

Model Respiratory Protection Program for Law Enforcement

CH





Model Respiratory Protection Program for Law Enforcement

Produced by California Commission on Peace Officer Standards and Training (POST)
Training Program Services Bureau

Model Respiratory Protection Program for Law Enforcement

© 2018 California Commission on Peace Officer
Standards and Training (POST)

Published January 2004
Second Edition published May 2004
Third Edition published June 2014
Fourth Edition published February 2018

All rights reserved. This publication may not be reproduced, in whole or in part, in any form or by any means electronic or mechanical or by any information storage and retrieval system now known or hereafter invented, without prior written permission of the California Commission on Peace Officer Standards and Training. This publication (and any videos associated with it) may not be posted to any web site or social media application, including Facebook, YouTube, Twitter, or any future social media application.

There are two exceptions:

- California law enforcement agencies in the POST peace officer program and POST-certified training presenters are hereby given permission by POST to reproduce any or all of the contents of this manual for their internal use only. However, distribution may be limited.
- Individuals are allowed to download POST publications for personal use only. (Distribution is not allowed.)

Infringement of the copyright protection law and the provisions expressed here and on the POST website under Copyright/Trademark Protection will be pursued in a court of law. Questions about copyright protection of this publication and exceptions may be directed to the Publications Manager.

POST Mission Statement

**The mission of the California Commission
on Peace Officer Standards and Training
is to continually enhance the professionalism
of California law enforcement in serving
its communities.**

POST Commissioners

Chair

Joyce Dudley

District Attorney, Santa Barbara County

Vice Chair

Rick Braziel

Educator, Humboldt State University

Lai Lai Bui

Sergeant, Sacramento Police Department

Geoff Long

Public Member

Thomas Chaplin

Chief, Walnut Creek Police Department

Jethroe Moore

Public Member

Richard DeLaRosa

Mayor, City of Colton

James O'Rourke

Public Member

Barry Donelan

Sergeant, Oakland Police Department

Batine Ramirez

Sergeant, Placer County Sheriff's Department

Robert T. Doyle

Sheriff, Marin County

Laurie Smith

Sheriff, Santa Clara County

Sandra Hutchens

Sheriff - Coroner, Orange County

Walt Vasquez

Chief, La Mesa Police Department

Laren Leichliter

Deputy Sheriff, San Bernardino County

Acknowledgements

This 2018 revision of the Model Respiratory Protection Program for Law Enforcement guidelines was made possible through the knowledge, skills, and dedication of the following Subject-Matter Experts coming from a cross-section of law enforcement, medical, risk management, and Cal/OSHA professionals.

Subject Matter Experts

Mario A. Casas

Training & Recruitment Officer
Office of Professional Development
Irvine Police Department

Steve Drewniany

Deputy Chief
Bureau of Special Operations
Sunnyvale Department of Public Safety

Christopher Dunn, MD

Fellow of the American College of Chest Physicians
Pulmonary physician

Otto Laufer

Homeland Security Division
Santa Ana Police Department

Pamela J. Mackie

Risk Management Analyst
City of Fullerton

Robert Nakamura

Senior Safety Engineer
Research and Standards Health Unit

POST Staff

Steven H. Craig

Senior Consultant

Kathy Hobson

Staff Services Manager

The **Model Respiratory Protection Program for Law Enforcement** will assist law enforcement agencies in developing their own written agency program that satisfies Cal/OSHA requirements. The model program was originally developed by POST, in conjunction with Cal/OSHA, the California Police Chief's Association, and the California State Sheriffs' Association in 2004. Agencies may make amendments to fit their agency specific program.

Cal/OSHA Regulation 5144 requires employers to develop and implement a written respiratory protection program that includes worksite procedures and elements for required respirator use. The regulation also specifies the minimum medical evaluation requirements determining an employee's ability to use a respirator.

Cal/OSHA Regulation 5199 requires employers to develop a program to protect their workers from Aerosol Transmissible Disease (ATD). A key component of this exposure control and vaccination program is Cal/OSHA Regulation 5144. Regulation 5199 also specifies the vaccines and/or titers required to be provided to their workers and the minimum medical evaluation requirements determining an employee's ability to use a respirator specifically for protection against ATDs.

