

CHAPTER 28: Respiratory Protection Program (RPP)

ALTSA Residential Care Services, Standard Operating Procedures Manual

Overview

Residential Care Services (RCS) staff provides regulatory oversight for licensed care facilities and certified providers including field work for routine inspections, evaluations, and investigations related to allegations of abuse, neglect, financial exploitation, and abandonment of vulnerable adults, as well as provider non-compliance. During field work, staff may encounter respiratory hazards in the form of airborne infectious disease.

In 2020, COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) spread resulted in outbreaks of infectious illness in licensed care settings across Washington State. This placed residents and clients at risk for potentially life-threatening infection. RCS staff visit facilities and homes which may be experiencing active COVID-19 infection to evaluate infection prevention and control (IPC) and to ensure resident/client safety. According to the Centers for Disease Control (CDC), COVID-19 is spread when an infected person coughs, sneezes, sings, talks or breathes. Exposure and potential exposure to COVID-19 represents a respiratory workplace hazard. Staff will be provided with respirators and other appropriate personal protective equipment (PPE) for use during on-site inspection or investigation when respiratory hazards are present.

The RCS Respiratory Protection Program (RPP) supports staff who use respirators during the course of RCS work and maintains compliance with state and federal laws for worker protection.

APPLICABLE CODE OF FEDERAL REGULATIONS (CFR), REVISED CODE OF WASHINGTON (RCW), AND WASHINGTON ADMINISTRATIVE CODE (WAC):

- [29 CFR § 1910.134: RESPIRATORY PROTECTION](#)
- [RCW 49.17.010: WASHINGTON INDUSTRIAL SAFETY AND HEALTH ACT, PURPOSE](#)
- [RCW 49.17.040: RULES AND REGULATIONS-AUTHORITY-PROCEDURE](#)
- [RCW 49.17.050: RULES AND REGULATIONS-GUIDELINES-STANDARDS](#)
- [RCW 49.17.060: EMPLOYER-GENERAL SAFETY STANDARD-COMPLIANCE](#)
- [CHAPTER 296-842 WAC: RESPIRATORS](#)
- [296-842-1050 WAC: DESIGNATE A PROGRAM ADMINISTRATOR](#)
- [296-842-12005 WAC: DEVELOP AND MAINTAIN A WRITTEN PROGRAM](#)
- [296-842-12010 WAC: KEEP RESPIRATOR PROGRAM RECORDS](#)
- [296-842-14005 WAC PROVIDE MEDICAL EVALUATIONS](#)
- [296-842-15005 WAC CONDUCT FIT TESTING](#)
- [296-842-16005 WAC: PROVIDE EFFECTIVE TRAINING](#)

CHAPTER 28: Respiratory Protection Program (RPP)

AL TSA Residential Care Services, Standard Operating Procedures Manual

THIS STANDARD OPERATING PROCEDURE (SOP) WILL ADDRESS:

- How the proper respirators for the particular respiratory hazards are selected and issued,
- When and how respirators will be used in routine work activities, infrequent activities, and foreseeable emergencies,
- How respirators in use are cleaned, stored, inspected, and repaired or discarded,
- How medical evaluations of respirator wearers is provided,
- How respirator fit testing is done,
- How employees are trained about respiratory hazards and the proper use of respirators,
- How the effectiveness of the respiratory program will be evaluated, and
- How RPP records will be managed

SUBJECT MATTER EXPERTS

- RCS Respiratory Protection Program Administrator
- AL TSA Emergency Manager and Risk Officer
- Division of Occupational Safety and Health (DOSH) Washington State Labor and Industries (L&I)

RPP ADMINISTRATOR RESPONSIBILITIES:

The RCS Director will appoint a RPP Administrator. The duties of the Administrator are to:

- Oversee the development and deployment of RPP,
- Regularly evaluate the program for effectiveness and participation,
- Ensure procedures are enacted to monitor respirator use, and
- Regularly review for changes in work condition that may necessitate changes in level of recommended protection.

These procedures are not covered by [DSHS Administrative Policies](#) as they are specific to Residential Care Services. These procedures will be reviewed for accuracy and compliance at least every five years.

