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Aerospace Medicine

**RESPIRATORY PROTECTION PROGRAM
(RPP) (PA)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 48-1, *Aerospace Medicine Program*. It establishes guidance, procedures, and responsibilities for conducting the Respiratory Protection Program (RPP) at Kadena Air Base. Incorporated in this documents are the requirements of 29 CFR 1910.134, *Respiratory Protection* and Air Force Occupational Safety and Health (AFOSH) Standard 48-137, *Respiratory Protection Program*. It applies to 18th Wing, associate units, and specified contractors (by support agreement) on Kadena AB who require respiratory protection. It applies to all Air Force military and civilian personnel. This publication does not apply to the Air National Guard or US Air Force Reserve.

This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authorities to collect and or maintain the records prescribed in this publication are 10 U.S.C. 55, *Medical and Dental Care*; 10 U.S.C. 8013, *Secretary of the Air Force*; powers and duties; delegation by, and Executive Order 9397. Forms affected by the PA have an appropriate PA statement. Systems of records notice 62 FR 31793, *Reporting of Medical Conditions of Public Health and Military Significance*, apply.

SUMMARY OF REVISIONS

This instruction has been changed substantially for compliance with AFOSH Standard 48-137 and must be reviewed in its entirety. Changes/revisions made include definition of additional terms, expanding of responsibilities, identifies respirator fit testing and training procedures, respirator selection procedures, purchasing procedures, respirator disposal instructions, administrative procedures, and respirator program evaluations. New or revised material is indicated by a bar (|).

1. Provisions. The RPP deals with the prevention and control of airborne chemical and biological exposures in the work environment.

2. Terms Explained.

2.1. Common Use Respirators. Respirators or systems that are used by more than one individual. Airline respirators are common use respirators because individuals share the entire system, excluding the face piece and hood.

2.2. Issue Exception Code (IEX) T. A code assigned to respiratory protection devices and parts by Kadena AB Supply. This code signifies Bioenvironmental Engineering must approve the item before the customer may purchase it.

3. Responsibilities.

3.1. Unit commanders or officers in charge will request BEF evaluation and approval prior to implementing any new or significantly modified work process whenever respirators are proposed for worker protection.

3.2. Supervisors of workplaces where respirators are required will:

3.2.1. Direct workers to the Optometry Clinic (18 AMDS/SGPE) if corrective lenses are needed while wearing a full-face respirator. Provide the worker with the necessary system or kit for mounting the corrective lenses into the BEF-approved respirator. The system or kit is unique to each manufacturer's equipment and must be ordered along with the worker's respirator from supply.

3.2.2. Ensure individually issued respirators are indelibly marked with each worker's name or unique identification code (e.g., last four of their social security number).

3.2.3. Attend supervisor respiratory protection training provided by BEF. Contact BEF at 634-4752 to schedule annual refresher training for workers.

3.2.4. Provide a roster to BEF on a quarterly basis a listing all shop personnel that require a respirator.

3.2.5. Ensure all personnel render all expired cartridges and filters unserviceable before discarding them.

3.2.6. Maintain a respiratory protection binder according to paragraph 10.1 of this instruction.

3.2.7. Ensure common-use and emergency-use respirators are inspected every 30 days when stored and before each use.

3.2.8. Ensure shop-level respiratory protection monitors attend supervisory respiratory protection training provided by BEF.

3.2.9. Supervisors shall call BEF at extension 634-4752 for information and guidance regarding respiratory protection matters. In case of an emergency after duty hours, a BEF representative may be reached via the Command Post.

3.2.10. Ensure new workers required to wear respirators in-process through 18th Aerospace Medicine's Squadron Force Health Element (18 AMDS/SGPM) for enrollment into the occupational health program and complete the medical clearance paperwork.

3.2.11. Forward copies of breathing air results to BEF within 10 days after receipt. **NOTE:** The compressor system shall be sampled before initial use, after replacement of the compressor, the purifier, or after other major repairs, and once every 90 days.

3.2.12. Reassign to duties without respiratory hazards, those individuals determined unable to wear respiratory protection (e.g., inability to adequately fit-test or for medical reasons).

3.3. Bioenvironmental Engineering Flight (18 AMDS/SGPB) will:

3.3.1. Monitor and restrict respirator issue from Base Supply by assigning an IEX T code to respiratory protection devices and parts as deemed necessary to ensure the appropriate respirators are issued to the workers.

3.3.2. Enroll in the RPP and monitor all workers who are required to wear any type of respirator in the performance of their duties.

3.3.3. Conduct re-certification fit testing of workers who wear negative pressure respirators at least once every 12 months unless required more frequently by a specific Occupational Safety and Health Administration standard (e.g., every 6 months for asbestos) or AF standard.

3.3.4. Perform worker re-training or fit testing if the supervisor determines the worker has insufficient knowledge of respirator use or the respirator appears to fit improperly.

3.3.5. Document all fit tests on Certification Report and provide worker with a copy to file with their AF Form 55, **Employee Safety and Health Record (PA)**.