This model program is intended as a starting point for law enforcement to meet Cal/OSHA requirements by clarifying Cal/OSHA standards and providing a template to protect individuals in the field, including:

- ▷ Employee medical requirements
- ▷ Annual equipment fit testing
- ▷ Annual training in the use of air purification and powered air purification respiratory equipment

For model program questions, contact:

Janna Munk, POST Bureau Chief
Training Program Services
916 227-4829
Janna.Munk@post.ca.gov

Contents

POST Mission Statement	i
POST Commissioners	iii
Acknowledgements	v
Preface	vii
Model Respiratory Protection Program for Law Enforcement	1
1. Purpose	1
2. Scope	1
3. Program Administration	1
4. Approved Equipment	2
5. Respirator Selection	2
6. Medical Evaluation	3
7. Fit Testing	3
8. Respirator Use	4
9. Training	5
10. Maintenance	6
11. Program Evaluation	8
12. Record Keeping	8
Appendix	13
1. Web Resources	13
2. Acronyms	13
3. Glossary	14
4. FAQs	14

Model Respiratory Protection Program for Law Enforcement

1. Purpose

The purpose of this program is to provide law enforcement agencies with information for use in developing a respiratory protection program for law enforcement personnel whose assignments could include contact with or response to hazardous materials or Aerosol Transmissible Disease (ATD). This document sets the minimum standards to comply with California Code of Regulations (CCR), Title 8, Sections 5144 and 5199 as they pertain to exposure to aerosol infectious diseases and the use of air-purifying respirators (APRs) and powered air-purifying respirators (PAPRs). It does not prevent agencies from electing to be more restrictive in the designated use and fit testing of any specific equipment. Agencies with specialized units utilizing Self-Contained Breathing Apparatus (SCBA) shall incorporate the appropriate Cal/OSHA regulations into their respiratory protection program.

This information is not all-inclusive and does not necessarily constitute Cal/OSHA compliance. It is intended as a guide to assist agencies in the development of a law enforcement respiratory protection program and an ATD exposure control plan. Agencies should refer to the appropriate Cal/OSHA standards for complete, up-to-date information on the required elements. Hyperlinks to the forms and regulations have been included in this manual and are listed in the [Appendix](#).

2. Scope

This document covers the broad requirements for compliance with CCR, [Title 8, Sections 5144](#) and related subsections of [5199](#). This includes required screening/titers and vaccinations, equipment selection, medical screening, fit testing, training, use, and maintenance of respirators to be used by the following types of law enforcement personnel:

- 2.1 Individuals who are issued respirators to be used for escape from hazardous atmospheres.
- 2.2 Individuals who are issued respirators to be used while maintaining perimeters at hazardous materials incidents. These are individuals stationed in the support ("cold" or "green") zone and "warm" zone, where contaminants are not expected to exceed levels deemed safe for unprotected persons as determined by the incident commander.
- 2.3 Individuals who are issued respirators for use in maintaining the perimeter at crowd-control incidents where chemical agents (e.g., CS or CN tear gas) are used.
- 2.4 Individuals who are issued respirators to prevent exposure to ATD due to contact with, or transport of, persons who are suspected of carrying an active infection with a serious airborne respiratory disease (e.g., tuberculosis, seasonal flu, etc.).
- 2.5 Individuals who, in exigent or emergency situations, are required to enter an area where OC, CS, CN, CBRN, or other tearing agents have been expelled.

Note *In these situations the incident commander or officer in charge shall ensure that the levels of contamination do not exceed the tearing agent manufacturer's recommendation for safe operation or the NIOSH maximum concentration for use prior to entry.*

Agencies should have written policies on the type, amount, and vehicle of release of the agents following the manufacturer's recommended guidelines. These policies shall be specific for indoor, outdoor, and semi-contained (stadium-type) situations.

3. Program Administration

Agencies shall designate a respiratory protection program and exposure control plan administrator to oversee this program. This person shall be identified in the policy by name, title, and location. The program administrator shall be knowledgeable about the requirements of CCR, Title 8, Sections 5144 and 5199, and all elements of the respiratory protection program. The administrator will be responsible for assuring implementation of all elements of this program.

The program administrator is responsible for ensuring that law enforcement personnel whose assignments could include contact with, or response to, hazardous materials or ATD are included in this program, and that this program is implemented in a consistent manner throughout the agency.