Contacts

- Respiratory Protection Program Administrator General Contact, RCSRPP@dshs.wa.gov
- RCS Policy Unit General Contact, RCSPolicy@dshs.wa.gov
- RCS Quality Improvement Unit General Contact, ImproveRCS@dshs.wa.gov

Table of Contents

Part I: [General Guidelines](#)

- A. [Selection of Respirators](#)
- B. [Respirator Use](#)
- C. [Medical Evaluations](#)
- D. [Respirator Training](#)
- E. [Respirator Fit Testing](#)
- F. [Program Evaluation](#)
- G. [Record Keeping](#)

Part II: [Appendices](#)

- A. [Resources](#)
- B. [Forms](#)
- C. [Glossary of Terms](#)
- D. [Acronym List](#)
- E. [Change Log](#)

Part I: [General Guidelines](#)

A. [Selection of Respirators](#)

Respirator Types

An 'N95' Filtering Facepiece Respirator (FFR) is a disposable air purifying respiratory device. The FFR is made of filtering material and is designed to achieve a very close facial fit. It is used to prevent transmission of infectious agents suspended in air particles that remain infectious over time and distance. The 'N95' designation means the National Institute for Occupational Safety and Health (NIOSH) testing determined the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

N95 FFRs must be used in the context of a comprehensive, written respiratory protection program that meets the Washington State Department of Labor and Industries (L&I) Respiratory Protection Standard, [WAC 296-842](#). Staff who have been medically cleared, trained, and fit-tested may use N95 (or higher e.g., N99 or N100) FFR in settings with known or suspected airborne diseases such as tuberculosis (TB), measles, chickenpox, disseminated herpes zoster, COVID-19, or coronavirus variants. If the supply chain of respirator (N95 masks) cannot meet demand, the CDC Crisis Condition guidance states non-cloth procedure masks and eye protection should be worn. Under crisis conditions, N95 FFR are reserved for aerosol generating procedures.

RCS employees requiring respiratory protection during field work will use a N95 FFR. Agency administration will provide a range of N95 FFR makes/models/sizes. In the event staff are unable to fit available N95 FFR products, the agency will use administrative controls to assign staff to off-site and on-site inspection work. Other types of Air-Purifying Respirators which may be used in healthcare settings are not used by Residential Care Services as there are no means to store and clean reusable equipment. Determining when to wear an FFR or surgical mask is based on hazard assessment and exposure risk. Respiratory hazards are specific to working conditions as identified below. Exposure risk related to RCS work is outlined in [Table 1](#).

Respiratory Hazards

Respiratory hazards may exist in various forms. Hazards may include dusts, fumes, mists, gases, vapors, smoke, splashes, particles, viruses, and bacteria.

CHAPTER 28: Respiratory Protection Program (RPP)

ALTSA Residential Care Services, Standard Operating Procedures Manual

RCS Staff Working Conditions

Work Environment:

- Normal Room Temperature (possible > 77° [degrees])
- Work Effort: light
- Personal Protective Equipment: gowns, gloves, eye protection, procedure masks, or N95 FFR as needed.

“Routine” conditions or activities that may pose a respiratory hazard:

- Substance exposure: household or medical grade cleaning products (i.e., Chlorine, Isopropyl alcohol).
- Direct exposure to transmissible diseases (i.e., close contact with infected resident/client, family, or facility/provider staff).

“Infrequent” conditions or activities that may pose a respiratory hazard:

- Exposure to potentially hazardous aerosols (i.e., nebulizing) or aerosolizing procedures (i.e., suctioning or CPR/intubation).
- Exposure during COVID-19 testing.

“Foreseeable Emergency” conditions or activities that may pose a respiratory hazard:

- Chemical exposure during decontamination

In the case of RCS field work, exposure to droplet or airborne pathogens presents a workplace respiratory hazard. Table 1 (below) describes four risk categories: Negligible/Low, Medium, High, and Extremely High. Each risk category is accompanied by **minimum** respiratory protection standards, devices to use at each risk level, and additional recommendations.

TABLE 1

NEGLECTIBLE / LOW risk of exposure

Low Community Levels of COVID-19 or other infectious respiratory diseases

No face covering required. Employees may choose to wear a mask at any time.

- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) if you have suspected or confirmed COVID-19.
- Follow the recommendations for [what to do if you are exposed](#) to someone with COVID-19.
- If you are at [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

“MEDIUM” risk of exposure

Medium Community Levels of COVID-19 or other infectious respiratory diseases

No face covering required. Employees may choose to wear a mask at any time. If you meet one of criteria below, wear a Well Fitting* procedure mask, KN95, or N95 respirator

- If you are at [high risk of getting very sick](#), wear a high-quality mask or respirator (e.g., N95) when indoors in public
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

“HIGH” risk of exposure

High Community Levels of COVID-19 or other infectious respiratory diseases

Wear a high-quality well fitted procedure mask or higher (such as an N95 respirator).

- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities with others where you could be exposed.

“EXTREMELY HIGH” risk of exposure

N95 FFR with eye protection

- Inspection in COVID-19 + or suspected + home.
- Healthcare work involving procedures with potential for aerosols generated from saliva or mucous from the mouth or nose. Examples include administering medicines with a nebulizer, spirometry, deep or forced breathing exercises. **
- Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Examples include swab sampling in the mouth or nose.
- Observation of direct care for someone ill with COVID-19
- Observation of Care tasks that may generate biological material.

* If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath. No air should flow from the area near your eye or the sides of the mask.

****Note: CDC does not list nebulizer administration as an aerosol generating activity**

CHAPTER 28: Respiratory Protection Program (RPP)

Procedure

1. Respiratory Hazard Risk Assessment

In preparation for any field visit, staff will anticipate respiratory hazard and exposure risk based on best available information from multiple sources (i.e., Complaint Resolution Unit (CRU) referral, RCS internal reports and data systems, facility/provider communication, recent RCS field visits, complainant or informant interviews, resident or client characteristics, and risk hazard assessment referenced in this SOP).

2. Selection of Respirators

Based on individualized respiratory hazard risk assessment ([Table 1](#)), RCS staff will select and gather the appropriate level of respiratory protection equipment needed to conduct the visit.

- a. Any RCS staff entering a facility or home with known or suspected COVID-19 cases must wear a NIOSH approved fit-tested N95 FFR (and/or other equipment fitting the required level of respiratory protection).

FFR provided to staff by RCS meets CDC and NIOSH guidelines for Respiratory Protection.

Examples of FFR provided by RCS:



N95 BYD DE2322



N95 3M 8210



Halyard Fluidshield 46827 Small

Field Manager Responsibility

Field Managers are to conduct the following activities in relation to this procedure:

1. Ensure new staff are aware of RCS RPP requirements for training, medical evaluation, and fit testing.
2. Alert the RCS RPP administrator of any staff reporting difficulties wearing an N95 respirator during field work.
3. Request training or clarification from the RPP administrator as needed.

CHAPTER 28: Respiratory Protection Program (RPP)

ALTSA Residential Care Services, Standard Operating Procedures Manual

B. [Respirator Use](#)

Purpose

For field conditions or activities that pose a respiratory hazard as identified in [Table 1](#), staff will select and use a National Institute for Occupational Safety and Health (NIOSH) approved, fit tested N95 FFR. N95 FFRs are disposable after a single use.

Procedure

1. Respirators will be stored in each office with field staff/units according to manufacturer's recommendations. Ordering and replacement of N95 FFR will be done by the Regional Administrators (RAs), Administrative Assistant (AA), or designee.
2. Do not wear a respirator/facemask under your chin/neck or store in pockets between work tasks requiring protection. See [Facemask Do's and Don'ts](#) for more information.
3. Staff will collect and bring the appropriate make/model of NIOSH approved fit tested N95 FFR to the facility/home's on-site visit. Staff will:
 - a. Inspect the FFR prior to use. Dispose of any FFR that appears torn, soiled, or damaged in any way.
 - b. Don and doff the fit tested N95 FFR with other PPE as required by CDC guidelines.
 - c. Perform a seal check immediately after donning the N95 FFR
 - d. If at any time during wear staff perceive the FFR seal is compromised, staff will immediately leave the area and find a safe place to remove, and re-don with seal check or exchange the FFR for another.
 - e. If soiled, torn while wearing, or if it becomes difficult to breathe while wearing, the FFR should be discarded.
 - f. Staff may request fitting for a different make/model FFR at any time.
4. N95 FFRs will be disposed of after each use.
5. N95 FFRs must not be repaired or cleaned. If soiled or torn while wearing, the respirator must be discarded.

