

Residential Care Services Emergency Preparedness and Infection Control Team August 2024

#### **Background:**

Long-term care (LTC) settings that provide healthcare services must adhere to national infection prevention and control (IPC) standards established by the Centers for Disease Control and Prevention (CDC). These standards include standard precautions and transmission-based precautions. Within transmission-based precautions, airborne precautions are specifically required when dealing with airborne pathogens. In these situations, employees who encounter airborne pathogens must wear respirators. This is essential to prevent the spread of airborne pathogens.

#### **Respiratory Protection Program WAC 296-842-12005:**

A respiratory protection program (RPP) is a comprehensive plan detailing how the facility will comply with <u>WAC 296-842</u>.

### When Respirator Use is Required <u>WAC 296-842-13005</u>:

Respirators are required for employees who will be exposed to infectious airborne pathogens (examples could include COVID-19, measles, TB).

This should be determined by the employer's personal protective equipment (PPE) hazard assessment (WAC 296-800-16005).

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## Medical Evaluations, Training, and Fit Testing Requirements

Training, medical evaluation, and fit testing are for employees who are required to wear respirators in the workplace.

## Medical Evaluation WAC 296-842-14005:

A respirator medical evaluation involves a series of questions designed to determine if it is safe for a worker to use a respirator. A medical professional reviews these questions and provides the employer with a statement confirming whether it is safe for the worker to wear a respirator. The answers to the medical evaluation questions must remain confidential. The employer only needs to know if the worker is fit to use a respirator and when the worker will need to undergo another medical evaluation.

Medical evaluations must be completed before initial respirator use. Subsequent medical evaluation frequency is determined by <u>Table 7 of WAC 296-842-14005</u>.

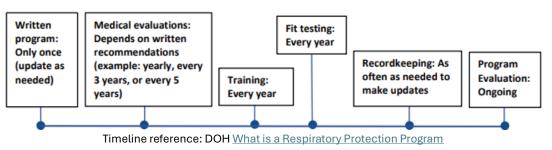
### Training Requirements WAC 296-842-16005:

Any employee required to wear a respirator must complete respirator training before its use. This training covers the importance of the respirator, its proper use, and other relevant requirements. It ensures employees understand how to stay safe when dealing with airborne precautions and how to prevent the spread of airborne pathogens. Employees must take the facility's respirator training prior to initial respirator use and annually thereafter, as long as they are expected to use it in the workplace. Training content and delivery are not standardized and may vary by facility.

### Fit Testing Requirements WAC 296-842-15005:

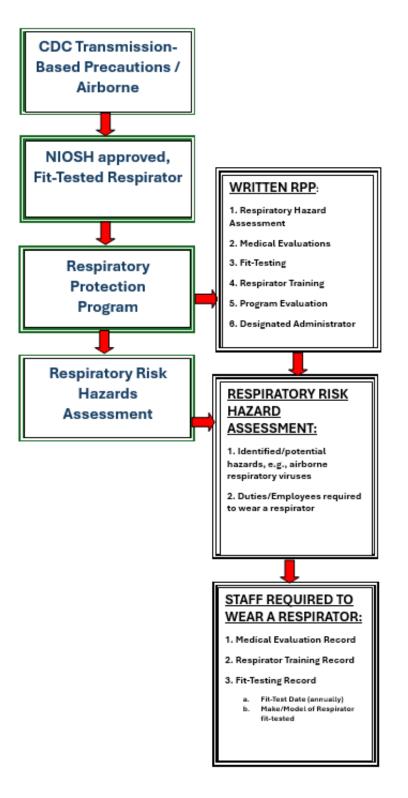
Respirator fit testing is a procedure that assesses how well a <u>tight-fitting respirator</u> conforms to the employee's face. A proper fit is important to prevent inhalation of airborne pathogens. Employees must wear the exact make and model of respirator for which they have been tested. Fit testing is required before initial use of a respirator and must be repeated annually as long as the respirator continues to be used in the workplace. If an employee undergoes significant physical changes-such as fluctuations in weight, dental procedures, or any other alterations that might affect facial structure-they should be re fit-tested, even if this occurs before their scheduled annual fit test. An employee may request to be fit tested for a different respirator at any time.