Note *The ATD standard requires an exposure control plan to comprehensively cover the means that will be used by law enforcement agencies to control exposures to ATDs. For example, for agencies operating detention facilities, this includes screening new detainees showing disease symptoms for possible referral to an appropriate health care facility. Agencies must review their operations with regard to the ATD standard to identify the applicable requirements.*

The agency shall implement a vaccination program in accordance with CCR, Title 8, Section 5199, Appendix E. This list shall be reviewed during the mandatory annual program evaluation.

4. Approved Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the environment in which it will be used. The following definitions apply to equipment that will be issued to law enforcement personnel under this program:

Air-purifying respirator (APR)

A respirator that works by removing gas, vapor, or particulate, or combinations of gas, vapor, and/or particulate from the air through the use of filters, cartridges, or canisters that have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. This respirator does not supply oxygen, and therefore cannot be used to enter an atmosphere that is oxygen deficient. Respirators for particulate filtration include N95, N99, N100, or P100 respirators.

Powered air-purifying respirator (PAPR)

An air-purifying respirator that uses a blower to force ambient air through air-purifying elements to the respirator facepiece or hood.

Note *Cartridges, canisters, and filters are approved for use against specific hazards where the concentration is known or can be reasonably estimated. Some combination of organic vapor/particulate cartridges and canisters are approved for use against OC, CS, CN, and CBRN environments.*

5. Respirator Selection

Agencies shall maintain records on the type of equipment provided to employees and under what circumstances the equipment is to be used.

5.1 Equipment use

Respirator Use	Respirator Type	Manufacturer/Model
Perimeter HAZMAT incidents with specific industrial chemicals	Full facepiece (NIOSH approval TC 14G) combination cartridge or as specified by the HAZMAT incident commander	
Perimeter chem/bio/nuclear incident	Full facepiece APR with NIOSH approval for CBRN	
Perimeter crowd control (CS or CN tear gas)	Full facepiece APR, TC 14G, chloracetophenone cartridge or canister (combination organic vapor/particulate)	
Activation within crowd control area (CS or CN tear gas)	Full facepiece APR, TC 14G, chloracetophenone cartridge or canister (combination organic vapor/particulate)	
Respiratory illness (ATD)	N-95 particulate respirator, TC 84A	

5.2 Powered Air-Purifying Respirators

Pursuant to CCR, Title 8, Section 5144, law enforcement personnel who are covered in this program shall be issued Powered Air-Purifying Respirators (PAPR) if the Physician or other Licensed Health Care Professional (PLHCP) recommends the use of a PAPR for medical reasons.

6. Medical Evaluation

Prior to wearing a respirator, law enforcement personnel must first be medically evaluated. Law enforcement personnel should complete the mandatory medical questionnaire found in CCR, Title 8, Section 5144, Appendix C, and submit to a physical examination by qualified medical personnel. The POST Medical History Statement (POST 2-252) does not meet the requirements for the required medical questionnaire.

Medical evaluations for any law enforcement personnel are required:

- 6.1 Prior to wearing a respirator,
- 6.2 When an individual reports medical signs or symptoms that are related to the ability to use a respirator,
- 6.3 When a PLHCP, a supervisor, or the program administrator informs the agency that an individual needs to be re-evaluated,
- 6.4 When observations made during fit testing and program evaluation indicate a need for re-evaluation, or
- 6.5 When a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an individual.

7. Fit Testing

Fit test procedures shall be in accordance with of CCR, Title 8, Section 5144 Appendix A and the manufacturer's recommendations.

- 7.1 Before law enforcement personnel are required to use any respirator with a tight-fitting facepiece (APR/PAPR), they shall be fit tested with the same make, model, style, and size of respirator to be used. Individuals shall be provided with a sufficient number of respirator models and sizes so that he/she may be issued an acceptable facepiece.
- 7.2 Fit tests shall be provided at the time of initial assignment and *at least annually* thereafter. Additional fit tests shall be provided whenever the individual, employer, PLHCP, supervisor, or program administrator makes visual observations of changes in the individual's physical condition that could affect respirator fit. These conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
- 7.3 The person who administers the fit test shall complete fit test training. Agencies may accomplish this training through their fire agency, Cal/OSHA, the manufacturer of the equipment, or third-party vendor. Documentation of all training must be maintained in the agency's program records. All personnel qualified to fit test must keep up to date on their training.
- 7.4 Prior to the fit test, the individual shall be shown the proper procedures for donning a respirator. The individual shall demonstrate donning the respirator, adjusting the straps, and performing positive and negative pressure fit checks.
- 7.5 Any individual who cannot be successfully fit tested with a tight-fitting facepiece respirator may be given the option to be issued a PAPR with a hood or helmet.

