be made based on these assessments. *NOTE: Please note modifications to the implementation of this policy relative to SARS-COV-2 and COVID-19.*

2 Scope

This policy applies to all Mount Sinai Health System (MSHS) and Icahn School of Medicine at Mount Sinai staff who need to use respiratory protection in the course of performing their duties. The following departments have been identified as places where individuals need or may potentially need to use respiratory protection in the course of performing their work duties:

- Clinical personnel in areas where high-risk procedures are done or where work on high-risk patients is performed
- Personnel in other laboratories identified as working with specified hazards where respiratory protection is needed
- Facilities Engineering and Maintenance personnel
- All BSL-3 and certain BSL-2 lab users

Employees in other departments may require respiratory protection as well, depending on their specific duties.

3 Policy Authority

Mount Sinai Health System Environmental Health and Safety is the highest corporate administrative or academic group authorizing this policy. The Chief Executive Officer for each affiliated location and the Dean and President of Academic Affairs are highest local administrative or academic officers or groups authorizing this policy.



4 Policy

4.1 Roles and Responsibilities

4.1.1 Infection Prevention

- Conduct a risk assessment in conjunction with other appropriate Department Heads/Managers
- Determine which departments, patient care areas, or healthcare worker job titles shall be required to wear respirators. The risk assessment shall take into account:
 - the profile of AIA in the patient population serviced by each department,
 - the type of medical or support service procedure performed by the health care worker/department,
 - an evaluation of each department's PPD test conversion data.
- Review the risk assessment annually to monitor changes in levels of risk and to evaluate the effectiveness of this program in reducing risk of transmission
- Provide Infection Prevention and Control in-servicing for hospital employees in accordance with the current Centers for Disease Control and Prevention (CDC) guidelines and including information on:
 - the nature, extent, and risk of AIA transmission at MSBI;
 - PPD screening requirements and rationale.
 - the administrative methods and equipment in place at MSBI to minimize the transmission of AIA; and,
 - the risk of contracting active disease if infected,
 - who to contact for resolution of problems and questions regarding AIA Control.

4.1.2 Environmental Health and Safety (EH&S)

- Act as the Program Administrator for the Respiratory Protection policy
- Ensure compliance with the Respirator policy
- Develop, evaluate, and maintain the Respiratory Protection policy
- Conduct hazard and exposure assessments, addressing types of hazards and levels
- Recommend to users and supervisors the types of respiratory protection that need to be purchased
- Ensure medical evaluation clearances conducted by Employee Health Services from employees
- Provide yearly fit testing, training, and resource documents for all respirator users
- Maintain training and fit testing records
- Evaluate this policy as necessary

4.1.3 Principal Investigators and Department Managers

- Ensure their departments and personnel comply with the requirements of this policy
- Provide respirators as recommended by the Program Administrator
- Alert EH&S of new chemical usage or new procedures where hazard assessments are necessary to determine exposure
- Work with Infection Prevention to identify those job titles, tasks or procedures for which a respirator will be required based upon the findings of the risk assessment
- Work with Employee Health Services to request and schedule medical evaluations to screen employees for respirator use, during their annual health assessment as part of health compliance
- Explain to employees that respirators may not be worn unless the required medical clearance, training and fit testing are successfully completed



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

- Ensure that employees seeking to fill positions that require respirator use understand that respirators may not be worn if facial hair such as beards, sideburns, moustaches, etc., interferes with a face-to-respirator seal.

4.1.4 Employee Health Services (EHS)

- Conduct initial medical evaluations.
- Request medical tests, consultations or diagnostic tests.
- Administer the OSHA Medical Questionnaire.
- Develop written procedures for managing medical evaluations.
- Provide employees, upon request, with written documentation of the results of medical evaluations.

4.1.5 Respirator Users / Employees

- Wear appropriate respiratory protection when performing work that involves respirable hazards.
- Use respirators in accordance with instructions and training received
- Store and maintain respiratory equipment as required by manufacturers' instructions and training received
- Clean respiratory equipment according to training received for reusable respirators
- Limit facial hair growth to lengths/patterns that will not interfere with proper respiratory device fit and seal.
- Evacuate contaminated areas during any respirator malfunction or change in conditions that render the respirator ineffective for the hazards present.
- Perform a proper check as demonstrated during training whenever donning the respirator.
- Change out filters and cartridges as per training received.
- Inform supervisors of any significant weight gain or loss, dental surgery, or other changes in facial structure that would require additional fit testing.

