**DEPARTMENT OF THE ARMY** **III CORPS & FH REG 385-5**
**HEADQUARTERS, III CORPS AND FORT HOOD**
**Fort Hood, Texas 76544-5056**
1 May 1994

Safety

# RESPIRATORY PROTECTION PROGRAM

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**HISTORY.** This regulation supersedes III Corps & FH Reg 385-5 dated 1 September 1993.

**SUMMARY.** This regulation establishes the Respiratory Protection Program.

**APPLICABILITY.** This regulation applies to military and civilian personnel of the Department of Army and Nonappropriated Fund Activities at Fort Hood using or having need for a Respiratory Protection Program.

**SUPPLEMENTATION.** Supplementation of this regulation is prohibited without prior approval from AFZF-GA-SAFE-G.

**INTERIM CHANGES.** Changes to this regulation are not official unless authenticated by the Directorate of Information Management (DOIM). Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**SUGGESTED IMPROVEMENTS.** The proponent of this regulation is III Corps, Assistant Chief of Staff (ACofS), G1. Users are encouraged to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: AFZF-GA-SAFE-G, Fort Hood, Texas 76544-5056.

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1. Purpose. This regulation establishes a Respiratory Protection Program to promote effective selection, utilization, maintenance and training of respiratory protective equipment (RPE) and the preservation of the health of all military and civilian personnel, while working in environments containing harmful concentrations of dusts, fogs, fumes, mists, gases, smoke, sprays, or vapors (see appendix A).

2. References.

a. AR 11-34, The Army Respiratory Protection Program.

b. TB MED 502, Respiratory Protection Program.

c. 29 CFR 1910.134, Occupational Safety and Health Standard for General Industry, US Department of Labor, Occupational Safety and Health Administration.

d. American National Standard Practices for Respirators, ANSI Z88.2, American National Standards Institute (ANSI).

3. Abbreviations. Abbreviations used in this regulation are explained in the glossary.

4. General.

a. The primary objective is to eliminate or reduce personnel exposure to airborne contaminants. This will be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general or local ventilation, or substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators will be used.

b. Respiratory protection equipment will be selected and used based upon the extent and nature of the hazards to which the worker is exposed, the work requirements and conditions, and the characteristics and limitations of the respirator. All respiratory protection equipment used will carry the National Institute of Occupational Safety and Health/Mine Safety and Health Administration (NIOSH/MSHA) approval for the use for which it is intended. Respiratory Protection Program equipment will be used only for the intended purposes and modifications of the equipment will not be made.

c. Approved RPE designed to protect personnel from occupational diseases caused by respirable airborne contaminants will be available, used, and maintained as required.

d. Respiratory protection will be used as a means of controlling employee exposure to airborne environmental hazards under the following circumstances:

(1) When engineering or work practice controls cannot be used to adequately control the hazard. Work practice controls will be considered when engineering controls are not feasible.

(2) During intermittent or nonroutine operations which are defined as those that generally do not exceed one hour per week per operation and happens so infrequently which prevents adequate planning for engineer or work practice controls.

(3) During interim periods while engineering controls are being designed and installed to eliminate the hazard.

(4) During emergencies, i.e., an unplanned event when a hazardous atmosphere of unknown chemical or particulate concentration suddenly occurs, requiring immediate use of a respirator for escape from or entry into the hazardous atmosphere to carry out tasks necessary to control or eliminate the hazard.

e. Respiratory protection will be furnished at no cost to the employee.

f. Respirators shall not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, sideburns, a skull cap that projects under the facepiece, or temple pieces on glasses.

g. Compressed air for human respiration:

(1) Compressed air for breathing purposes will meet the specifications of Grade D breathing air as described in ANSI Standard Z86.1 and Compressed Gas Association Commodity Specifications G-7.1-1989. Compressors for supplying Grade D breathing air will be equipped with the necessary safety and standby devices given in TB MED 502/DLAM 1000.2.

(2) Breathing air gas containers and compressors shall be tested, maintained, and shall meet or exceed standards outlined in 29 CFR 1910.134 and 49 CFR 178.

