

DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION

CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES EFFECTIVE DATE: January 01, 2024

POLICY NO.: COR.21.07

SUPERSEDES (Policy No. & Date): COR.21.07 & June 05, 2020

SUBJECT:

HCI RESPIRATORY PROTECTION PROGRAM

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1.0 PURPOSE

The purpose of the Respiratory Protection Program is to establish procedures to ensure all Hawaii Corrections Industries (HCI) employees and HCI work line inmates are protected from any airborne contaminants such as harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors that can pose a respiratory hazard in the course of their duties.

2.0 SCOPE

This policy applies to all HCI employees and HCI work line inmates requiring the use of a respirator in the course of their duties.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Hawaii Revised Statutes (HRS), §26-14.6, Department of Public Safety.
- b. Hawaii Administrative Rules (HAR), § 12-64.1, Personal Protective Equipment.
- c. Occupational Safety and Health Administration, Department of Labor, Title 29 Code of Federal Regulations (CFR) 1910.120.
- d. Occupational Safety and Health Administration, Department of Labor, Title 29 Code of Federal Regulations (CFR) 1910.134.
- e. Department of Corrections and Rehabilitation (DCR), Policy and Procedures, (P & P) ADM.03.09, Personal Appearance.
- f. DCR, P & P, COR.14.02, Inmate Work Program/Compensation.

.2 Definitions

a. Powered Air Purifying Respirator (PAPR): is an air purifying respirator. (APR) with an air-purifying filter, cartridge, or canister that removes specific contaminants by passing ambient air through the air-purifying element.

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- b. Canister or Cartridge: A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.
- c. Emergency situation: Any occurrences, such as, but not limited to, an equipment failure, a rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.
- d. Employee Exposure: Exposure to a concentration of an airborne contaminant that would occur if employees were not using respiratory protection.
- e. Fit Test: The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.
- f. Immediately Dangerous to Life or Health (IDLH): An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
- g. Physician or other Licensed Health Care Professional (PLHCP): An individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all the health care services required.
- h. Qualified Program Administrator: The individual, designated by the Director, who has the appropriate training to fulfill the minimum requirements of recognizing, evaluating, and controlling the hazards in the workplace pertaining to the application of DCR, P & P, COR.21.07, Respiratory Protection Program.
- i. Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- j. Quantitative Fit Test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- k. Respirator: An apparatus worn over the mouth and nose or entire face to prevent the inhalation of dust, smoke, or other noxious substance, including an APR.
- I. Supervisor: Any employee that instructs, directs, and/or controls other

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employees in their duties.

m. Work Line Inmate: An inmate participating in a HCI work program.

.3 Forms

- a. DCR 8600, Respiratory Equipment Inspection Log, APR (attached).
- b. DCR 8601, Voluntary Respirator Use Form (attached).

4.0 POLICY

A program shall be established within HCI that will coordinate and control the implementation, maintenance, and compliance with HAR, § 12-64.1, Personal Protective Equipment. The program and responsibilities shall be established in accordance with the provisions of this policy.

During work-related activities, HCI shall provide safe workplaces and practices by eliminating and reducing potential hazards. When elimination is not feasible, reduction of existing or potential hazards to acceptable levels shall be promptly implemented. When these methods are inadequate to reach acceptable levels, personal protective equipment shall be provided and used.

5.0 PROCEDURES

- .1 The basic components of the Respiratory Protection Program shall include:
 - a. Written procedures governing the selection and use of respirators, Air Purifying Respirators (APR) as set forth in DCR, P & P, COR.21.07.
 - b. Respirators are selected based on the hazards to which employees are exposed.
 - If an air-purifying respirator is selected, the correct type of canisters must be used for the hazard(s) the individuals may be exposed to.
 - a) Each canister should be properly labeled and color-coded with the warning(s) and information regarding its limitation(s) printed on literature either inside or on the box.