- 7.6 Individuals who wear corrective glasses or personal protective equipment must be sure that such equipment is worn in a manner that does not interfere with the facepiece seal. The glasses or personal protective equipment that must be worn with the respirator shall be taken to the fit-test assessment and worn during the test.
- 7.7 The agency must provide corrective lens inserts if determined by the fit-test administrator.
- 7.8 Individuals who are issued tight-fitting facepiece gas/vapor air-purifying respirators shall be provided with either a qualitative (employee response to test agent) or quantitative (numerical measurement of leakage) method fit test. Agencies must indicate in their agency program records which test was utilized and the results of the tests.

8. Respirator Use

- 8.1 Escape: For escape from the release of hazardous materials, law enforcement personnel will be provided with (agency to select):
 - Combination cartridge air-purifying respirator
 - CBRN-approved air-purifying respirator
 - Other
- 8.2 Entry: Respirators issued under this program shall not be used to enter any area that is designated as the exclusion ("hot" or "red") zone of a hazardous materials incident. They also should not be used to enter any areas that are known or suspected to be oxygen deficient, or that contain concentrations of hazardous substances that are unknown or are immediately dangerous to life or health (IDLH). Respirator use shall not conflict with the agency's emergency response plan.
- 8.3 Continuous duty: For continuous duty in maintaining the perimeter of hazardous materials or crowd control incidents, approved air-purifying respirators shall be used. Respirators shall be selected that are approved for the contaminants that are believed to be present, and wearers shall not be located in atmospheres in which concentrations exceed the protection factor of the respirator. The program administrator or incident commander shall determine a cartridge change schedule.
- 8.4 Breakthrough: If an individual detects breakthrough (i.e., a leak in the seal), the individual shall exit the area immediately, or as soon as safety conditions permit, perform decontamination procedures, and remove the respirator when instructed by fire or EMT personnel.
- 8.5 Aerosol Transmissible Disease (ATD): Particulate respirators (N95 or better) shall be used when an individual is in contact (including transport in a vehicle) with a person who is suspected of having an aerosol transmissible disease (e.g., tuberculosis, pneumonia, seasonal influenza, meningitis). Additional precautions may include masking of the infected individual.
- 8.6 Disposable respirators shall be discarded in appropriate containers, in accordance with the agency's infection control procedures. Reusable respirators shall be decontaminated/cleaned in accordance with the manufacturer's recommendations and the agency's infection control procedures.

9. Training	9.1 Respirator	<p>CCR, <u>Title 8, Section 5144</u> Cal/OSHA requires agencies to conduct training for all personnel designated to use respirators. The training shall include at least the following:</p>
	9.1.1	The specific circumstances under which respirators are to be used, including illustrative scenarios that identify the proper use by law enforcement personnel.
	9.1.2	Why the respirator is necessary and how proper fit, usage, or maintenance can ensure the protective effect of the respirator.
	9.1.3	What the respirator's limitations and capabilities are in terms of protecting against chemical agents and other respiratory hazards.
	9.1.4	How to effectively use the respirators in emergency situations, including situations when the respirator malfunctions.
	9.1.5	How to inspect, put on, remove, use, and check the seals of the respirator.
	9.1.6	How to maintain and store the respirator. Individuals who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the flow rate.
	9.1.7	How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
	9.1.8	How to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous biological materials.
	9.1.9	Training shall be provided at the time of initial assignment to respirator use and at least annually thereafter.
	9.1.10	Additional training shall be provided when there is a change in the type of respiratory protection used, or when inadequacies in the individual's knowledge or use of the respirator indicate that he/she has not retained the requisite understanding or skill.
	9.1.11	This training can be accomplished by in-house instruction, or by viewing an appropriate multi-media presentation in combination with instruction. The training should be completed prior to conducting fit testing.
9.2 ATD		<p>CCR, <u>Title 8, Section 5199</u> Cal/OSHA requires agencies to conduct training for law enforcement personnel whose assignments could include contact with or response to hazardous materials or aerosol transmissible disease. Agencies shall provide training as follows:</p>
	9.2.1	At the time of initial assignment to tasks where occupational exposure may take place; at least annually thereafter, not to exceed 12 months from the previous training;
	9.2.2	For employees who have received training on ATD in the year preceding the effective date of the standard, only training with respect to the provisions of the standard that were not included previously need to be provided.
	9.2.3	When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.
	9.2.4	Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.
	9.2.5	An accessible copy of the regulatory text of this standard and an explanation of its contents.
	9.2.6	A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation.