(3) Air-line couplings will be incompatible with outlets for other gas systems to prevent inadvertent servicing of air-line respirators with non-respirational gases or oxygen.

h. Wearing of contact lenses in contaminated atmospheres with a respirator shall not be allowed.

i. Entry into immediately dangerous to life or health (IDLH) environments and confined spaces:

(1) In areas where the wearer, with failure of the SCBA, could be overcome by a toxic or oxygen-deficient atmosphere, at least one additional person will be present to provide assistance in case of emergency. This individual will have suitable rescue equipment in the form of self-contained breathing apparatus (SCBA) and protective clothing. There shall be one additional worker within sight or call of the rescue person.

(2) Communications (visual, voice, or signal line) will be maintained between all individuals present.

(3) Planning will be such that one individual will be unaffected by any likely incident and have the proper rescue equipment to be able to assist the others in case of an emergency.

5. Responsibilities.

a. III Corps Safety will:

(1) Manage the Installation Respiratory Protection Program.

(2) Appoint an Installation Respirator Program Director (IRPD) and a competent Installation Respirator Specialist (IRS).

b. Installation Respiratory Protection Program Director (IRPD) will:

(1) Annually evaluate the installation Respiratory Protection Program with assistance from Chief, Industrial Hygiene (IH), USAMEDDAC.

(2) Coordinate with IH and Director of Contracting concerning the type of RPE or replacement parts to be purchased or used.

(3) Ensure the Installation Respirator Specialist maintains records of monthly inspections conducted on emergency-use respirators and SCBAs. The inspection and results thereof will be annotated on a tag which will remain with the respirator.

(4) Initiate prompt corrective actions concerning deficiencies identified in the Respirator Protection Program.

c. Chief, Occupational Health (OH) USAMEDDAC will:

(1) Conduct medical evaluations to determine if civilian employees are physically and psychologically able to perform duties while wearing prescribed respiratory protection and furnish results of those determinations to supervisors and commanders/directors.

(2) Coordinate with Director, Civilian Personnel (DCP) concerning employees that no longer meet the physical requirements of their job.

(3) Review workers' medical status annually.

(4) Provide guidance to primary care providers concerning the procedures for conducting respirator physicals.

(5) Paragraph 5c of this regulation will be implemented for bargaining employees consistent with Article 21, Section 8c, of parties' current agreement.

d. Chief, IH, USAMEDDAC will:

(1) Perform area and breathing zone monitoring as related to individual worker exposures.

(2) Conduct hazard inventories and evaluate worker exposure to airborne contaminants. Results of monitoring and hazard inventories will be provided to activity directors.

(3) Determine work sites requiring respiratory protection and identify types of respiratory protection to be used.

e. Installation Respirator Specialist will:

(1) Train supervisors and soldiers/employees in the proper use, limitations, care, and maintenance of respirators to include leak tests before each use. Training shall provide individual an opportunity to handle the respirator, have it fitted properly, test its face piece to face seal, wear it in normal air for long familiarity period and, finally, to wear in a test atmosphere.

(2) Inform soldiers/employees before initial issue of respirator of their responsibilities regarding respirator use.

(3) Perform required fit testing annually and after any model change.

(4) Properly complete and maintain records pertaining to respirator fit-testing and training.

(5) After determining that all requirements for medical evaluations, training, and fit testing are met, provide unit/activity with information necessary to issue proper RPE (i.e., respirator type, size, stock number, dates of fit-testing, training, and cartridge type).

(6) Coordinate with IH about the type of RPE replacement parts to be purchased or used.

(7) Coordinate with the Chief, Fire Protection Division, to conduct a monthly inspection of assigned emergency use respirators and SCBAs and maintain records of such inspections.

(8) Establish procedures to perform on a quarterly basis, quality assurance evaluations to determine that grade D breathing air is used in air supplied respirators, maintain records of such inspections and provide copies to Industrial Hygiene, MEDDAC.

(9) Upon receiving notice of repairs, inspect compressed air breathing systems before system is returned to operation.

f. Chief, Optometry, USAMEDDAC will provide for fitting of corrective lenses inside full-facepiece respirators to ensure proper vision and good fit.

g. Director, Civilian Personnel will:

(1) Include working conditions and equipment requirements as part of position description content.

(2) Refer all personnel being considered for employment in areas of operations requiring the use of respiratory equipment to Occupational Health, MEDDAC for a preemployment/placement physical examination.

