

DEPARTMENT OF THE ARMY
 US ARMY MEDICAL DEPARTMENT ACTIVITY
 Fort Huachuca, Arizona 85613-7079

MEDDAC MEMO
 No. 11-4

7 February 2008

Army Programs
 MEDDAC Respiratory Protection Program

	PARA	PAGE
HISTORY -----	1	1
PURPOSE -----	2	1
SCOPE -----	3	1
REFERENCES -----	4	1
DEFINITIONS -----	5	1
RESPONSIBILITIES -----	6	1
INSPECTION, STORAGE AND DISPOSAL -----	7	3

1. **HISTORY:** This is the first printing of this publication.

2. **PURPOSE:** To establish a Respiratory Protection Program at Raymond W. Bliss Army Health Center (RWBAHC) as required by references 4.1 and 4.2.

3. **SCOPE:** This memorandum applies to all staff, clinics, services, and sections of RWBAHC that use respiratory protection equipment.

4. REFERENCES:

- 4.1 29 CFR 1910.134, Occupational Safety and Health Administration Respiratory Protection Standard

- 4.2 AR 11-34, The Army Respiratory Protection Program

- 4.3 AR 40-5, Preventive Medicine

5. DEFINITIONS:

- 5.1 Infectious - Caused by or capable of being communicated by infection. (D)

- 5.2 Infectious Agent - An organism (virus, rickettsia, bacteria, fungus, protozoa or helminth) that is capable of producing infection or infectious disease.

- 5.3 Infectious Disease - A clinically manifest disease of man or animal resulting from an infection.

6. RESPONSIBILITIES:

- 6.1 Commander. The Commander is responsible for establishing a Respiratory Protection Program and appointing a qualified Respiratory Protection Program Manager.

6.2 Respiratory Protection Program Manager (RPPM) and Alternate Respiratory Protection Program Manager (ARPPM) will complete a training course.

6.2.1 The responsibility for oversight of this program rests with the Respiratory Protection Program Manager or the Alternate Respiratory Protection Program Manager in the absence of the primary.

6.2.2 The specific duties of the program manager include, but are not limited to:

6.2.2.1 Selecting approved respiratory protection based on industrial hygiene survey reports, and available literature.

6.2.2.2 Training personnel in the proper use, limitations and disposal of respirators.

6.2.2.3 Approving appropriate storage locations and procedures.

6.2.2.4 Establishing and maintaining a database of respiratory users and reminding clinic OIC's when personnel are due for annual medical surveillance, training and fit-testing.

6.2.2.5 Annual evaluation (audit) and modification of the written respirator program and standard operating procedures.

6.3 Clinic OIC, will ensure that:

6.3.1 Personnel requiring respirators are identified by name and position to the RPPM. These should be individuals who will have first contact/triage with potentially infectious patients.

6.3.2 Identified personnel are sent to Occupational Health for medical surveillance, and Industrial Hygiene for fit-testing and training.

6.3.3 A sufficient stock of N95 respirators are available, stored properly and worn whenever an infectious agent may be present.

6.3.4 Specific respiratory protection procedures will be developed and added to the clinic's safety SOP. The SOP will be posted in the safety binder and will include as a minimum: a summary of the command respiratory protection program standard operating procedures; clinic-specific details concerning respirator location, use and disposal.

6.4 Preventive Medicine (PM) will:

6.4.1 Provide required medical surveillance and fit-testing through Occupational Health and Industrial Hygiene.

6.4.2 The installation Fire Department can provide fit testing support if Industrial Hygiene requires assistance.

6.4.3 Provide Industrial Hygiene support to assist with identification of areas where respiratory protection may be required.

6.5 Infection Control Officer will:

6.5.1 Assist with identification and training of personnel to be placed in the Respiratory Protection Program.

6.5.2 Identification of potential infectious agents and appropriate isolation areas.

6.5.3 Monitor of compliance with this program.

6.6 Employees. Employees are responsible for inspecting their respirator prior to use and proper disposal after use. Adhering to all procedures for use of respirators and accomplishing annual medical surveillance, fit-testing and training.

7. RESPIRATORY PROTECTION PROGRAM ELEMENTS:

7.1 Respirator Selection. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) or the Mine Safety and Health Administration (MSHA) will be worn.

7.2 Inspection, Storage and Disposal.

7.2.1 Inspection. Employees will inspect their respirators prior to donning them. Defective or dirty respirators will not be used.

7.2.2 Storage. Respirators will be stored in an approved area in each clinic. Respirators will be laid flat in a natural position, and will be protected from sunlight, chemicals or excessive temperatures.

7.2.3 Disposal. Respirators will be disposed of after each use and will be placed in normal trash containers.

7.3 Medical Evaluation. The Occupational Health Clinic (OHC) personnel will determine the employees' physiological and psychological ability to wear a respirator prior to initial fit-testing.

7.3.1 OICs will ensure personnel make and keep their appointments with OHC.

7.3.2 Upon completion of the respirator physical, the completed medical clearance form will be hand carried to the clinic OIC and a copy sent to the RPPM.

7.3.3 The RPPM will record the medical clearance information on the Respiratory Protection Program spreadsheet.

7.4 Training. Respirator users will contact the RPPM (533-5909) to arrange training prior to initial use.

7.5 Fit Testing. Medical Surveillance will be conducted by Occupational Health and fit testing by Industrial Hygiene or the installation fire department. Appointments may be coordinated through Industrial Hygiene by calling 533-9181 or 533-9183, prior to initial use.

7.6 Facial Hair. Respiratory protection equipment will not be worn by personnel when conditions such as beards, sideburns, etc., prevent a good face seal.

7.7 Record Keeping. The RPPM will document the medical clearance, training, and fit testing, to include the type of respirator, brand name and model, method of fit test, test results, test date, person performing the fit test, completed Medical Clearance Forms, and printouts from quantitative fit testing must be attached. Employees will be issued a card indicating which model and size respirator(s) they are qualified to wear. This card must be presented at the time of respirator issue. Employees will immediately report lost or stolen cards to the RPPM so that a replacement can be issued.

The proponent of this publication is the Safety. Send comments and suggested improvements on DA Form 2028 to CDR, USA MEDDAC, ATTN: MCXJ-DCA-SAF, Ft Huachuca, AZ 85613-7040

FOR THE COMMANDER:
OFFICIAL:

GREGORY A. SWANSON
LTC, MS
Deputy Commander
for Administration

ROBERT D. LAKE
Information Management Officer
DISTRIBUTION: E