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- b) For employees or work line inmates wearing corrective glasses, adequate provisions for vision must be made to ensure a proper seal.
- c. The Qualified Program Administrator is responsible for administering the Respiratory Protection Program. The responsibilities of the Qualified Program Administrator include:
 - 1. Identifying work areas, processes, or environments that require employees or work line inmates to wear respirators and evaluating hazards to include IDLH hazards,
 - 2. Coordinating the selection of respiratory protection options,
 - 3. Ensuring that adequate or proper training is conducted in accordance with this program. The training course shall include the following topics:
 - a) The OSHA Respiratory Protection Standard,
 - b) Possible respiratory hazards that may arise during work and their health effects,
 - c) Proper selection and use of respirators,
 - d) Capabilities and limitations of respirators,
 - e) Respirator donning, doffing, and user seal checks,
 - f) Fit testing,
 - g) Emergency use procedures,
 - h) Maintenance and storage, and
 - Medical signs and symptoms limiting the effective use of respirators.
 - 4. Ensuring that employees using tight-fitting facepiece respirators pass an appropriate QLFT or QNFT,
 - 5. Evaluating the program, and

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- 6. Updating the program, as needed.
- d. Employees and work line inmates must be trained in the proper use of the respirator and their limitations. This training shall include:
 - 1. Initial familiarization for the type of respirator to be used (hands-on training):
 - a. How the respirator should be worn,
 - b. How to adjust it,
 - c. How to check to ensure the respirator is working properly,
 - d. How to determine if it fits properly fit testing, and
 - e. The wearer should perform a fit test prior to each time they use the respirator, and
 - 2. Testing the facepiece to face seal:
 - a. Familiarity period respirator worn in normal air, and
 - b. Respirator worn in test atmosphere.
- e. Respirators shall be regularly cleaned and disinfected. Those used by more than one employee or HCI work line inmate are thoroughly cleaned and disinfected after each use. (Does not apply to disposable respirators.) Respirators, shall be cleaned, inspected, and stored before and after each use on a monthly basis by the designee in accordance with section 5.1 h, i, j. of this policy.
- f. Each employee or work line inmate shall:
 - 1. Wear his/her respirator when and where required and in the manner in which he/she was trained,
 - 2. Care for and maintain his/her respirator in accordance with section 5.1 h, i, j. of this policy; and

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- 3. Inform his/her supervisor(s) if the respirator no longer fits well and shall not perform work where the use of a respirator is required, until a replacement is issued.
- Supervisors are responsible for ensuring that DCR, P & P, COR.21.07, HCI Respiratory Protection Program, is implemented at their designated worksite. Supervisors must be:
 - 1. Knowledgeable about the program requirements for their own protection,
 - 2. Ensure that the program is understood and followed by the employees or work line inmates under their charge,
 - 3. Ensure the availability of Department provided and approved respirators and accessories.
 - 4. Be aware of the tasks that require the use of the Respiratory Protection Program,
 - 5. Continually monitor work areas and operations to identify respiratory hazards.
 - 6. Coordinate with the Qualified Program Administrator on how to address respiratory hazards and other concerns regarding the program, and
 - 7. Ensure compliance with this policy.
- c. Respirators shall be stored in a convenient, clean, and sanitary location.
 - 1. Respirators shall be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.
 - 2. Respirators shall be placed in plastic bags while in storage.
 - 3. Respirators shall <u>not</u> be stored in lockers or toolboxes <u>unless</u> they are in carrying cases or cartons.
 - 4. Respirators shall be packed and stored so that the facepieces and exhalation valve will rest in a normal position and function will not be impaired by the elastomer setting in an abnormal position.