(3) Upon receipt of a request from an activity to find alternate employment for employees who work in areas requiring use of respiratory protection equipment and are unable to wear respiratory protection equipment as determined by Occupational Health physician, reassign or take other appropriate action in accordance with governing laws, rules, regulations and negotiated agreement. Management will make good faith effort to exhaust all reasonably available offers before separating an employee for inability to wear respiratory protection equipment.

h. Director, Logistics will:

(1) Test the breathing air quality of air supplied systems quarterly to determine if grade D air requirements are met.

(2) Implement a schedule of routine maintenance for servicing airline breathing systems.

(3) Install and maintain compressed air breathing system alarms in an operable manner. Notify installation respirator specialist upon completion of repairs and before system is returned to service.

i. Director, Engineering & Housing (DEH) will:

(1) Install breathing air systems capable of providing Grade D breathing air where required. Notify installation respirator specialist upon completion and before system is returned to service.

(2) Install airline couplings that are incompatible with outlets for other gas systems.

j. Chief, Fire Protection Division, DEH will:

(1) Provide training for firefighters using RPE in coordination with Installation Respirator Specialist.

(2) Coordinate with the Installation Respirator Specialist to inspect emergency use respirators and SCBAs monthly that are assigned to the Fire Protection Division.

(3) Have qualified personnel available for emergency situations where an SCBA would be required to enter a contaminated atmosphere (IDLH).

k. Director, Contracting will:

(1) Procure only approved RPE as specified by the IRPD.

(2) Process requests for procurement of RPE only after documents have been reviewed and approved by the IRPD.

(3) Provide local procurement of RPE and replacement parts when necessary.

(4) Procure only “oil free” compressors designed for breathing air systems when acquiring new systems.

l. Commanders and Activity Directors will:

(1) Establish a Respiratory Protection Standing Operating Procedure (SOP) for respirator use for operations that require use of RPE (see sample appendix D).

(2) Provide soldiers/employees with time to undergo fit testing, annual medical surveillance, and training in the proper use, care, limitations, storage, and maintenance of RPE.

(3) Initiate prompt corrective action on deficiencies identified in the Respiratory Protection Program.

(4) Establish a Respiratory Protection Program POC.

(5) Issue adequate RPE to users as indicated by the IRS.

(6) Ensure that quality assurance evaluations on air produced by oil lubricated compressors producing grade D breathing air are done quarterly.

(7) When employees are unable to wear RPE, action will be taken to find alternate employment consistent with governing laws, rules, regulations, and the negotiated agreement. Management will make good faith effort to exhaust all reasonably available offers before separating an employee for inability to wear respiratory protection equipment.

(8) When pertaining to bargaining unit employees, timely notify the union office in advance of each industrial hygiene site evaluation so as to allow the union reasonable opportunity to observe the site evaluation.

m. Supervisors/military leaders will:

(1) Enforce the provisions of this regulation.

(2) Require soldiers/employees to use the proper RPE and follow instructions relative to the proper use, inspection, care, storage, and maintenance of the RPE (see appendixes B and C).

(3) Familiarize their soldiers/employees with the installation respiratory protection program and applicable unit/activity SOPs.

(4) Provide respirator storage areas that do not distory rubber face piece during storage, and are clean and sanitary, located within work areas, to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals i.e.; sealed plastic bag. (RPE will not be stored in such places as tool boxes or wall lockers unless they are protected in a carrying case/carton.)

(5) Include a statement in the employees' position description that proper use of RPE is a significant working condition.

(6) Prohibit personnel from wearing contact lenses when wearing full-facepiece respirators, helmet, hood, or suit. Provide respirator fitted with prescription lenses and prescription safety glasses if required by the job.

(7) Prohibit personnel from wearing RPE when an effective fit/seal cannot be maintained; i.e., due to facial hair or glasses.

(8) Determine that compressed air breathing system alarms are tested and operable on a regular basis. Change filters and cartridges of RPE and air breathing systems as necessary.

(9) Implement the requirements for rescue and standby personnel in IDLH situations.

(10) Budget for and provide RPE to personnel when required for their work. Submit purchase requests for RPE to the IRPD for approval.

(11) Request Industrial Hygiene to perform work site evaluation when operations or procedures change.

(12) In situations described in 5j(3), notify fire department and ensure employees do not enter without appropriate fire fighter personnel being present.

(13) Supervisor will train employees on hazard inventories identified by industrial hygiene site evaluations and provide a copy of evaluation to affected employees.

n. Soldiers/Employees will:

(1) Use the proper RPE and follow instructions relative to its proper use, care, storage, and maintenance.