C. Medical Evaluations

Purpose

Every RCS employee whose work activities require the use of a respirator will receive medical clearance prior to being fit tested for a respirator.

Procedure

A licensed health care professional (LHCP) must review and evaluate a standard [Medical Evaluation Questionnaire](#). If determined necessary by the LHCP, a medical exam may be required. The questionnaire evaluation and exam will be done during regular work hours at no cost to the employee.

1. Staff must complete the [medical questionnaire](#) in private.
2. Staff must submit the completed questionnaire to the designated LHCP/evaluator. This could be an on-line service or a designated Occupational Health Clinic.
 - a. Completed questionnaires are confidential and will be reviewed by the independent LHCP without review by any RCS/DSHS staff.
 - b. Anyone having questions or concerns about completing the medical questionnaire will contact the RPP Administrator.
3. The evaluator will review the questionnaire and determine whether an FFR may be safely worn.
 - a. The LHCP recommendation may approve respirator use, may specify restrictions, or may advise further evaluation.
 - b. If the LHCP identifies that a further medical exam is required, this will be provided by a local Occupational Health Clinic during work hours at no cost to RCS employees.
 - c. Employees may choose to receive medical questionnaire evaluation and exam by their personal LHCP at their own expense. The employee must provide medical clearance approval documentation to the department. When using a personal LHCP for the medical evaluation, employees are advised on how to follow [WAC 296-842-14005](#)
 - d. Provide medical evaluations, including information for the LHCP, questionnaire and documentation requirements.
4. The designated LHCP will provide a written recommendation to the employer and employee.
 - a. To protect employee confidentiality, only written approval to wear an N95 respirator will be disclosed to the employer.
 - b. Any confidential medical records must be kept pursuant to [DSHS AP 5.01 Privacy Policy- Safeguarding Confidential Information](#).

CHAPTER 28: Respiratory Protection Program (RPP)

ALTSA Residential Care Services, Standard Operating Procedures Manual

Additional medical evaluations may be performed:

1. Upon the recommendation of a medical provider.
2. Upon the recommendation of an occupational health expert.
3. Upon the recommendation of the [RCS RPP Administrator](#).
4. Should the staff member show signs of breathing difficulty or other respiratory symptoms or a major health issue arise.
5. Should changes in work conditions increase physical stress (i.e., high temperatures, greater physical exertion).

Note: [Chapter 296-842 WAC, Respirators](#) contains a copy of the required [medical questionnaire](#), and information needed to complete the medical evaluation.

D. [Respirator Training](#)

Overview

[WAC 296-842-16005](#) states staff must be trained at no cost to the employee at specific times. Training must be done by a qualified instructor in an effective way that employees understand. Staff must be able to demonstrate knowledge and skills related to identification of respiratory hazards and exposure risk, how the respirator provides protection and factors affecting the respirator's ability to provide protection, and proper use of respirators. Staff must demonstrate how to properly inspect, put on, seal check, use, and remove the respirator. Training must also include the employer's general obligations for respiratory protection, including developing a written program, selecting appropriate respirators, and providing medical evaluations.

Procedure

1. Training is arranged by the RPP Administrator or designee before employees wear respirators and annually thereafter for as long as respirators are worn. The RPP Administrator will make sure a qualified instructor provides training.
2. Retraining will be done if the employee has not retained knowledge or skills, if there are changes in the worksite, or a type of respirator that makes previous training obsolete.
3. Supervisors who wear respirators and supervise employees in the field while wearing respirators will also be trained on the same schedule.
4. Training will encompass the following topics:
 - a. Why the respirator is necessary;
 - b. Identification of common respiratory hazards;
 - c. The FFRs capabilities and limitations;
 - d. How improper fit, use or maintenance can make the FFR ineffective;
 - e. How to properly inspect, put on, use, and remove the FFR;
 - f. How to store the FFR.
 - g. Medical symptoms which may limit or prevent FFR use;
 - h. How to use the FFR in emergency situations; and
 - i. Employer obligations. For example, developing a written program, selecting appropriate respirators, and providing medical evaluations.
5. Training may use audiovisuals, slide presentations, formal classroom instruction, web-based classroom instruction, and informal discussions during safety meetings, training programs conducted by outside sources, or a combination of these methods.
6. Training will include evaluation of the employee's understanding of the material.
7. Skills check off on how to properly inspect, put on (don), use, and remove (doff) the FFR will be done under direct observation by an instructor, fit tester, or supervisor on hire and with the annual fit test.