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- d. Maintenance of Air Purifying Respirators (APR's)
 - The maintenance of APRs shall be conducted before and after each use and on a monthly basis. The maintenance shall include but is not limited to the following:
 - a. Check to see if cartridge adapters are present on the APR,
 - b. Check to see if the "O" rings are present on the cartridge adapter and make sure they are not damaged or broken,
 - c. Check the exhalation valve to see if the cover is present, check if the rubber valve is present, also check for damage and pliability,
 - d. Check the facepiece to ensure it is not cracked or damaged,
 - e. Check the Communications System (if applicable) to ensure the battery is taken out and that water has not entered the system,
 - f. Check the straps for cracks or damage and loosen when appropriate,
 - g. Check the entire APR for damage and cleanliness,
 - h. Store the APRs in plastic bags and place it into their appropriate box,
 - i. If damages are found, make a note, and explain the corrective actions taken. Make note of the date of inspection on the log. Sign and date the bottom of the log, and
 - j. Replacement or repairs are done only by experienced persons with parts designed for the specific respirator.
 - In addition to the steps listed above, all equipment shall be further inspected under any guidance provided by its manufacturer.
 - The HCI Administrator shall appoint an employee who shall maintain the maintenance records of the equipment on DCR, P & P, COR.08.07, Respiratory Equipment Inspection Log, DCR 8600. (Attached).

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.2 Voluntary Respirator Use for HCI Employees

- a. Voluntary use of respiratory protection is only permitted when an employee chooses to wear a respirator even though the use of a respirator is not required by the department or by any OSHA standard. Voluntary use of a respirator must be approved by the HCl Administrator or their designee.
- b. When an employee voluntarily chooses to use a respirator, even though the use of a respirator is not required by the department or by OSHA Standard, the employee must complete DCR 8601, Voluntary Respirator Use form.
- Employees who want to voluntarily use a respirator must comply with the medical evaluation, training, cleaning, maintenance, and storage elements of this policy.
- d. The cost of respirators and related accessories for voluntary use shall be the responsibility of the employee.

.3 Program Requirements, Assessments, and Evaluations

- Appropriate surveillance of work area conditions and degrees of employee exposure or stress will be conducted to fulfill the requirements of the program.
- b. Regular inspections and evaluations are conducted to ensure the continued effectiveness of this program.
- c. HCl shall maintain each employee and work line inmate Medical Clearance for Respirator Use.
- d. Qualitative or Quantitative Fit Tests for respirators shall be conducted on an annual basis and/or if the employer, PLHCP, supervisor, or qualified program administrator makes visual observations of the employee or work line inmate's physical conditions that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, facial hair, cosmetic surgery, corrective glasses, lenses or goggles, or an obvious change in body weight. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.
- e. Respirators shall be National Institute of Occupational Safety and Health (NIOSH) certified and used according to the guidance of the American

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National Standard Practices for Respiratory Protection, ANSI/ASSE 288.2-2015.

- f. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH-approval label. The label must not be removed or defaced while it is in use.
- g. The Qualified Program Administrator shall document the training and medical evaluations for employees voluntarily using respirators in the workplace.
- h. A written copy of DCR, P & P, COR.21.07 and the OSHA standard shall be kept by the Qualified Program Administrator's and be made available for all employees and work line inmates to review.

APPROVAL RECOMMENDED:	
8Mmg	JAN 0 1 2024
Deputy Director for Corrections	Date
APPROVED:	
26	JAN 0 1 2024
DIRECTOR	Date



State of Hawaii Department of Corrections and Rehabilitation

Respiratory Equipment Log Air Purifying Respirator (APR)

			Report N	lumber:
APR # / Name	Inspected By	Date Inspected		Comments
		,		
L				

ignature			Date	



VOLUNTARY RESPIRATOR USE FORM

Approved by		Date:
ACO/Employee Name:	Signature:	Date:
☐ I have received OSHA's Appendix	D to section 1910.134 below. I under	erstand and will comply with Appendix D
Respirators can only be used in c	onjunction with DCR, P & P, COR.07.	21, Respiratory Protection Program.
		epartment or by any OSHA standard.
ACO/Employee to initial each box.		

OSHA's Respiratory Protection Standard, 29CFR1910.134

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

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- 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- 2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- 3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998