- 9.2.7 An explanation of the modes of transmission of ATDs and applicable source control procedures.
- 9.2.8 An explanation of the employer's ATD Exposure Control Plan and/or Biosafety Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
- 9.2.9 An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATDs.
- 9.2.10 An explanation of the use and limitations of methods that will prevent or reduce exposure to ATDs, including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.
- 9.2.11 An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination, and disposal of the items of personal protective equipment employees will use.
- 9.2.12 A description of the employer's tuberculosis surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for latent tuberculosis infection.
- 9.2.13 Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- 9.2.14 An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
- 9.2.15 Every training program shall include an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter of the training as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's ATD exposure control or Biosafety Plan. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person as described in CCR, Title 8, Section 5199 and shall fulfill all the subject matter requirements of subsections (i)(4).

10. Maintenance

Agencies shall have a procedure in place for maintaining, cleaning, disinfecting, storing, inspecting, and repairing all respiratory protective equipment used by agency personnel.

10.1 Cleaning and disinfecting

- 10.1.1 Each respirator user shall be provided with a respirator that is clean, sanitary, and in good working order. The agency will ensure that respirators are cleaned and disinfected at the following intervals:
 - 10.1.1.1 Respirators issued for the exclusive use of an individual shall be cleaned and disinfected as often as necessary to maintain a sanitary condition.
 - 10.1.1.2 Respirators issued to more than one individual shall be cleaned and disinfected before being worn by other persons.
 - 10.1.1.3 Respirators maintained for emergency use shall be cleaned and disinfected after each use.

10.1.1.4 Respirators used in fit testing and training shall be cleaned and disinfected after each use (before being used by another person).

10.1.1.5 Respirators that have been contaminated with certain chemical, biological, radioactive, or nuclear (CBRN) agents require special decontamination procedures to reduce the likelihood of secondary exposures to the user or assisting personnel. The HAZMAT incident commander or officer in charge will inform users of any special decontamination procedures that are required.

10.2 Storage

10.2.1 All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. They shall be packed or stored to prevent deformation of the facepiece and exhalation valve.

10.2.2 To protect the integrity and the shelf life of the equipment, agencies must follow the manufacturer's recommendation for storage.

10.2.3 Agencies must also maintain records of where all equipment is stored.

10.2.4 Agencies should take into consideration the need for charging PAPR batteries when they are stored or not in use.

10.3 Storage location

Type of Respirator	Storage
1. Air-purifying respirators	
2. Particulate respirator for use with possibly infectious persons	
3. PAPRs	<p><i>Note</i> Battery should be kept charged with the facepiece unit, or if battery and facepiece are kept in patrol vehicle, a spare battery should be kept charged and available.</p>

10.4 Inspection

10.4.1 Single-use particulate respirators shall be inspected prior to use. All respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use (CCR, Title 8, Section 5144).

10.4.2 Inspections should include a check of:

10.4.2.1 Respirator function, tightness of connections, and condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.

10.4.2.2 All rubber or plastic parts for pliability and signs of deterioration.

10.4.2.3 PAPR connecting tubes or hoses and batteries.

10.4.2.4 Each inspection shall include donning the respirator and performing positive and negative pressure fit checks.

10.4.2.5 An inspection log shall be kept with the respirator (except single-use particulate respirators).

10.5 Repairs

- 10.5.1** Any defective respirators shall be removed from service and shall be adjusted, repaired, or discarded as appropriate. Written policies shall indicate where defective equipment must be turned in, the person responsible for receiving it, and how replacement equipment is to be issued.
- 10.5.2** Only persons who have been trained to perform such operations shall make repairs or adjustments to respirators. All repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed, using only the manufacturer's NIOSH-approved parts.