See [Appendices](#) for more information.

E. [Respirator Fit Testing](#)

Purpose

Employees whose work activities require the use of respiratory protective equipment shall be fit tested by a trained fit-tester prior to use of a tight-fitting respirator.

Procedure

1. Fit testing is required:
 - a. At the time of initial assignment (before initial use);
 - b. Annually;
 - c. When a different model, style, or size respirator is chosen;
 - d. When there is a physical change that may affect respirator fit;

Examples include but are not limited to:

- weight changes +/- 20 lbs. including pregnancy,
- scarring,
- cosmetic surgery,
- dental changes

and/or

- e. When an employee or medical provider notify RCS that the fit is unacceptable.

Employees who use tight-fitting respirators are not permitted to have facial hair or head coverings that interferes with FFR seal or valve function. See [Facial Hairstyles and FFRs](#) for more information about facial hair.

Fit testing may be contracted or may be performed by trained staff. Certification is not required to become a qualified fit-tester. Staff appointed to perform fit tests should be trained and perform fit tests in strict adherence to the procedure reviewed in [296-842-22010 WAC](#).

Employees who require fit testing by their division's RPP Administrator or designee should contact them for specific instructions. Employees are encouraged to understand the results of their fit test and to help ensure DSHS has accurate record of their fit testing results.

CHAPTER 28: Respiratory Protection Program (RPP)

AL TSA Residential Care Services, Standard Operating Procedures Manual

F. Program Evaluation

Purpose

[WAC 296-842-12005](#) requires a program evaluation on a regular basis with corrections made as needed. Evaluations must include regularly asking employees about their views concerning program effectiveness and whether they have problems with:

1. Respirator fit during use;
2. Any effects of respirator use on work performance;
3. Respirators being appropriate for the hazards encountered;
4. Proper use under current worksite conditions;
5. Proper maintenance.

Evaluations should ensure procedures and program specifications are followed and appropriate. Field Managers (FMs) or RPP designee must periodically monitor employee respirator use to make sure employees are using them properly. The RPP Administrator or designee must review and make changes in the program to ensure selected respirators continue to be effective in protecting employees.

Procedure

1. The respiratory program shall be evaluated for effectiveness by the RPP Administrator according to the following criteria:
 - a. Review of fit-test results and medical clearance approval documentation.
 - b. Regular discussions with staff about respirators – quality of fit, methods for use, confidence in protection, comfort, breathing difficulty, detection of odors, etc.
 - c. Annual review of:
 - i. Staff job duties for changes in environmental exposure.
 - ii. Storage of respirators.
 - iii. Applicable state and federal law.
 - iv. Guidance issued by public and occupational health bodies.

CHAPTER 28: Respiratory Protection Program (RPP)

G. Record Keeping

Purpose

[WAC 296-842-12010](#) specifically directs a written copy of the current respirator program must be kept by the employer. Records to be retained by the employer for each employee include:

1. Current fit test records (until the next fit test is administered). Fit test records must include:
 - a. Employee name;
 - b. Test date;
 - c. Type of fit test performed;
 - d. Description (type, manufacturer, model, style, and size) of the respirator tested;
 - e. Results of fit tests, for example, RCS conducts quantitative fit tests using a PortaCount fit test device which includes the overall fit factor; and
 - f. a printout, or other recording of the test.
2. Training records that include employees' names and the dates trained.
3. Written recommendations from the LHCP (Medical Clearance Approval).

Procedure

1. The following records will be kept by RCS in accordance with [WAC 296-842-12010](#):
 - a. A copy of the written Respiratory Protection Program – Chapter 28 SOP;
 - b. Latest staff fit testing results;
 - c. Staff training records; and
 - d. Written recommendations from medical providers.
2. These records will be kept at the division level on the RCS Q: drive. RCS Regional Office RPP record keeper will manage documentation to facilitate fit testing and distribution of fit tested FFR to field staff.
3. RCS staff may access these records upon request.
4. The following records *will not* be kept by the employer:
 - a. Employee medical records, including those generated for Medical Clearance Approval such as completed medical questionnaires and medical evaluations.