4.2 Requirements

4.2.1 Program Administration

This policy is administered by Environmental Health and Safety (Respiratory Protection Program Administrators listed in the appendices).

4.2.2 Determining Respirator Usage

Environmental Health and Safety and Infection Prevention, with the assistance of each respective department, will evaluate the work area for potential exposures, and then select or approve appropriate NIOSH-certified respirators and accessories. Engineering and administrative controls will be used to eliminate potential hazards where feasible. Where such controls do not eliminate the hazard, or reduce it to an acceptable regulatory level, respiratory protection may be used based upon a hazard assessment.

Environmental Health and Safety has several methods for determining if a work duty requires the use of a respirator. These include:

- Hazard Assessment through personal exposure monitoring when the chemical hazard is known, but the exposure levels need to be determined.
- Identification of job functions requiring respiratory protection based on the types of hazards present. In addition to duties previously listed, other job functions may be identified as needing respiratory protection.
- Performing an environmental or safety assessment based on physical or other hazards present that would constitute the need for using respiratory protection.



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

For respiratory protection required under NIOSH / OSHA / CDC guidelines for exposure to airborne pathogens such as SARS-COV-2, tuberculosis, measles, varicella, and others, a risk evaluation will be used to rate relative risks and to track required controls (See EH-SAFP10-1 Respiratory Protection: Evaluation, Fit Testing, and Certification Procedure).

4.2.3 Respirator Types and Filters / Cartridges

A variety of respiratory protection options are available based on the hazards present. Examples of respirators and equipment that apply to this policy include the items detailed below:

4.2.3.1 Respirators

- N-95 respirators
- P-95 respirators
- Half-face negative air respirators
- Full-face negative air respirators
- Powered Air Purifying Respirator (PAPR) (positive air respirator)

4.2.3.2 Filters, Cartridges, and other accessories

- N-95, P-95, N-99 particulate filters
- P-100 (HEPA) 99.97% particulate filters
- Organic vapor, acid gas, ammonia/amines cartridges
- Formaldehyde, mercury cartridges
- Spectacle kits for full face-piece
- Other types of NIOSH-approved filters, cartridges, and accessories identified as part of this policy

4.2.3.3 Respirator Models

The Mount Sinai Health System and Icahn School of Medicine at Mount Sinai have selected the following model respirators:

- 3M 1860 N95 Health Care Particulate Respirator and Surgical Mask (Regular and Small)
- 3M 8110 N95 Particulate Respirator (Small)
- 3M 8210 N95 Particulate Respirator (Regular)
- 3M 9210 N95 Particulate Respirator (Standard)
- 3M 1870+ Aura N95 Particulate Respirator (Standard)
- Halyard FluidShield N95 Particulate Respirator (Regular and Small)
- Avery Dennison N95 Respirator (Large and Small)
- Kimberly Clark Tecnol Fluidshield PFR95 N95 Care Particulate Respirator and Surgical Mask (Regular and Small)
- Moldex 2300 N95 Particulate Respirator (Large and Small)
- Moldex 2700 N95 Particulate Respirator (Large and Small)
- Sentinel XLTM HP Clear Hood Powered Air Purifying Respirator (PAPR) System



4.2.3.4 Surgical masks

As a surgical mask will not protect a user against inhaled hazards, a surgical mask is not considered a respirator. Therefore, it cannot be used in place of a respirator in areas where respiratory protection is required. A NIOSH-approved respirator appropriate for the hazards present must be used in these areas.

4.2.3.5 Face Covers

Face covers are currently mandated to mitigate the risk of exposure to SARS-COV-2. However, a simple face cover will not protect a user against inhaled hazards and is not considered a respirator. Therefore, it cannot be used in place of a respirator in areas where respiratory protection is required. A NIOSH-approved respirator appropriate for the hazards present must be used in these areas.