3.3.6. Provide initial and refresher training, as necessary, to supervisors of respirator users.

3.3.7. Train supervisors on filtering face piece devices when used in the workplace for "comfort."

3.3.8. Provide assistance, as required, to procure respirators. BEF will assist by identifying specific replacement cartridges, model and part numbers, NSN, etc.

3.3.9. Ask workers if they have experienced difficulty in wearing respirators during the annual fit-test.

3.3.10. Brief the medical facility professional staff annually to notify a physician or other licensed healthcare professional and BEF if a patient who uses a respirator develops medical conditions that could affect the ability to wear a respirator.

3.3.11. Provide initial training to base Supply and Benchstock personnel on RPP ordering procedures contained in this instruction.

3.4. Force Health Element of Public Health will:

3.4.1. Enroll workers in the occupational health program.

3.4.2. Ensure workers in only those exposure groups identified by BEF complete the respiratory questionnaire during PHA or other occupational examination process.

3.5. The Occupational Health Working Group (OHWG) will identify and initiate scheduling of workers who require an initial RPP occupational health exam.

3.6. The MDG will ensure that a physician or other licensed healthcare professional (PLHCP) medically clear workers to wear respirators and ensure that the medical questionnaire is filed in the individual's medical record. NOTE: Administrative personnel assigned to PCM Teams are primarily responsible for filing the RPP questionnaire in the medical record.

3.7. Base Fire Department (18 CES/CEF) will:

- 3.7.1. As the base experts on Self-Contained Breathing Apparatus (SCBA), provide annual training for emergency response workers, identified by BEF, who must wear a SCBA.
 - 3.7.2. Ensure firefighters receive medical clearance through the medical facility before fit testing or starting fire-fighting duties and annually thereafter. **NOTE:** BEF will notify fire department fit test monitors that the PLHCP has cleared personnel to wear a respirator. BEF or fire department fit test monitors (trained by BEF) will then conduct the fit test.
 - 3.7.3. Document training on AF Form 2767, **Occupational Health Training and Protective Equipment Fit Testing (PA)**, or equivalent document, and forward a copy of the completed AF Form 2767 to BEF within 5 days after training.
 - 3.7.4. Ensure that their breathing air source complies with NFPA 1500, *Fire Department Occupational Health and Safety Program*, and NFPA 1404, *Standard for a Fire Department Self-Contained Breathing Apparatus Program*.
 - 3.7.5. Forward a copy of breathing air sample results to BEF within 10 days of receipt. **NOTE:** The compressor system shall be sampled before initial use, after replacement of the compressor, the purifier, or after other major repairs, and once every 90 days.
- 3.8. Optometry Clinic (18 AMDS/SGPE) will:
- 3.8.1. Ensure current and adequate refractive prescriptions are used for respirator insert lenses for the wear of a respirator.
 - 3.8.2. Ensure necessary corrective lens mounting system or kit is obtained from worker.
 - 3.8.3. Coordinate acquisition and insertion of respirator insert lenses into mounting system or kit.
 - 3.8.4. Verify completed system or kit prescription lenses for accuracy as per American National Standards Institute (ANSI) standards.
- 3.9. Det 44, Aerospace Fuels Lab will: Test bottled air and supplied air compressor samples to determine if the air meets all breathing air quality requirements. **NOTE:** Fire department will use a laboratory certified to test breathing air source in accordance with NFPA 1500 and NFPA 1404.
- 3.10. Base Supply will:
- 3.10.1. Not process orders for respirators or respirator parts until BEF reviews the suitability of the devices for the specific work center.
 - 3.10.2. Assign IEX T to all respirators and replacement parts when reviewed and approved by BEF.
 - 3.10.3. Not issue respirator items other than those originally approved by BEF (e.g., no “suitable substitutes”).
 - 3.10.4. Ensure personnel who issue respirators and replacement parts are trained annually on the requirements of this instruction.
- 3.11. Workers assigned to activities requiring use of respirators will:
- 3.11.1. Wear respirators properly and consistently for chemicals and work activities identified by BEF. For example, paint spray respirators will be used only for painting operations; surgical masks or asbestos respirators will not be substituted because they may give a false sense of security yet permit unacceptable exposure to chemicals.

3.11.2. Report any respirator problems immediately to the supervisor (e.g., noticeable chemical odors, damaged respirator, improper seal, etc).

3.11.3. Remain clean-shaven to ensure the face-to-face piece seal can be maintained when wearing an air-purifying respirator.

3.11.4. Perform positive and negative pressure checks in a "clean air" environment each time the respirator is donned.

3.11.5. For initial fit test, complete and provide medical questionnaire to Force Health or health-care provider soon as possible. **NOTE:** Under no circumstances will a worker be fit tested with a respirator without being medically cleared by a licensed health-care worker.

4. Selection, Use, and Limitations.

4.1. BEF recommends personnel be placed on the RPP only for protection against significant airborne chemical exposures.

4.2. BEF quantifies potential exposures. If the hazard cannot be controlled by some other means, BEF selects the type of respirator (e.g., full or half face air purifying and supplied air), cartridge or canister type most suitable for controlling exiting hazard, and specifies when the cartridge/canister must be changed based on estimate of service life. If personnel are concerned about potentially hazardous chemicals, they should contact BEF.