(2) Be ultimately responsible for his/her own respirator.

(3) Inspect their respirators and perform positive and negative pressure tests to ensure satisfactory fitting and proper valve function each time respirators are used.

(4) Familiarize themselves with the installation respiratory protection program SOP and applicable unit/activity SOPs.

(5) Notify immediate supervisor if it is suspected that respiratory protection is needed or that the respirator is defective.

(6) Report to primary care medical officers; i.e., Occupational Health, MEDDAC or TMC, for initial and annual medical evaluation as required for continued respirator use. This section will be implemented for bargaining employees consistent with Article 21, Section 8c, of parties' current agreement.

(7) Terminate respirator use when conditions exist which will prevent the RPE from providing a good facepiece-to-face seal. Such conditions may be a beard, sideburns, or skull cap that projects under the facepiece. (The absence of one or both dentures can seriously affect the fit of a facepiece.)

(8) Ensure contact lenses are not worn with full-facepiece respirator, helmet, hood, or suit.

(9) Ensure that prescriptive eye protective wear is worn so as not to affect the fit of the half-facepiece respirator and that proper vision and fit are attained with corrective lenses of full-facepiece respirators.

Appendix A
## GENERAL RESPIRATOR INFORMATION

A-1. Respirator Selection.

a. Respirators shall be selected and used based on the hazards to which the worker is exposed, the work environment, and the characteristics and limitations of the respirator. Respiratory protective equipment will be used only for the purposes intended and no modifications of the equipment will be made.

b. All respiratory protective systems used will carry the National Institute for Occupational Safety and Health (NIOSH) or the Mine Safety and Health Administration (MSHA) approval.

c. Respiratory protection shall be used when such equipment is necessary to protect the health of the employee. Respiratory protection is not required if airborne contaminants do not exceed current Permissible Exposure Limits (PEL). Cartridge or filter type dust respirators are generally adequate for airborne levels not exceeding ten times the PEL of the substance(s) for which they are approved. Organic vapor cartridges are adequate for ten times the PEL of the organic vapor involved or 1000 parts per million (ppm), maximum, whichever is less.

d. Air-supplied respirators will be required in accordance with ANSI practices for respiratory protection Z88.2. Air-supplied respirators are required for airborne contaminant levels in excess of those for which filtering or purifying types are approved. Only emergency entries by personnel wearing Self Contained Breathing Apparatus are permitted into spaces in which oxygen deficiencies or vapor concentrations are immediately dangerous to life or health. A space is considered immediately dangerous to life or health if a person wearing a respirator could not escape without the respirator. (See confined space definition in AR 11-34 Glossary.)

e. The correct respirator will be specified for each applicable job. Respiratory protection requirements for all new or revised processes will be determined during Industrial Hygiene surveys.

A-2. Respirators are selected with consideration of the following factors:

a. Nature of the hazard - this factor has several important aspects.

(1) The physical state of the air contaminant. The physical state (dust, fume, mist, or chemical vapor) determines some limitations of the respirator.

(2) The relative toxicity of the material. Trichloroethylene is more toxic than 1,1,1 Trichloroethylene. Brazing fumes from cadmium alloys are more toxic than fumes from steel alloys, etc.

(3) The rate at which the contaminant affects the human body. Excessive concentrations of silica dust, although hazardous, will not cause immediate effect; however, an excessive concentration of chlorine gas can overcome an individual almost instantly, making escape impossible.

(4) The possibility that more than one air contaminant in different physical states may be present. With the exception of a few special purpose cartridges, air-supplied respirators are usually necessary for such combinations.

b. Extent of the hazard. This factor includes the anticipated airborne concentrations and physical area in which the hazard exists.

c. Work requirements and conditions. This factor includes proximity to the source of the airborne contamination and physical restrictions of the working area.

A-3. Respirator limitations. Limitations on respirator suitability are a primary aspect of respirator selection. The respirator must be matched to the hazard. A dust filter will provide no protection against chemical vapors and an organic vapor cartridge will provide very little protection against hazardous dusts. Combinations of hazardous substances in different physical states generally require an air-supplied respirator or occasionally a chemical cartridge/filter combination. Respirator types generally fall into two classes, air-purifying respirators and atmosphere supplying respirators.

a. Air-purifying respirators.

(1) General Limitations

(a) Air-purifying respirators do not protect against oxygen-deficient atmospheres nor against skin irritations, or absorption through the skin of airborne contaminants.