Note: These are confidential medical records, not to be confused with the LCHP “recommendations” as described above.

CHAPTER 28: Respiratory Protection Program (RPP)

ALTSA Residential Care Services, Standard Operating Procedures Manual

Part II: [Appendices](#)

A. [Resources](#)

1. [Respirator donning & doffing tips](#)
2. [Facemask Do's and Don'ts](#)
3. [Should You Wear a Respirator Flow Chart](#)
4. [Facial Hairstyles and Filtering Facepiece Respirators](#)
5. [Occupational Health and Safety Administration \(OSHA\) United States Department of Labor 1910.134 - Respiratory Protection](#)
6. [Respiratory Protection for Healthcare Workers Training](#) (Video, U.S. Department of Labor)
7. [Respirator Fit Testing](#) (Video, U.S. Department of Labor)
8. ALTSA Respiratory Protection Training is available in the Washington State Learning Center (WSLC)

B. [Forms](#)

1. [N95 Fit Test Card](#)
2. [Medical Questionnaire](#)
3. [Don/doff skills check](#)

CHAPTER 28: Respiratory Protection Program (RPP)

AL TSA Residential Care Services, Standard Operating Procedures Manual

C. [Glossary of Terms](#)

Agency – State agency

Close contact – within six feet of a person with a laboratory-confirmed case of COVID, or a person who is COVID positive, for a total of 15 minutes or more.

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

Extended wear of eye protection – the practice of wearing the same eye protection for repeated close contact encounters with different patients, without removing eye protection between patient encounters.

KN95 and N95 – respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from the particles or from liquid contaminating the face.

Qualitative Fit Testing (QLFT) – determines adequacy of respirator fit by a pass/fail test that relies on the wearer's response to a test agent

Quantitative Fit Testing (QNFT) – determines adequacy of respirator fit by numerically measuring the amount of leakage.

CHAPTER 28: Respiratory Protection Program (RPP)

AL TSA Residential Care Services, Standard Operating Procedures Manual

D. [Acronym List](#)

AA	Administrative Assistant
AL TSA	Aging and Long-Term Support Administration
APR	Air-Purifying Respirators
CAPR	Controlled Air-Purifying Respirators
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
COVID	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CRU	Complaint Resolution Unit
DOSH	Division of Safety and Health (Labor and Industries)
DSHS	Department of Social and Health Services
e-CFR	Electronic Code of Federal Regulation
EFFR	Elastomeric Full Facepiece Respirators
EHMR	Elastomeric Half Mask Respirators
EUA	Emergency Use Authorization
FDA	Federal Drug Administration
FFP	Filtering Facepiece Respirator
FM	Field Manager
HIPPA	Health Insurance Portability and Accountability Act
HQ	Headquarters
IPC	Infection Prevention and Control
L&I	Labor and Industries
LHCP	Licensed Health Care Professional
NIOSH	National Institute for Occupational Safety and Health
PAPR	Powered-Air Purifying Respirator
PPE	Personal Protective Equipment
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
RPP	Respiratory Protection Program
SA	State Agency
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SOP	Standard Operating Procedures
TB	Tuberculin/Tuberculosis
WAC	Washington Administrative Code
WISHA	Washington Industrial Safety and Health Act

CHAPTER 28: Respiratory Protection Program (RPP)

AL TSA Residential Care Services, Standard Operating Procedures Manual

E. [Change Log](#)

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
02/28/2024	Full Chapter	<ul style="list-style-type: none">Update information to reflect current practice and reference links	<ul style="list-style-type: none">Annual review with new RPP administrator	<ul style="list-style-type: none">Updates did not change process, no training required
09/25/2023	Full Chapter	<ul style="list-style-type: none">Update to new format.Update to reflect change in COVID-19 metric and transition to general respiratory protection framework	<ul style="list-style-type: none">Provide for easier document navigation.End of Public Health Emergency	<ul style="list-style-type: none">MB R23-084Staff trained during support call on 07/18/23
09/25/2023	Section I.H. Extra & Expired Inventory	<ul style="list-style-type: none">Section added	<ul style="list-style-type: none">Provide guidance for staff related to inventory management	MB R23-084
07/23/2021	Full Chapter	Establishment of Chapter	Establishment of Chapter	MB R21-064