	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> <b>JUN 23 2008</b>	<b>POLICY NO.:</b> <b>ADM.04.05</b>
	<b>DEPARTMENT ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>ADM.04.05 of 6/22/01</b>	
	<b>SUBJECT:</b> <b>COMPREHENSIVE RESPIRATORY PROTECTION PLAN</b>	<b>Page 1 of 7</b>	

## 1.0 PURPOSE

To protect employees by providing feasible and useful abatement methods to reduce potential exposure to Pulmonary Mycobacterium Tuberculosis (TB).

## 2.0 REFERENCES AND DEFINITIONS

### .1 Reference

- a. OSHA 29 CFR 1910.139, Respiratory Protection for M. Tuberculosis; Instruction CPL 2.106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis; and CPL 2-2.54, Respiratory Protection Program Manual.
- b. Department of Health and Human Services, Centers for Disease Control and Prevention, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, (October 24, 1994) and Controlling TB in Correctional Facilities, (1995).
- c. Department of Public Safety (PSD), Administrative Policy and Procedures, ADM.04.02, Pulmonary Tuberculosis Clearance and Training.
- d. PSD, Office of Corrections, Policy and Procedures, COR.10D.01, Medical/Mental Health Intake Screening; COR.10D.25, Communicable Disease.
- e. PSD, Health Care Division, Nurse Protocol, TB.
- f. Section 26-14.6, PSD; and Section 353C-2, Director of PSD, Powers and Duties.

### .2 Definitions

- a. Potential risk employees: Employees whose duties place them at risk for exposure to TB.
- b. TB: a clinically active, symptomatic disease caused by an organism in the M. tuberculosis complex (M. tuberculosis, M. bovis, or M. africanum).

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- c. On-Site instructors: Law Enforcement, Health Care and Correctional Officers who provide training to identified employees at the site where they are employed.
- d. Particulate Respirators: National Institute of Occupational Safety and Health (NIOSH) approved respirators with a rating of at least N-95. Particulate respirators are designed, but not guaranteed by NIOSH, to stop infectious airborne particles, such as M. tuberculosis, from entering an individual's respiratory system.
- e. Medical Questionnaire: A self-administered medical questionnaire required before an employee is fit tested.
- f. Fit Test: NIOSH does not guarantee that a respirator will fit. Respirator fit testing is required by Hawaii Occupational Safety and Health (HIOSH). A major limited factor is the seal between the individual's face and mask. Fit tests are conducted by trained personnel to ensure that both the style and size of the respirator is comfortable and fits the individual.
- g. Fit Check: The test conducted by the user of the respirator prior to entering a toxic atmosphere. The test ensures that the respirator is put on properly by conducting a negative and positive pressure test.
- h. Abatement: To decrease in amount, intensity or degree the hazard associated with airborne pathogens.
- i. TB Clearance: Documentation of a negative TB skin test or a negative chest X-ray.

### 3.0 POLICY

- .1 The Department shall enforce abatement methods to decrease the risk to employees of exposure to TB.
- .2 Training and Staff Development (TSD) shall train employees assigned to duties designated as potentially hazardous to TB exposure in the proper use of respiratory protective devices.
- .3 Employees shall be educated, shall fill out a medical screen, be given a medical evaluation (if necessary) and a respirator fit test in that order.

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#### 4.0 RESPONSIBILITIES

##### ABATEMENT

- .1 All applicants accepting a position with the Department shall provide proof of TB clearance prior to Basic Training or their first day of employment.
- .2 All Staff shall be encouraged to voluntarily test for TB at least annually. The Department shall designate a month during the year and shall host an informative campaign to remind correctional employees to test annually for TB.
- .3 Officers assigned to hospital duty in a tuberculin hospital are required by the Department of Health to have a current TB clearance.
- .4 All employees assigned to duties designated a potential risk to TB exposure shall be trained in the signs and symptoms of TB, risk reduction, post exposure procedures and the use of protective gear.
- .5 In coordination with the Department of Health, Tuberculosis Program, all employees involved in post exposure to a TB case diagnosed by the Tuberculin Hospital shall be informed and encouraged to Tb test at no cost to the employee.
- .6 Branch Administrators shall:
  - a. Administer the Respiratory Protection Plan;
  - b. Conduct an annual review of policy, procedures, and training;
  - c. Evaluate and audit program policy and procedures with quality assurance monitoring (Attachment A); and
  - d. Submit audits through the chain of command.
- .7 Section Administrators shall:
  - a. Select and issue respirators that meet the CDC guidelines on standard performance criteria for respirators for exposure to TB (N-95 rating);
  - b. Monitor and document respirator use the ensure compliance with certification:

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- c. Ensure staff training;
  - d. Disposable respirators are recommended. The Section Administrators will provide proper storage for respiratory protection equipment;
  - e. Ensure and keep records of medical screenings, evaluations, and fit tests;
  - f. Maintain all necessary documentation including training; and
  - g. Report to the Branch or Division Administrators any concerns or respiratory hazards that they feel are not adequately addressed in the workplace.
- .8 Supervisor shall:
- a. Ensure that employees under their supervision, including new hires, received appropriate training, medical screening, evaluations, and fit testing;
  - b. Ensure fit testing is repeated annually or whenever there is a change in the facial configuration, such as weight loss, loss of teeth, new scars, a beard, mustache, etc;
  - c. Ensure employees required to use respiratory protection are fully aware of the requirement, the reason for the requirement, and the importance of compliance;
  - d. Enforce the proper use of respirators by staff;
  - e. Ensure respirators are properly inspected;
  - f. Continually monitor work areas and operations to identify respiratory hazards;
  - g. Coordinate with the Section Administrator on how to address respiratory hazards or other concerns regarding the program; and
  - h. Inform the Section, Branch, or Division Administrator of any concerns or respiratory hazards that they feel are not adequately addressed in the workplace.