For non-tight-fitting respirators, refer to WAC 296-842.



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## Flow Chart



## Frequently Asked Questions

## **Respiratory Protection Program Requirements**

## 1) Why do LTC facilities need to have an RPP?

- Employers have an obligation to protect their employees from respiratory hazards in the workplace (General Duty <u>WAC 296-126-094</u>).
- The RPP is a federal and state requirement to protect workers from exposure to respiratory hazards.
- Respirators are used to protect workers from respiratory hazards.
- All LTC facilities that have employees who use respirators must have an RPP.

### References:

WAC 296-842 Respirators What is a Respiratory Protection Program? 1910.134 - Respiratory protection. | Occupational Safety and Health Administration

## 2) Is an AFH provider who is the sole caregiver required to have a written RPP?

<u>WAC 296-126-094 General Duty – Working condition</u> applies to employee-employer situations. A sole proprietorship with no employees is not required to have a written RPP.

However, the provider MUST ensure that respiratory infections are contained (<u>WAC 388-76-10260</u>). PPE, including respirators, must be available and appropriately used by the provider caregiver when there is a respiratory hazard, such as a COVID-19 infected person, in the home.

References: <u>WAC 388-76-10255 Infection control</u> <u>WAC 388-76-10260 Communicable disease—Preventing spread</u>

## **Respiratory Protection Program Training**

## 3) Can RPP training from a previous employer be accepted for new employment?

1. A provider may accept an employee's previous training, such as training provided by another employer, to satisfy the initial training requirement if:

- a) The employee received training within the past twelve months; and
- b) The employee can demonstrate the knowledge and skills to use required respirators effectively.

Reference: WAC 296-842-16005

## 4) How often is RPP training required for employees?

Each employee required to wear a respirator must be trained prior to initial use. For continued respirator use this training must be repeated at least every 12 months.

Reference: WAC 296-842-16005

## Medical Evaluation to Wear a Respirator

# 5) Can a facility choose to use their own form (per the RPP regulations) instead of paying Concentra or 3M to do it for them?

The facility must administer the medical questionnaire listed in <u>WAC 296-842-22005</u> (Table 10) to employees OR provide them a medical exam that obtains the same information. There is no standard form to document the written recommendation to wear a N95 respirator – this can be the facilities own form.

Reference: WAC 296-842-22005

# 6) How long are long-term care (LTC) facilities required to retain staff RPP medical clearance evaluations?

If the facility's staff are conducting the medical questionnaires, they may keep completed questionnaires and findings as confidential medical records, if they are maintained separately from other records (<u>WAC 296-842-14005</u> Step 7, Note 2).

Per Washington State Labor & Industries, <u>WAC 296-802-200</u>/Employee Medical Records, employee medical records must be kept throughout employment + 30 years.

# 7) Must medical evaluations to wear an N95 respirator be performed annually? Or at other specific intervals of time?

There is no requirement to perform annual medical evaluations. According to Table 7 of <u>WAC 296-842-14005</u>, medical evaluations are necessary initially when recommended by the licensed health care professional (LHCP), when informed by a supervisor or RPP administrator, when there are observed or reported medical signs (such as breathing difficulties) or changes in worksite conditions. The LHCP may recommend periodic evaluations. This could be annual or at some other interval.

## References:

### WAC 296-842-14005

<u>1910.134 - Respiratory protection. | Occupational Safety and Health Administration</u> (osha.gov)

# 8) Is there a distinction between the terms "medical recommendation" and "medical clearance"?

According to <u>WAC 296-842-14005</u>, the licensed healthcare professional must provide a written recommendation containing only the following information:

- (a) Whether or not the employee is medically able to use the respirator;
- (b) Any limitations of respirator use for the employee;
- (c) What future medical evaluations, if any, are needed;

(d) A statement that the employee has been provided a copy of the written recommendation.

The term "medical clearance" is not explicitly used in this WAC though the written recommendation form is sometimes referred to as the medical clearance form.