4.2.4 Duties that may Require Respiratory Protection

Environmental Health and Safety, in conjunction with Infection Prevention, evaluates various duties to determine if they require respiratory protection. Departments must consult with Environmental Health and Safety prior to instructing staff to utilize respiratory protection for job duties not listed below. Some of the tasks performed at Mount Sinai Health System and the Icahn School of Medicine at Mount Sinai that need respiratory protection are as described in the sections to follow:

4.2.4.1 Laboratory Work

- Research under all Biosafety Level 3 or certain Biosafety Level 2, where an evaluation has determined that respiratory protection is necessary
- Technical procedures, such as pressuring liquids, sonicating, and grinding or sawing primate tissue that present a high rate of aerosolizing materials
- Procedures with infectious materials that are generally handled inside biological safety cabinets and cannot be performed inside the cabinet (i.e., microscopy)

4.2.4.2 Clinical Work

- Entering the room of a patient on respiratory isolation or providing consultations
- Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV)
- Administering nebulized medications
- Performing or assisting with a procedure on a patient with known or suspected tuberculosis, measles, varicella, or other communicable respiratory infections. Clinical areas with reasonably anticipated exposure to patients with contagious respiratory infections should have a sufficient number of personnel who are trained and fitted for respirator use to be able to administer the necessary care.
- Performing aerosol-generating procedures such as intubation / extubation, chest physiotherapy, non-invasive ventilation (BIPAP/CPAP), manual ventilation, high frequency ventilation, tracheostomy / laryngostoma with open suction, procedure/manipulation, ventilator disconnects, high flow nasal cannula, open suction, bronchoscopy/BAL, laryngoscopy, CPR, ventilator disconnects, pulmonary function tests, autopsies, sputum induction, certain ENT and dentistry procedures.
- Voluntary physicians (those who Mount Sinai Health System does not compensate for their services or direct their provision of care) must ensure that they are compliant with the requirement for medical screening and respirator fit testing, and must provide their own respirators.

4.2.5 Medical Evaluation and Clearance



Prior to working in areas requiring respiratory protection, employees must undergo appropriate medical evaluation and fit testing. The initial stages of this process will begin with a medical questionnaire, completed by the employee, and provided to a physician or other professional licensed health care practitioner (PLHCP). Based on the overall health of the individual and special medical tests (pulmonary function studies, EKG, etc.) as appropriate, an examining physician or PLHCP determines whether or not the individual will be restricted from wearing respiratory protective equipment. If a medical restriction is applied, the employee, his/her supervisor, and the Program Administrator are formally notified of the restriction.

Employees shall not be assigned to tasks requiring the use of respirators unless it has been determined by medical authorities that the employee can perform duties while wearing the respirator and any other protective clothing. Specific medical tests and procedures will be determined by the Occupational Health Physician and will be in accordance with OSHA medical surveillance requirements and/or NIOSH recommendations.

Medical evaluations shall include:

- Completion of the Mount Sinai respirator medical questionnaire
- A medical history, including previously diagnosed disease, particularly known cardiovascular or respiratory diseases
- Psychological problems or symptoms including claustrophobia
- Problems associated with breathing during normal work activities
- Past problems with respirator use
- Past and current usage of medication
- Any known physical deformities or abnormalities, including those which may interfere with respirator use
- Previous occupations
- The following may disqualify an employee from wearing a respirator:
 - Facial deformities
 - Perforated tympanic membranes
 - Respiratory diseases affecting pulmonary function
 - Symptomatic coronary artery disease, significant arrhythmias, or history of recent myocardial infarction
 - Endocrinal disorders which may cause the employee to suffer sudden loss of consciousness or response capability
 - Inability to perform coordinated movements and conditions affecting response and consciousness due to neurological disabilities
 - Use of medications that affect judgment, performance or reliability or alter the state of awareness or consciousness
 - A history of claustrophobia may require further evaluation
 - Any other condition which the physician believes might require special restriction

Appropriate medical follow-up and/or a medical examination will be provided for an employee who gives a positive response to any question among Part A, Section 2, Questions 1-8 of the questionnaire. The medical examination shall include any medical tests, consultations, or diagnostic procedures that the professional licensed health care practitioner deems necessary to make a final determination.



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

Documentation of medical clearance shall be provided by Employee Health Services or the professional licensed health care practitioner to the employee. A copy of this clearance must be presented to Environmental Health and Safety (or other fit testing entity), and to the employee's supervisor.

No employee is to wear a self-contained breathing apparatus (SCBA) or airline respirator unless specifically authorized by the Program Administrator.

NOTE: Pursuant to OSHA's April 3, 2020 Enforcement Memorandum "Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions during the Coronavirus Disease 2019 (COVID-19) Pandemic", the selection criteria for NIOSH-approved respirators has been suspended until further notice. Selection of non-NIOSH approved respirators will be permitted as indicated. <https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under>

4.2.6 Facial Hair

Tight-fitting respirators cannot be worn by employees who have facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function, or who have any condition that interferes with the face-to-facepiece seal or valve function. Mount Sinai Health System and the Icahn School of Medicine at Mount Sinai will not fit test nor authorize the use of tight-fitting respirators by any staff with facial hair that interferes with the seal of the respiratory.