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.9 Line Staff shall:

- a. Properly wear their respirators when and where required in accordance with the way they are trained;
- b. Inspect their respirators as instructed;
- c. Inform their Supervisor if the respirator no longer fits appropriately or any physical change has occurred that may affect the fit;
- d. Inform their Supervisor or the Section, Branch, or Division Administrator of any concerns or respiratory hazards that they feel are not adequately addressed in the workplace; and
- e. Provide the Department a TB clearance for duty in a tuberculin hospital.

## 5.0 **PROCEDURE**

- .1 Exposure Risk Determination shall be based upon the need for staff to be in the same air space with a patient confirmed by the Department of Health, Tuberculosis Program, as suspected of having pulmonary or laryngeal Tuberculosis (TB).
- .2 Personal respiratory protection shall be used by employees during transport in a closed vehicle to a tuberculin hospital with a patient confirmed by the Department of Health, Tuberculosis Program, as suspected of having pulmonary or laryngeal Tuberculosis (TB).
- .3 Staff shall fill out a medical questionnaire (Attachment A). A physician shall evaluate any answer in the affirmative. The physician may require a physical examination and pulmonary function test before the employee is cleared to work in transport.
- .4 After the medical evaluation, the employee is fit tested to ensure the respirator fits. Respirator fit testing is required by HIOSH. NIOSH does not guarantee that a respirator will fit. A major limited factor is the seal between the individual's face and the mask. Trained personnel shall ensure that both the style and size of the respirator fits the individual and is comfortable.
- .5 Once fit tested, the employee shall perform a fit check each time they transport a patient confirmed by the Tuberculosis Program as potentially infectious in a

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closed vehicle to a tuberculin hospital. The following test should be used as a general indicator of fit.

- a. Negative-Pressure Test: Inhale *gently* into the face piece. The fit is considered satisfactory if slight positive pressure can be built up inside the face piece without evidence of outward leakage.
  - b. Positive-Pressure Test: Exhale *gently* into the face piece. The fit is considered satisfactory if slight positive pressure can be built up inside the face piece without evidence of outward leakage.
- .6 Disposable respirators are recommended. The location where new respirators are stored shall be convenient, clean, protected from dust, extreme heat or cold, excessive moisture or damaging chemicals.
- .7 Disposable respirators issued for the exclusive use of one employee can be worn until soiled. The employee shall check the respirator for cracks, tears, holes, or distortion.
- .8 Head straps or harness assemblies shall be inspected for breaks, tears, loss of elasticity, broken or malfunctioning buckles, attachments, or anything that might allow the face piece to be loose or slip.

**6.0 SCOPE**


This policy applies to all personnel within the Department.

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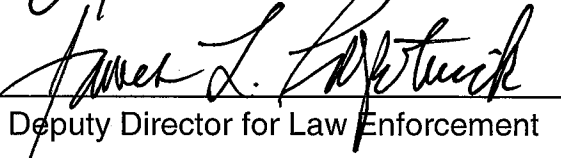
APPROVAL RECOMMENDED:

  
 Deputy Director for Administration

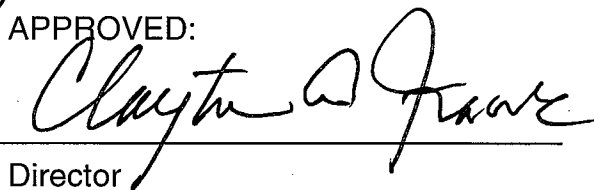
*6/6/08*  
 Date

  
 Deputy Director for Corrections

*6/18/08*  
 Date

  
 Deputy Director for Law Enforcement

*6-19-08*  
 Date

APPROVED:  
  
 Director

*6/23/08*  
 Date

**ANNUAL AUDIT OF THE COMPREHENSIVE RESPIRATORY PROTECTION PLAN**

MONTH/YEAR: \_\_\_\_\_

FACILITY: \_\_\_\_\_

Name and Title of Auditor	MET	NOT MET	N/A	Signature of Auditor	MET	NOT MET	N/A
1. Respirator has a N-95 rating				6. Evidence that transport officers were trained in respiratory protection.			
2. Respirator storage: clean, dry, no extreme heat, cold, or moisture.				7. Evidence that transport officers had medical screenings.			
3. Inspect respirators in use for breaks, tears, loss of elasticity, holes or distortion.				8. Evidence that transport officers were fit tested.			
4. Interview with a transport officer to demonstrate proper use of respirator.				9. Evidence that transport officers can demonstrate negative and positive pressure test.			
5. Interview with a transport officer to demonstrate knowledge of TB policies.				10. Evidence of an annual campaigned promoting voluntary TB testing.			

\*Record the names of the officers interviewed, records reviewed as evidence of compliance, and corrective action taken if necessary on the line corresponding in number to the criteria (1 - 10). Add additional pages with corresponding numbers if necessary.

**CORRECTIVE ACTION/COMMENTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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