Reference: 296-842-14005

## Licensed Healthcare Providers

### 9) Who can review medical evaluation forms for staff who will be fitted for an N95?

A qualified licensed healthcare professional can review the evaluations. Healthcare facilities/agencies may do the following: hire a qualified contractor, do this in-house, or use an online respirator medical evaluation program.

Reference: <u>WAC 296-842-14005</u> Reference: DOH: <u>Respiratory Protection Program for Long-Term Care Facilities</u>

## 10) Is it within the scope of practice for a registered nurse (RN) to perform the medical evaluation to wear a respirator?

If the facility has a medical practitioner that is willing to take on the responsibility of providing the RN standing orders/algorithm to follow when providing medical evaluations to wear a respirator, that would be a best practice scenario. If the facility does not have a medical practitioner that will take on that role for the RN, arrangements for the referral process must be established.

The RN must have a well-documented process clearly outlined in the facility's Respiratory Protection Program. This process must outline the steps for providing follow-up medical examination for employees when:

(a) The licensed healthcare provider (LHCP) reviewing the questionnaire needs more information to make a final recommendation; or

(b) An employee gives any positive response to questions 1-8 in Part 2 of the DOSH medical evaluation questionnaire in <u>WAC 296-842-22005</u>.

It is crucial to highlight that the RN may administer the medical questionnaire according to the guidelines in <u>WAC 296-842-14005</u>. However, in cases where a referral for a follow-up examination is indicated (Step 5), the follow-up examination must be carried out by an individual whose legal scope of medical practice permits them to provide a medical examination.

### References:

WAC 296-842-14005 29 CFR 1910.134 Registered Nurse | Washington State Board of Nursing

## 11) Is it within the scope of practice for a Licensed Practical Nurse (LPN) to perform the medical evaluation to wear a respirator?

It is within the scope of the appropriately prepared and competent LPN to assist an authorized healthcare practitioner, or the RN, in performing the OSHA Respirator Medical Evaluation Questionnaire following clinical practice standards.

The LPN should use the <u>Scope of Practice Decision Tree</u> to determine if the activity is within the nurse's legal and individual scope of practice.

The LPN may initiate the evaluation following standing orders.

Reference:

Licensed Practical Nurse | Washington State Board of Nursing

## **Respirator Fit Testing**

## 12) Which staff in a LTC setting must be fit tested?

Each employee who will be required to wear a tight-fitting respirator must be fit tested. <u>WAC 296-</u> <u>842-100</u> states that respirators are required whenever *respiratory hazards are present*.

The provider must supply respirators to all employees who could be exposed to a respiratory hazard under "Routine", "Infrequent" or "Foreseeable Emergency" conditions or activities.

Examples may include:

- *Fit Test Required:* A kitchen staff is asked to serve meals to COVID-19 positive residents during an outbreak because the provider needs help to make sure residents are fed (infrequent activity / foreseeable emergency).
- *No Fit Test Required:* A kitchen staff will never come into contact with a COVID-19 positive resident because they will never be expected to serve meals or assist during an outbreak or do any activity that puts them in the vicinity of a resident with COVID-19.

References: <u>WAC 296-842</u> <u>WAC 296-842-100:</u> <u>WAC 296-842-14005:</u>

## 13) Can a facility conduct their own fit testing?

A facility has the option to conduct its own respirator fit testing. Facility personnel can be trained to conduct fit testing for other employees. While there is no formal certification for fit testers, it is essential that the fit test is performed correctly, in accordance with the regulations. This means that all fit testers follow correct fit testing procedures. See <u>WAC</u> 296-842-15005 for more information about conducting respirator fit tests.

## 14) Is there a formal training requirement for someone to conduct respirator fit testing?

• There is no specific program or certification required for those who conduct fit tests.

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- Fit tests should be performed by an appropriately prepared individual.
- The person conducting fit testing must be able to:
  - (a) Prepare test solutions (if required).
    - (b) Make sure equipment works properly.
    - (c) Perform tests properly.
    - (d) Recognize invalid tests.
  - (e) Calculate fit factors properly if required.