11. Program Evaluation

The program administrator shall conduct a periodic review of the agency's program to ensure adherence to all subsections of this program. This review shall include at a minimum:

- 11.1** Respirator fit
- 11.2** Appropriate respirator selection
- 11.3** Proper use of respirators
- 11.4** Proper inspection and maintenance procedures
- 11.5** Currency with ATD standards (refer to current Cal/OSHA standards)

12. Record Keeping

- 12.1 Respirators** CCR, Title 8, Section 5144 The program administrator is responsible for ensuring that proper records are kept for this program. This includes:

- 12.1.1** Personnel medical records shall be retained and made available in accordance with CCR, Title 8, Section 3204 for a minimum of thirty (30) years after an employee's separation or termination.
- 12.1.2** Agencies may follow agency policies for the maintenance of confidential medical records. The policy must indicate where these records are maintained, who is responsible for them, and how employees, their representatives, or Cal/OSHA personnel can obtain access to the records.
- 12.1.3** Documentation of training, inspection and maintenance.
- 12.1.4** Documentation of fit testing, including:
 - 12.1.4.1** Type of test (qualitative or quantitative)
 - 12.1.4.2** Name or ID of employee
 - 12.1.4.3** Make, model, style, and size of respirator tested
 - 12.1.4.4** Date of test
 - 12.1.4.5** Results of the fit test
- 12.1.5** A copy of this program and the above records shall be made available to all affected employees, their representatives, and representatives of the Chief of the Division of Occupational Safety and Health. Agencies shall determine the records retention policy for training, inspection, maintenance, and fit-test records. At a minimum, agencies shall retain the most recent record of each type for each employee or piece of equipment.

12.2 ATD CCR, Title 8, Section 5199

12.2.1 Medical records: the employer shall establish and maintain an accurate medical record for each employee with occupational exposure, in accordance with CCR, Title 8, Section 3204, Access to Employee Exposure and Medical Records, of these orders. This record shall include:

- 12.2.1.1 The employee's name and any other employee identifier used in the workplace;
- 12.2.1.2 The employee's vaccination status for all vaccines required by this standard, including the information provided by the PLHCP in accordance with subsection (h)(5)(F), any vaccine record provided by the employee, and any signed declination forms;
- Exception to subsection (j)(1)(B)2 As to seasonal influenza vaccine, the medical record need only contain a declination form for the most recent seasonal influenza vaccine.*
- 12.2.1.3 A copy of all written opinions provided by a physician or other licensed health care professional (PLHCP) in accordance with this standard, and the results of all TB assessments; and
- 12.2.1.4 A copy of the information regarding an exposure incident that was provided to the PLHCP as required by subsection (h)(7)(B).
- 12.2.1.5 Confidentiality: the employer shall ensure that all employee medical records required by this section are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law.
- 12.2.1.6 The employer shall maintain the medical records required by this section for at least the duration of employment plus 30 years in accordance with CCR, Title 8, Section 3204, Access to Employee Exposure and Medical Records, of these orders.

Notes Subsection (j)(1)(A): This record may be combined with the medical record required by CCR, Title 8, Section 5193, Bloodborne Pathogens, of these orders, but may not be combined with non-medical personnel records.

Subsection (j)(1)(C): These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed.

12.2.2 Training records: the employer shall establish and maintain an accurate training record for each employee. Training records shall be maintained for 3 years from the date on which the training occurred and include:

- 12.2.2.1 The date(s) of the training session(s);
- 12.2.2.2 The contents or a summary of the training session(s);
- 12.2.2.3 The names and qualifications of persons conducting the training or who are designated to respond to interactive questions; and
- 12.2.2.4 The names and job titles of all persons attending the training sessions.
- 12.2.2.5 Records of implementation of ATD Plan and/or Biosafety Plan.
- 12.2.2.6 Records of annual review of the ATD Plan and Biosafety Plan shall include the name(s) of the person conducting the review, the dates the review was conducted and completed, the name(s) and work area(s) of employees involved, and a summary of the conclusions. The record shall be retained for three years.

12.2.3 Records of exposure incidents shall be retained and made available as employee exposure records in accordance with CCR, Title 8, Section 3204. These records shall include:

- 12.2.3.1 The date of the exposure incident;
- 12.2.3.2 The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;
- 12.2.3.3 The disease or pathogen to which employees may have been exposed;
- 12.2.3.4 The name and job title of the person performing the evaluation;
- 12.2.3.5 The identity of any local health officer and/or PLHCP consulted;
- 12.2.3.6 The date of the evaluation; and
- 12.2.3.7 The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.