Some styles of facial hair do not interfere with the respirator-to-face seal of tight-fitting respirators. The permitted facial hairstyles are described in the CDC / NIOSH guidance on permitted facial hair patterns. ("Facial Hairstyles and Filtering Facepiece Respirators"). Employees with facial hairstyles which do not conform to this guidance are strongly encouraged to modify their facial hairstyles to conform to the CDC / NIOSH guidance.

<https://www.cdc.gov/niosh/nppt/pdfs/facialhairwmask11282017-508.pdf>

Employees with facial hair that are not willing to remove their facial hair or to make their facial hairstyle conform to the CDC / NIOSH guidance must have a discussion with their supervisor and Human Resources to review available options. The review may include a medical assessment by Employee Health Services. Other factors may also be considered by the employee's supervisor and Human Resources.

4.2.7 Respirator Fit Testing

A fit test shall be used to determine the ability of each individual respirator wearer to obtain a satisfactory fit with any air-purifying respirator. Personnel must successfully pass the fit test before being issued an air-purifying respirator.

No employee is permitted to wear a negative-pressure respirator in a work situation until he or she has demonstrated that an acceptable fit can be obtained. Respirator fitting is conducted initially upon assignment and annually thereafter upon successful completion of the respirator training.

Respirator fit-testing shall be documented and shall include the type of respirator, brand name and model, method of test and test results, test date and the name of the instructor/tester. The tested individual shall sign this fit-test record. A copy will be maintained by the Employee Health Services, the employee's department, and by the tested individual.



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

NOTE: Pursuant to OSHA's April 8, 2020 Enforcement Memorandum "Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic", the requirement for annual fit testing has been suspended until further notice. Staff will not be required to complete the annual fit test provided that they have a documented fit test for the respirator make and model that they will be using. If the available make(s) and model(s) changes, staff must receive an initial fit test on the available respirator.

<https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95>

4.2.8 Respirator Use

Respiratory protection is authorized and issued for the following personnel:

- Workers in areas known to have contaminant levels requiring the use of respiratory protection or in which contaminant levels requiring the use of respiratory protection may be created without warning (e.g., emergency purposes such as hazardous material spill responses).
- Workers performing operations documented to be health hazardous and those unavoidably required to be in the immediate vicinity where similar levels of contaminants are generated.
- Workers in suspect areas or performing operations suspected of being health hazardous but for which adequate sampling data has not been obtained.

Clinical staff must wear a hospital approved N95 respirator (or better) to control exposure to suspected or confirmed cases of airborne illnesses such as SARS-CoV-2, tuberculosis, varicella, Middle Eastern Respiratory Syndrome (MERS-CoV), and measles (per Mount Sinai Health System Hierarchy of Controls). N95 respirators are disposable, so they cannot be cleaned or disinfected.

Individual respirators shall be provided to each employee requiring a respirator. Employees shall not share respirators, except for powered air purifying respirators (PAPR) or self-contained breathing apparatus (SCBA).

Respirators shall be used in accordance with the revised 29 CFR 1910.134. Thus, particulate respirators certified by NIOSH under 30 CFR part 11 shall be used with HEPA filters unless used in an area where the mass median aerodynamic diameter of the particulate is 2 microns or greater. For the most part, employees will not be aware of the particle size. Thus, respiratory protection certified under 30 CFR part 11 shall be used only with HEPA filters. In addition, NIOSH has certified particulate respirators under 42 CFR part 84. Purchases of new particulate respirator supplies shall be restricted to respiratory protection certified under 42 CFR part 84. Air-purifying respirators used for organic vapors shall be used in accordance with the revised 29 CFR 1910.134. Thus, such respirators are to be used with either an end-of-service-life indicator (ESLI) or using a change schedule.

Single use, disposable or maintenance-free respirators shall normally not be used by personnel where the possibility of an overexposure exists. Use of such respirators in areas where an overexposure would exist would require the employee to be fit tested with that respirator.

NOTE: Pursuant to OSHA's April 3, 2020 Enforcement Memorandum "Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic", the requirement for allowable uses of respirators has been modified until further notice to account for potential shortages of respiratory

protection during the pandemic. This Enforcement Memorandum provides guidance on extended use of respirators and the use of respirator beyond their expiration dates.