(b) The maximum contaminant concentration against which an air-purifying respirator will protect is determine by the design efficiency and capacity of the cartridge, canister, or filter and the facepiece-to-face seal on the user. For gases and vapors, the maximum concentration for which the air purifying element is designed is specified by the manufacturer or is listed on labels of cartridges and canisters.

(c) Nonpowered air-purifying respirators will not provide the maximum design protection specified unless the facepiece is carefully fitted to the wearer's face. The efficiency of the respirator is dependent on canister, cartridge, or filter type; concentration of contaminant; humidity levels in the ambient atmosphere; and the wearer's respiration rate.

(d) The proper type of canister, cartridge, or filter must be selected for the particular atmosphere and conditions.

(e) Respirator facepieces present special problems to individuals required to wear prescription lenses.

(2) Use of air-purifying respirators is limited to specific devices under specific conditions:

(a) Vapor/gas removing respirator limitations.

1 No protection is provided against particulate contaminants. A rise in canister or cartridge temperatures indicates that a gas or vapor is being removed from the inspired air.

2 An uncomfortable high temperature within the respirator may indicate a high concentration of gas or vapor and requires an immediate return to a fresh air environment.

3 Use should be avoided in atmospheres where the contaminant(s) lacks sufficient warning properties (odor, taste, or irritation) at a concentration in air at or below the PEL.

4 Full-facepiece provides protection against eye irritation in addition to respiratory protection.

(b) Particulate removing respirator limitations:

1 Protection against particles (dust, fumes, mist) only. No protection against gases or vapors.

2 Not for use in atmospheres immediately dangerous to life or health unless the device is a powered type respirator with escape provisions.

3 Full-facepiece provides protection against eye irritation in addition to respiratory protection.

b. Air supplying respirators. Air supplying respirators provide protection against oxygen deficiency and toxic atmospheres. The breathing atmosphere is independent of ambient atmosphere conditions.

(1) General limitations. Except for some air-line suits, no protection is provided against skin irritation by materials such as ammonia and hydrogen chloride, or against absorption of materials through the skin such as hydrogen cyanide or organic phosphate pesticides. Facepieces present special problems to individuals required to wear prescription lenses. Use of air supplying respirators in an atmosphere immediately dangerous to life or health is limited to specific devices under specific conditions.

(a) SCBA. The wearer carries his own breathing air. The period over which the device will provide protection is limited by: the amount of air or oxygen in the apparatus, the ambient atmospheric pressure (service life of open circuit devices is cut in half by a doubling of atmospheric pressure) and the type of work being performed. Some SCBA devices have a short service life (less than 15 minutes) and are suitable only for escape (self rescue from an oxygen deficient atmosphere). Chief limitations of SCBA devices are their weight or bulk or both, limited service life and the training required for their maintenance and safe use.

(b) Supplied air respirators (air-line). The respirable air supply is not limited to the quantity of air an individual can carry and the devices are lightweight and simple. This device is limited to use in atmospheres from which the wearer can escape unharmed without the aid of the respirator. The wearer is restricted in movement by the hose and must return to a respirable atmosphere by retracing his route of entry. The hose is subject to being severed or pinched off.

Appendix B

## RESPIRATOR USER INSPECTION GUIDE

B-1. General.

a. All respirators shall be inspected for obvious defects by the user prior to each use.

b. Emergency respirators (e.g., Self Contained Breathing Apparatus) shall be inspected monthly and after each use. A log shall be maintained by the cognizant shop/department to document these inspections.

B-2. Single-use dust respirators. Single-use dust respirators shall be visually inspected for damage before use.

B-3. Air-purifying respirators.

a. Facepieces shall be free of the following defects, as applicable:

(1) Excessive dirt

(2) Cracks, tears, or deterioration

(3) Distortion

(4) Inflexibility

(5) Cracked or badly scratched lenses

(6) Incorrectly MOUNTED LENSES

(7) Poorly seated inhalation and/or exhalation cheek valves

b. Straps shall be free of the following defects, as applicable:

(1) Breaks

(2) Loss of elasticity

(3) Broken buckles

(4) Worn serrations

(5) Missing tabs

(6) Head harness that permits slippage

B-4. Air-Supplied respirators (half mask or full face).

a. Inspect face piece and straps as outlined in 3a and 3b.

b. If the device has a corrugated breathing tube, examine it for deterioration by stretching the tube and looking for cracks.

c. Examine the respirator components for accumulation of dirt, grit, oil, etc.