Note See the ATD standard for the details of what constitutes an exposure incident in the definitions and subsection 5199(h)(6).

12.2.4 Records of the unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for three years.

12.2.5 Records of decisions not to transfer a patient to another facility for airborne infection isolation for medical reasons shall be documented in the patient's chart, and a summary shall be provided to the Plan administrator providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review. The summary record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.

12.2.6 Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems shall be maintained for a minimum of five years and shall include the name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance, the date, and any significant findings and actions that were taken.

12.2.7 Records of the respiratory protection program shall be established and maintained in accordance with CCR, Title 8, Section 5144, Respiratory Protection, of these orders. Employers who provide fit-test screening, in accordance with the exception to subsection (g)(6)(B)3 shall retain the screening record for two years.

12.3 Availability.

- 12.3.1** The employer shall ensure that all records, other than the employee medical records more specifically dealt with in subsection (j)(4)(C), required to be maintained by this section shall be made available upon request to the Chief and NIOSH and the local health officer for examination and copying.
- 12.3.2** Employee training records, the exposure control plan and/or biosafety plan, and records of implementation of the ATD exposure control plan and biosafety plan, other than medical records containing individually identifiable medical information, shall be made available as employee exposure records in accordance with CCR, Title 8, Section 3204(e)(1) to employees and employee representatives.
- 12.3.3** Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the subject employee, the local health officer, and to the Chief and NIOSH in accordance with CCR, Title 8, Section 3204 of these orders, Access to Employee Exposure and Medical Records, for examination and copying.

12.4 Transfer of records.

- 12.4.1** The employer shall comply with the requirements involving the transfer of employee medical and exposure records that are set forth in CCR, Title 8, Section 3204, Access to Employee Exposure and Medical Records, of these orders.
- 12.4.2** If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Chief and NIOSH, at least three months prior to the disposal of the records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

1. Web Resources

Cal/OSHA respirator standard
<http://www.dir.ca.gov/Title8/5144.html>

Cal/OSHA Aerosol Transmissible Diseases standard
<http://www.dir.ca.gov/Title8/5199.html>

Cal/OSHA Respirator Medical Evaluation Questionnaire
<http://www.dir.ca.gov/title8/5144c.html>

Cal/OSHA publication, Respiratory Protection in the Workplace
http://www.dir.ca.gov/dosh/dosh_publications/respiratory.pdf

California Department of Industrial Relations
<http://www.dir.ca.gov>

NIOSH respirator page
<http://www.cdc.gov/niosh/topics/respirators/>

POST Medical History Statement (POST 2-252)
<http://lib.post.ca.gov/Publications/2-252MedicalHistoryStatement.pdf>

2. Acronyms

APR	Air-Purifying Respirator
ATD	Aerosol Transmissible Disease
CBRN	Chemical, Biological, Radiological, and Nuclear
CCR	California Code of Regulations
NIOSH	National Institute for Occupational Safety and Health
PAPR	Powered Air-Purifying Respirator
PLHCP	Physician or other Licensed Health Care Professional

3. Glossary Air-purifying respirator (APR)

A respirator that works by removing gas, vapor, or particulate, or combinations of gas, vapor, and/or particulate from the air through the use of filters, cartridges, or canisters that have been tested and approved for use in specific types of contaminated atmospheres by NIOSH.

Cal/OSHA Regulation 5144

Requires employers to develop and implement a written respiratory-protection program that includes worksite procedures and elements for required respirator use.

Cal/OSHA Regulation 5199

Requires employers to develop a program to protect their workers from aerosol transmissible disease (ATD).

CN gas

A liquid that temporarily disables a person; prepared as an aerosol and sprayed in the face, it irritates the eyes and causes dizziness and immobilization (Mace™).

CS gas

A gas causing tears, salivation, and painful breathing — stronger than CN gas but wears off faster.

OC gas

Also known as pepper spray, OC gas is a defense spray agent derived from hot cayenne peppers, which causes temporary blindness and breathing difficulty.

Powered Air-Purifying Respirator (PAPR)

An air-purifying respirator that uses a blower to force ambient air through air-purifying elements to the respirator facepiece or hood.

Titers

A way of expressing concentration. Titer testing employs serial dilution to obtain approximate quantitative information from an analytical procedure that inherently only evaluates as positive or negative.

4. FAQs

Is this program optional or mandatory?