<https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>

4.2.8.1 Airborne Infectious Agents and PAPR Use

Powered Air Purifying Respirators (PAPRs) provide protection for the PAPR user from external air contaminants. However, they do not protect the patient or others from the expelled air of the PAPR user. Infection Prevention recognizes that since the PAPR does not filter the exhaled air from the user, his or her potentially infected exhaled air may be propelled from inside the mask into the shared environment, potentially exposing the patient and staff.

An N95 respirator without an exhaust valve is the preferred respirator type for protection of staff against Airborne Infectious Agents (AIA), including SARS-CoV2 virus (which causes COVID-19). During certain high-risk procedures, clinical staff may wear a PAPR unit. These staff must supplement the PAPR with an approved N95 respirator or surgical mask to reduce the potential for airborne transmission. This practice is intended as a precaution, to prevent unfiltered air escaping from the PAPR hood.

4.2.8.2 Malfunction of Air-purifying Respirator

For any malfunction of an APR (e.g., such as breakthrough, face piece leakage, or improperly working valve), the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain the respirator. The supervisor must ensure that the qualified employee is provided with a new respirator. Staff should not remove the malfunctioning respirator. Rather, they should exit the area before removing the respirator and obtaining a new one.

4.2.8.3 Malfunction of Atmosphere-Supplying Respirator

All workers wearing atmosphere-supplying respirators will work with a buddy. Buddies shall assist workers who experience a SAR malfunction as follows: If a worker experiences a malfunction of an SAR, he or she should signal to the buddy that he or she has had a respirator malfunction. The buddy shall don an emergency escape respirator and aid the worker in immediately exiting the area.

4.2.9 Purchase of respirators

Respirators and associated replacement parts shall be purchased only if certified by NIOSH. However, if an approved respirator for an anticipated exposure is not commercially available then the Program Administrator shall determine whether the purchase and use of a non-approved respirator is warranted.

NOTE: See note above on interim selection of respiratory protection during the COVID-19 pandemic.

4.2.10 Inspection

Wearers must inspect their respirators before and after use. Respirators that are not used routinely are to be inspected after each use and at least monthly. Respirator inspections must include checking that:

- Sealing surface are clean and free of cracks and holes
- Rubber and elastic parts have good pliability and no signs of deterioration
- Inhalation and exhalation valves are clean and seated properly
- Straps are sufficiently elastic and free of worn areas



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

- If full face, face shield is cleaned and clear (no smudges, scratches, or other damage that may impede visibility)

4.2.11 Pre-use Face Seal Check

Before using a respirator, the wearer must perform a positive and negative pressure check. The wearer must ensure current facial condition will allow an effective seal (for example the wearer must be clean shaven). Wearers of N95 filtering facepiece respirators should follow the manufacturer's guidance on seal checks for their specific respirator. Wearers of elastomeric respirators should performed a seal check as indicated below:

- Positive pressure check. Close off exhalation valve with palms and exhale gently. No leakage outward around the seal should occur.
- Negative pressure check. Close off cartridges and inhale. The respirator should collapse slightly on the face. No leakage around the face seal should occur while maintaining a negative pressure inside the respirator for several seconds.

4.2.12 Disinfection

Disposable N95 respirators are single-use only and should be disposed of once doffed.

NOTE: In the event extended use or reuse of N95 respirators becomes necessary, the same staff member is permitted to extend use of or reuse the respirator, as long as the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated (e.g., with blood, oil, paint). Mount Sinai Health System considers an N95 respirator to be contaminated:

- *when the N95 respirator is visibly soiled with body fluids or blood, or*
- *At the end of a 12-hour shift.*

Elastomeric respirators should be cleaned and disinfected after each use. The solution used to clean the respirator(s) should contain some type of biocide for disinfection. Cartridges and filters must be removed from the respirator before cleaning.

- To clean and disinfect respirators:
 - Disassemble and wash with dishwashing detergent in warm water, using a soft brush.
 - Thoroughly rinse to remove any detergent residue.
 - Air dry in a clean place.

NOTE: Pursuant to OSHA's April 24, 2020 Enforcement Memorandum "Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic", the requirements for disinfection of respirators have been modified until further notice.