B-5. Air-supplied hoods. Air-supplied hoods shall be inspected for holes and tears prior to use.

Appendix C

## RESPIRATOR MAINTENANCE (CLEANING, SANITIZING, AND STORING)

C-1. A respirator used by an individual should be cleaned and sanitized after each day of use. A respirator used by more than one individual **MUST BE** cleaned and sanitized between users.

C-2. The following procedures should be followed when cleaning, sanitizing, and storing respirators.

a. Disassemble by removing the cartridges, pre-filters, headbands, and other parts.

b. Clean and sanitize (using a cleaner-sanitizer such as MSA Cleaner-Sanitizer, Part NO. 34337) the masks and other parts excluding filters and cartridges by immersing in warm cleaning solution (about 120 F) and scrub with soft brush until clean. Take care to clean the exhalation valve in the facepiece and all other parts.

c. Rinse in fresh warm water about 120 F and air dry in a noncontaminated atmosphere.

d. Respirator components, especially exhalation valve and seat, should be inspected and any worn or deteriorated parts should be discarded and replaced with new parts. Some uncorrectable defects may include, but are not limited to the following:

(1) Cracks, tears, pits, decomposition, stiffening, swelling and distortion of rubber or silicone rubber.

(2) Distorted or badly worn plastic adaptors.

(3) Rubber inhalation valve flap that is stiffened, decomposed, or contains cuts.

(4) Plastic exhalation valve seat that is distorted, or contains scratches or cracks on its sealing surface.

(5) Rubber exhalation valve flap that is stiffened, distorted, decomposed or contains cuts.

(6) Plastic filter cover that is cracked or distorted.

e. It is important that the headband of the respirator be in proper sealing of the respirator facepiece to the face. Uncorrectable defects may include:

(1) Snap fasteners on headbands and on facepiece that are worn, distorted, or loose.

(2) Headband strapping that is permanently stretched stiffened, decomposed, frayed or contains cuts.

f. It is important that the exhalation valve be in perfect operating condition. A defective exhalation valve may allow contaminated air to leak into the interior of the respirator and thus endanger the respirator wearer. Check for an exhalation valve cover that is distorted or decomposed.

g. Store respirator in a clean sealable plastic bag in a dry location which is away from atmospheric contaminants consistent with paragraph 5m(4). Do not distort rubber facepiece during storage.

Appendix D

## SAMPLE RESPIRATORY PROTECTION PROGRAM SOP

Units/activities may use as an example. Information included is general in nature. Units/activities should establish a more detailed SOP based on the specific job/operations unique to their respective unit's mission. A detailed SOP should identify what operations require use of respiratory protection equipment and type respirator needed for protection. Following are some examples of operations that may require use of respiratory protection equipment: painting, hazardous vapors from solvents used for stripping/cleaning, sanding/grinding, cutting/welding, sandblasting, brake pads removal/replacement, asbestos removal, steam cleaning using alkalines, lead-acid battery charging, sewer (manhole) maintenance, water chlorination stations, reproduction operations using hazardous chemicals, emergency rescue operations (confined space entry), cleaning fuel storage tanks. **Read hazardous materials labels and Material Safety Data Sheets (MSDS) for use of required safety equipment!**

### SAMPLE SOP
### RESPIRATORY PROTECTION PROGRAM
### FOR
### (NAME OF ORGANIZATION)

1. Purpose: This document prescribes guidance necessary to ensure that the minimal acceptable requirements of the Department of the Army and Fort Hood Installation Respiratory Protection Program (FH Reg 385-1) are being applied.

2. Scope. This SOP applies to all personnel assigned to ___who perform duties requiring the use of respiratory protection to prevent exposure to airborne concentrations of toxic substances equal to or greater than the permissible limits established by existing Occupation Safety and Health standards.

3. General.

a. Respirators will be selected on the basis of the hazards to which workers are exposed.

b. Consideration must be given to methods for eliminating or reducing the cause of the respiratory hazards such as substituting less toxic substances, installing local exhaust fans, natural or mechanical venditioni, decreasing exposure time, and segregation or isolation of the causative process. Only when these engineering controls have been exhausted, should the use of respiratory protection equipment be used.

c. An effective respiratory protection program requires close coordination among employees, supervisors, leaders, safety, medical personnel and the installation respirator specialist to protect life and health through proper selection, training and use of respirators.

d. Proper training and instruction must be given by competent knowledgeable personnel (Installation Respirator Specialist or the unit Respiratory Protection POC). Training will include:

(1) Handling, use, maintenance and care of respirators.