The program is mandatory.

When must my agency comply with these requirements?

Your program should be in place now. Failure to comply places your personnel at risk. Cal/OSHA may levy fines/penalties on non-compliant agencies.

Which personnel in my agency are covered by this standard?

Any individual who has contact with the public on a regular basis.

Where can I get a copy of the regulations?

<http://www.dir.ca.gov/Title8/5144.html>
<http://www.dir.ca.gov/title8/5199.html>

What areas do 5144 and 5199 cover?

5144: Respiratory Protection (RP), includes required medical clearance for respiratory/fit testing of each respirator worn (N95/MSA full-face APR, etc.) and training.

5199: Aerosol Transmissible Disease (ATD), includes a list of vaccinations that MUST be offered to your personnel. Agencies must provide the vaccination, or show proof of declination or titer (immunity) for each area covered.

Do these model guidelines cover all of the required elements of an ATD policy?

The guidelines are intended as a starting point only. Agencies should review the applicable regulations to ensure compliance. The components of the 5199 exposure control plan are contained within Section D of the 5199 aerosol transmissible disease regulations. Employer requirements include written aerosol transmissible disease exposure control procedures, infection control measures, employee training, medical services, and recordkeeping. Where engineering and work practice controls do not provide adequate protection, the standard requires that respiratory protection be used to protect workers performing certain tasks from exposure to aerosol transmissible diseases.

Reference <http://www.cdph.ca.gov/programs/ohb/Pages/ATDStd.aspx>

My agency has limited training and safety/risk resources. What can we do to become compliant?

There are third-party vendors readily available that specialize in these areas for emergency services. See contact information below for details on compliant agencies utilizing third-party vendors.

Are there serious "real world" ATDs that law enforcement personnel may encounter and contract?

Yes. In addition to the seasonal flu, there are many other transmissible diseases (e.g., drug-resistant tuberculosis and Severe Acute Respiratory Syndrome (SARS) that are encountered by law enforcement and detention personnel on a daily basis.

Our employees all have medical insurance. Can we just refer them to their medical provider for these vaccinations so we do not have to incur the costs?

NO – Per Section 5199(a)(4), the employer shall provide all safeguards required by this section, including provision of personal protective equipment, respirators, training, and medical services, at no cost to the employee, at a reasonable time and place for the employee, and during the employee's working hours.

Is my agency permitted to have staff members trained to conduct our annual "fit test"?

Yes, if they have completed a train-the-trainer course conducted by the equipment manufacturer or by an authorized third-party vendor.

Are there currently agencies that are fully complaint in these areas and can I speak with them to help create a policy for my agency?

Yes. For further information, contact:

Steven Craig, POST Senior Consultant

Training Program Services

916 227-5562

Steven.Craig@post.ca.gov

[CART](#)

[Home](#) / [Equipment & Gear](#) / [Tactical Equipment](#) / [Gas Masks & Chemical Protection](#)
/ [Avon C50 Mask Assembly First Responder Kit](#)

Avon C50 Mask Assembly First Responder Kit

[Avon Protection Systems](#)

\$638.00



(No reviews yet) [Write a Review](#)

SKU:

L66-LG





CART



Size: Required

Quantity:

 

Description

The C50 has been developed using the same platform as Avon Protection's successful M50 based US Military Joint Services General Purpose Mask.

The C50 offers high protection and an outstanding field of vision and superior comfort. The innovative design features optimize the user's time in the operational arena for CBRN protection in law enforcement or counter terrorism operations.

Also, with the appropriate filter, the C50 protects against a range of CBRN threats including chemical warfare agents, toxic industrial chemicals (TICS), toxic industrial materials (TIMS), biological and radiological hazards and riot agents.

Includes:

- C50 Mask
- Clear Outsert Assembly
- Sunlight Outsert Assembly

- CBRNF12B filter
- CTF12 Riot Agent Filter
- Mask Carrier
- Storage Faceform



CART

C50 Datasheet

Related Products

Customers Also Viewed



Avon Protection Systems
Avon FM53 Mask Assembly - Twin Port APR
\$1,142.00



Avon Protection Systems
Avon C50 Mask Assembly CBRN - Twin Port APR
\$422.00



Avon Protection Systems
Avon Clear Outsert Assembly
\$51.00

Avon Protection Systems
Avon Sun Assembly
\$59.00