<https://www.osha.gov/memos/2020-04-24/enforcement-guidance-decontamination-filtering-facepiece-respirators-healthcare>

4.2.13 Cartridges and Filters

Change cartridges and filters according to the schedule developed under the guidance of Environmental Health and Safety or the respirator's manufacturer, or sooner if you experience an increased resistance in breathing or when you detect contaminant odors or taste while wearing your respirator. Be familiar with the chemical properties of the substance you are using. Some chemicals require the cartridges to be changed more frequently, regardless of exposure concentration.

4.2.14 Storage

Respirators must be stored away from dust, sunlight, heat, extreme cold, excessive moisture, damaging chemicals, or contamination. Filters and cartridges should be removed from the respirator and stored in separate bags to prevent cross contamination. Do not store items on top of respirators, which could deform the face piece shape. Do not store respirators in such places as lockers or tool boxes unless they are in carrying cases or cartons to preserve face piece shape. Respirators should be packed and stored according to the manufacturer's instructions. Never store a respirator within a fume hood or at a work bench where contaminants are present.

NOTE: Staff must comply with Mount Sinai Health System's latest guidance on the proper storage of respirators during periods of extended use. See the Mount Sinai Health System's Staff Safety Hub for the latest guidance. <https://www.mountsinai.org/about/covid19/staff-resources/safety-hub>

4.2.15 Maintenance and Care of Dust Masks

Dust masks must be maintained in a clean and sanitary condition. Personnel who voluntarily wear dust masks when respirator use is not required must:

- Store dust masks in a plastic bag or box in a secure location such as a locker or desk drawer, away from moisture and contamination
- Not share dust masks with others
- Not use a dust mask that is torn, distorted, or dirty

NOTE: Staff must comply with Mount Sinai Health System's latest guidance on the maintenance and care of respirators during periods of extended use. See the Mount Sinai Health System's Staff Safety Hub for the latest guidance. <https://www.mountsinai.org/about/covid19/staff-resources/safety-hub>

4.2.16 Voluntary Use Requirement

Any employee who voluntarily wears a respirator is subject to the medical evaluation, cleaning, maintenance and storage elements of this policy, and must be provided with certain information as specified in this section of the policy. NOTE: Employees who voluntarily wear filtering facepieces (dust masks) are not subject to the medical evaluation, cleaning, storage and maintenance provisions of this policy.

4.2.17 Policy Evaluation

The Program Administrator must conduct evaluations of the Respiratory Protection policy annually to ensure that the provisions of the current written respirator policy are being properly implemented for all employees required to use respirators. Evaluations must be conducted to ensure the continued effectiveness of the policy and will help to determine whether the correct respirators are being used and worn properly and whether the training program is effective.

4.2.18 Information and Education

Respirator users will receive training on the contents of the Respiratory Protection policy and their responsibilities under it. They will be trained on the proper selection and use, as well as the limitations of the respirator. Training also covers how to ensure a proper fit before use and how to determine when a respirator is no longer providing the protection intended.



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

The training must cover, at a minimum, the elements specified in 29 CFR 1910.134(k) which include:

- Potential hazards that may be encountered at the site and the potential consequences of not wearing a respirator
- Discussion concerning the proper type of respirator use in a particular environment
- Limitations of the respirator including end-of-service-life indicators and change schedules
- Recognition of emergency situations and actions the employee should take to ensure protection
- Checking the fit of the respirator each time the respirator is worn
- Proper maintenance and storage of the respirator
- Checking the integrity of the respirator
- Medical signs and symptoms that would suggest a need to limit or end the usage of the respirator
- The requirements of 29 CFR 1910.134

Retraining of employees shall occur at least annually in accordance with 29 CFR 1910.134. Respirator training will be properly documented and should include the type and model of respirator for which the individual has been trained and fit-tested.

5 Definitions

Air-Purifying respirator: A respirator that passes ambient air through an air-purifying element that removes the contaminant(s), either by means of breathing action or by a blower.

Assigned protection factor (APF): The expected workplace level of respiratory protection that a properly functioning respirator or a class of respirators would provide to properly fitted and trained users. Half-mask air-purifying respirators have an APF of 10; full-face have an APF of 50.

Atmosphere-supplying respirator: A class of respirators that supply a respirable atmosphere, independent of the workplace atmosphere.

Disposable respirator: A respirator that is designed to be discarded after a single use.

End-of-service-life indicator (ESLI): A system that warns the respirators user of the approach of the end of adequate respiratory protection; e.g., that the sorbent is approaching saturation or is no longer effective.