Reference: <u>WAC 296-842-15005</u>

### 15) Can a fit test trained provider at an Adult Family Home (AFH) fit test at another AFH?

A fit test trained provider can fit test another facility.

The regulation states the test must be done correctly. If the fit tester at the AFH follows correct fit test procedures, they can go to another home and perform fit testing.

Chapter WAC 296-842-15005 Conduct fit testing

- (5) Make sure the person conducting fit testing can do ALL the following:
  - (a) Prepare test solutions if required;
  - (b) Make sure equipment works properly;
  - (c) Perform tests properly;
  - (d) Recognize invalid tests;
  - (e) Calculate fit factors properly if required.

## 16) If an employee does not pass a fit test, are there options to continue working?

- 1. If the employee cannot pass fit testing with the make/model of respirators provided by the employer, the employer could consider these options:
  - a) Purchase different make/model of respirator for the employee.
  - b) Review the fit test with the fit tester at what point in the fit test is the staff failing? Does the fit test fail with regular breathing or with specific exercises? Try to understand why the fit test failed so that steps can be taken to improve the fit or type of respirator.
- 2. If the employee cannot pass fit testing due to a medical condition, then one potential solution is to consider an alternate assignment for the employee that does not require wearing of an N95 respirator.

For example: the employee who does not pass fit testing due to a medical condition cannot be required to care for a resident or client with suspected or positive COVID-19 – which requires wearing a respirator. The employee could continue to provide care to non-infected residents or clients.

References: WAC 296-842 Workers' Rights (osha.gov)

## 17) Are facility staff required to have an annual fit test if they are replacing filtering facepiece respirators with a PAPR?

If the facility has excluded tight fitting respirators (such as an N95 respirator) from its respiratory protection program, staff members are not required to undergo an annual fit testing. However, it is important to emphasize that staff must still obtain medical clearance before wearing any type of respirator.

Additionally, PAPR equipment is reuseable, and may have multiple users. This means that the provider must have a policy and means to ensure equipment is cleaned between uses, maintained, inspected, and repaired (if necessary).

### References:

WAC 296-842-14005 Provide medical evaluations. WAC 296-842-17005 Maintain respirators in a clean and reliable condition. WAC 296-842-17015 Inspect and repair respirators. WAC 296-842-22015 Follow procedures established for cleaning and disinfecting respirators.

<u>Types of Respiratory Protection (cdc.gov)</u>

## 18) Please provide example verbiage for an N95 fit testing citation.

Based on observation, interview, and record review the facility failed to [the following are failure examples]:

- Meet applicable laws and regulations related to respiratory protection.
- By failing to provide employees with fit testing, medical clearance approval to wear a respirator, training, record keeping and a written respiratory protection program (RPP).
- COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death.
- Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements.
- Failure to implement an RPP (or failure to provide xx, yy, zz) placed employees and residents at risk for contracting COVID-19.

## Wearing a Respirator

## 19) When might a respirator be used in place of a surgical mask?

A respirator is used instead of a surgical mask when protection against airborne pathogens is needed. While surgical masks offer source control and protect against large droplets

(droplet precautions), they do not filter airborne particles effectively. NIOSH-approved respirators, like N95s, provide this protection and are essential in high-risk environments with airborne pathogens.

Reference: Types of Respiratory Protection | NPPTL | NIOSH | CDC

#### 20) Which Respirators are okay to use as PPE?

Any NIOSH approved fit-tested respirator.

## 21) How do I know if an N95 respirator is expired?

Some manufacturers assign a shelf-life date which is printed on the box. If no shelf-life date is indicated, the manufacturer may have recommendations about the best way to store the respirator.

Example: BYD DE2322 - 10/30/2020, the National Institute for Occupational Safety and Health (NIOSH) approved a 5-year shelf-life extension.

## 22) Can a respirator be used past the expiration date?

If an expiration date has been exceeded, the respirator should not be used.

Expired respiratory protective devices are no longer considered NIOSH-approved for use in occupational settings.

## **Record Keeping**

#### 23) Does RCS regulate how and where a facility stores their RPP information?

The provider must maintain a written program. How and where they store their RPP written program information is not specified.

Reference: WAC 296-842-12005