4.3. The work center must procure respirators of the same manufacturers, models, and sizes for which shop personnel were fitted.

5. Emergency Use Respirators.

5.1. If personnel believe emergency use respirators are required for egress, the shop supervisor must contact BEF. BEF will review emergency/spill scenarios and select the best egress respirator, if one is required.

5.2. Tight-Fitting SCBA with back-pack style tanks are not adequate egress respirators and will not be used for egress purposes.

5.3. BEF and 18 CES/CEF Fire Department must review other emergency scenarios (e.g., rescue and spill response) prior to purchase of emergency-use respirators.

6. Training.

6.1. Supervisors will receive initial training from BEF. Training is required upon initial assignment as a shop supervisor and any time they become the supervisors of another workplace where respirators are worn. BEF will provide periodic training on a date and time mutually agreed upon between BEF and the work area supervisor. The training will be documented on the individual's AF Form 55, **Employee Safety and Health Record (PA)**.

6.2. Respirator Wearer - Initial. Once personnel have been medically cleared to wear a respirator (reported to the work area supervisor by BEF), the shop supervisor will contact BEF to schedule an appointment for fit testing and training. The supervisor will document training on the individual's AF Form 55, **Employee Safety and Health Record (PA)**.

6.3. Respirator Wearer - Annual. Shops will be scheduled for annual training on a date and time mutually agreed upon by BEF and the work area supervisor. The supervisor will document the training on the individual's AF Form 55, **Employee Safety and Health Record (PA)**.

6.4. Base Supply and Benchstock personnel who order respiratory protection devices and parts will receive initial training from BEF. As a minimum, BEF will train one supervisor in each area. These individuals in-turn will train personnel in their sections on the contents of this instruction. Once personnel are trained, the supervisor must forward a letter indicating who was trained, date trained, and items trained on to 18 AMDS/SGPB for filing. BEF is available to assist in conducting training if requested.

7. Fit-Testing. BEF will accomplish all fit testing, including quantitative and qualitative fit-testing. **EXCEPTION:** BEF will provide annual train-the-trainer to selected fire department personnel who will fit test fire fighters. In some cases, when a large number of workers (ten or more) are to be trained and fit-tested, BEF will perform it at their workplace if proper ventilation is maintained and sufficient fit-testing equipment is available. All other fit testing will be performed at BEF office, Building 428. Supervisors must coordinate all fit testing with BEF before individuals report for fit testing. Under no circumstances will individuals be fit-tested if not medically cleared by a physician or other licensed healthcare provider.

8. Purchase, Control, and Issuance of Respirators.

8.1. BEF will ensure that base Supply code respirator items with an IEX T.

8.2. Supply Records Maintenance will load coded items into the supply system when loading new items.

8.3. BEF must approve all initial purchases of respiratory protection devices before they are processed by base Supply or Contracting.

8.4. Base Supply will provide BEF a listing of all items in the Stock Class 4240 for review upon request.

9. Respirator Disposal.

9.1. Respirator parts removed and replaced in the course of routine maintenance (e.g., cartridges and valves) must be rendered unserviceable before discarding. Valves must be ripped in half and cartridges crushed.

9.2. Supervisors will inspect, sanitize, and certify serviceable excess respirators with the DD Form 1574, Serviceability Tag. All serviceable excess respirators will be turned in to supply for re-issue. All unserviceable respirators will be destroyed.

10. Administrative Procedures. Shop supervisors will maintain a respiratory protection binder. This binder must include, as a minimum the following: AFOSH Standard 48-137, *Respiratory Protection Program*, 18 Wing Instruction 48-102, *Respiratory Protection Program*, the shop's respiratory protection OI approved by BEF, copies of each individual AF Form 2772, **Certificate of Competency (PA)**, or equivalent, T.O. 42B-1-22, and copies of breathing air sample results if supplied air respirators are used. This binder will be maintained in an area where it is readily accessible. **NOTE:** A copy of T.O. 42B-1-22 is only required to be maintained if the breathing air is supplied by compressor or air bottle.

11. Program Evaluation.

11.1. BEF will conduct an annual review of the shop respiratory protection program. These shop-level reviews will be incorporated into the base-level program review that is reported in writing to the Aerospace Medicine Council and the Combined Occupational Safety and Health Council.

11.2. The annual review of the shop respiratory protection program may be conducted during the annual occupational survey visit.

12. Policy.

12.1. Respirator Certification. Respirators used under this program will be certified by the National Institute for Occupational Safety and Health (NIOSH). Certification numbers are prefixed with the letters TC (Test Certification) followed by numerical sequence.

12.2. Respirator Use. Respirators will be worn where specified by an applicable directive or when recommended in writing by BEF. Normally, the need to wear a respirator will be validated by the results of air sampling conducted in the workplace. BEF will make determination when the policy requirement is not explicit and will work with the supervisor to request clarification or change (AFTO Form 22 and other means). In work situations where timely air sampling is not feasible, BEF may recommend respiratory protection based on observation of the work process and professional judgment and experience.

12.3. Discretionary use of respirators is not permitted in accordance with AFOSH Standard 48-137.

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