Filtering face-piece (respirator mask): A negative pressure particulate respirator with a filter as an integral part of the face-piece, or with the entire face-piece composed of the filtering medium.

Fit Test: The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test and Quantitative fit test).

Loose-fitting face-piece: A respiratory inlet covering that is designed to form a partial seal with the face.

Negative pressure respirator (tight-fitting respirator): A respirator in which the air pressure inside the respiratory inlet covering is negative during inhalation with respect to the ambient air pressure and forms a complete seal with the face.

Positive pressure respirator (loose-fitting respirator): A respirator in which the pressure inside the respiratory inlet covering is normally positive with respect to ambient air pressure.



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

Powered air-purifying respirator (PAPR): An air-purifying respirator that uses a blower to force the ambient atmosphere through air purifying elements to the inlet covering.

Qualitative fit test: A pass/fail fit test that relies on the subject's sensory response to detect the challenge agent.

Quantitative fit test: An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage of potential contaminants into the respirator.

Respirator: A personal device designed to protect the wearer from the inhalation of hazardous atmospheres.

User seal check: An action conducted by the respirator user to determine if the respirator is correctly positioned on the face.

6 References

- Title 29, Code of Federal Regulations, "Labor", Subtitle B, "Regulations Relating to Labor (Continued)", Chapter 17, "Occupational Safety and Health Administration, Department of Labor", Part 1910, "Occupational Safety and Health Standards", Subpart I, "Personal Protective Equipment", Section 134, "Respiratory Protection" (29 CFR 1910.134)
- The Joint Commission Accreditations Standard IC.02.01.01
- Centers for Disease Control and Prevention. (2015). Hospital Respiratory Protection Program Toolkit. Document available at: <https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>
- Centers for Disease Control and Prevention. (2020). Healthcare Respiratory Protection Resources. Retrieved from <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>
- Occupational Safety and Health Administration. (2002). Respiratory Protection. Document available at <https://www.osha.gov/Publications/OSHA3079.pdf>

7 Forms and Records

The following recordkeeping requirements apply for these requirements:

- Periodic Medical Questionnaire for Respirator Users (maintained on file)
- Respirator Medical Approval Form (maintained on file)
- Respirator Fit Test Record (maintained for at least 1 year)
- Respirator Training and Fit Testing Program Certificate of Completion (maintained for at least 1 year)
- Respirator Fit Test Fail Notes and Instructions
- Recommendation Regarding Employee's Ability to Use a Respirator



8 Approvals

- Corporate Environmental Health and Safety
- Site Environmental Health and Safety
- Environment of Care / Safety Committee
- FD&C / PDC (as needed)
- Facilities / Engineering (as needed)
- Other affected department(s): List: Infection Prevention, Employee Health Services

REVIEW/REVISION HISTORY

<i>Reviewed</i>	<i>09/15</i>	<i>04/16</i>	<i>01/17</i>	<i>01/18</i>	<i>01/19</i>	<i>01/20</i>	<i>10/20</i>	<i>03/21</i>	
<i>Revised</i>	<i>09/15</i>	<i>04/16</i>	<i>01/17</i>	<i>01/18</i>	<i>01/19</i>	<i>01/20</i>	<i>10/20</i>	<i>03/21</i>	



Mount Sinai

MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

Appendix A – Respiratory Protection Program Administrators

<p>Mount Sinai Hospital / ISMMS Dale Wilson</p>	<p>Mount Sinai St. Luke's Yvonne Guariglia / Marcus Johnson</p>	<p>Mount Sinai West Yvonne Guariglia / Delaney Jones</p>
<p>Tel 212-241-7233</p>	<p>Tel 646-477-9795</p>	<p>Tel 646-477-9795</p>

<p>Mount Sinai Beth Israel / Mount Sinai Downtown Gregory Camacho</p>	<p>New York Eye and Ear Infirmary Jennifer Blas-Perez</p>	<p>Mount Sinai South Nassau</p>
<p>Tel 212-420-2442</p>	<p>Tel 212-979-4615</p>	<p>Tel</p>

<p>Mount Sinai Brooklyn William Kennedy</p>	<p>Mount Sinai Queens Jennifer Blas-Perez</p>	<p>Mount Sinai Corporate Office Salvatore Tranchina</p>
<p>Tel 718-951-3007</p>	<p>Tel 212-979-4615</p>	<p>Tel 646-605-7105</p>