(2) Proper fit testing methods.

(3) Instruction in the nature of the hazard.

(4) Explanation of why engineering controls are not immediately feasible.

(5) Discussions of why this is the proper type of respirator for the particular purpose and the respirator's capabilities and limitations.

(6) Periodic training and instruction in the use of the respirator (annually for emergency use respirators or as designated by specific licenses or Federal standards).

4. Responsibilities.

a. The Respiratory protection POC for _____ is _____ .

b. Supervisors will:

(1) Establish a respiratory protection program.

(2) Familiarize workers with job site SOPs.

(3) Include respirator use in SOPs.

(4) Cover the safe use of respirators in dangerous atmospheres that might be encountered in normal operations.

(5) Budget for and provide RPE to personnel when required for their work.

(6) Obtain assistance when needed in the selection and use of respirators from the Installation Respirator Specialist (IRS).

(7) Ensure employees under their supervision are provided with approved respirators.

(8) Prevent access to hazardous areas to anyone not equipped with respiratory protection equipment and who has not been trained in its use.

(9) Establish procedures for inspection, maintenance, cleaning, and storage of respirators.

(10) Not permit workers to wear contact lenses when wearing respirators.

c. Individual soldiers/employees will:

(1) Care for and use personal protective equipment in accordance with instructions and training received.

(2) Promptly notify their supervisor of damage to or difficulties arising from the use of respiratory protection equipment.

(3) Pay strict adherence to published SOPs.

(4) Warn others of known hazards or failure to observe safety rules.

(5) Submit to medical evaluations which the medical examiner considers necessary in evaluating the initial and continuing ability of the individual to use respirators.

(6) Wear approved respirators when required and make certain that a satisfactory face-fit (seal) is performed each time the respirator is used.

d. Supply personnel will:

(1) Procure personal protective equipment as necessary.

(2) Replace unserviceable items of personal protective equipment.

(3) Stock sufficient quantities of personal protective equipment to provide newly assigned personnel with serviceable items and to provide replacement parts for expected loss and wear/tear.

e. Safety Officer or Respiratory Protection POC will:

(1) Coordinate with Preventive Medicine Activity (MEDDAC) for identification of areas, operations, and occupations that require use of respiratory protection equipment.

(2) Coordinate with Preventive Medicine Activity (MEDDAC) or the Installation Respirator Specialist for assistance and advice in the selection of proper personal protective equipment to protect employees from respiratory hazards.

(3) Coordinate with supervisors to ensure that a respiratory protection program is in conformance with applicable regulations and directives.

(4) Conduct regular inspections and surveys to determine the continued effectiveness of the respiratory protection program.

f. The following operations require use of respiratory protection equipment in this unit:

(1) Motor Pool Operations.

(a) Battery Shop, bldg _____ , Full Face respirator with HEPA filter. Aprons and chemical gloves are also required.

(b) Paint Booth, bldg _____, Air-Supplied respirator required and full protective clothing.

(2) Etc., etc., etc.

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**Glossary**

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|---|---|
| ANSI | American National Standards Institute |
| DCP | Director, Civilian Personnel |
| DEH | Director, Engineering & Housing |
| HEPA | High Efficiency Particulate Filter |
| IDLH | immediately dangerous to life or health |
| IH | Industrial Hygiene |
| IRPD | Installation Respirator Program Director |
| IRS | Installation Respirator Specialist |
| NIOSH | National Institute of Occupational Safety and Health |
| MEDDAC | Medical Department Activity |
| MSDS | Material Safety Data Sheets |
| MSHA | Mine Safety and Health Administration |
| PEL | Permissible Exposure Limits |
| POC | point of contact |
| ppm | parts per million |
| RPE | respiratory protective equipment |
| SCBA | self-contained breathing apparatus |
| TMC | troop medical clinic |

**The proponent of this regulation is the ACofS, G1.**

FOR THE COMMANDER:


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PLUS: IM-Pubs (100)
AFZF-GA-SAFE-G (50)
IM-AO (5)
IM-ARL (20)