I. POLICY

Members are required to use PPE as provided in this policy and pursuant to their training. Members are responsible for proper maintenance and storage of issued PPE. PPE should be stored in an appropriate location so that it is available when needed.

Any member who identifies hazards in the workplace is encouraged to utilize the procedures in the Illness and Injury Prevention Policy to recommend new or improved PPE or additional needs for PPE.

II. PURPOSE

This policy identifies the different types of personal protective equipment (PPE) provided by the Department as well the requirements and guidelines for the use of PPE.

Definitions:

- Personal protective equipment (PPE) - Equipment that protects a person from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical or other workplace hazards.

- Respiratory PPE - Any device that is worn by the user to protect from exposure to atmospheres where there is smoke, low levels of oxygen, high levels of carbon monoxide, or the presence of toxic gases or other respiratory hazards. For purposes of this policy, respiratory PPE does not include particulate-filtering masks such as the N100 masks.

Pursuant to California Code of Regulations (CCR) Title 8, Section 5144, in any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The Davis Police Department hereby adopts this procedure to satisfy CCR requirements. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The program includes the following provisions, as applicable:

1. Procedures for selecting respirators for use in the workplace.

2. Medical evaluations of employees required to use respirators.
3. Fit testing procedures for tight-fitting respirators.

4. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations.

5. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators.

6. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators.

7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations.

8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.

9. Procedures for regularly evaluating the effectiveness of the program.

This policy does not address ballistic vests or protection from communicable disease, as those issues are addressed in PP 2.10-B, Ballistic Vests and PP 1.21-A Communicable Diseases.

III. PROCEDURE

A. Hearing Protection

Approved hearing protection shall be used by members during firearms training or when needed due to working in a loud environment. Hearing protection shall meet or exceed the requirements provided in 8 CCR 5098 (reduces noise to 90 dB (decibels) or 85 dB if the member has been notified they have a standard threshold shift in hearing).

B. Eye Protection

Approved eye protection, including side protection, shall be used by members during firearms training or whenever it is needed to protect from foreseeable injury or exposure. Eye protection for members who wear prescription lenses shall incorporate the prescription (e.g., eye protection that can be worn over prescription lenses). Members shall ensure their eye protection does not interfere with the fit of their hearing protection.

The Rangemaster shall ensure eye protection meets or exceeds the requirements provided in 8 CCR 3382.

C. Head and Body Protection

Members who make arrests or control crowds will be provided head protection with an attachable face shield.

Padded body protection consisting of chest, arm, leg and groin protection will be provided as required by any collective bargaining agreement or as the Department makes available.

D. Respiratory Protection

1. The Professional Standards Lieutenant is responsible for ensuring a respiratory protection plan is developed and maintained by a trained and qualified member. The plan shall include procedures for (8 CCR 5144):
a. Selecting appropriate respiratory PPE based on hazards and risks associated with functions or positions.
b. Fit testing, including identification of members or contractors qualified to conduct fit testing.
c. Medical evaluations.
d. PPE inventory control.
e. PPE issuance and replacement.
f. Cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respiratory PPE, including schedules for these activities.
g. Regularly reviewing the PPE plan.
h. Remaining current with applicable National Institute for Occupational Safety and Health (NIOSH), American National Standards Institute (ANSI), Occupational Safety and Health Administration (OSHA), Environmental Protective Agency (EPA) and state PPE standards and guidelines.

2. Respirator Selection

The Davis Police Department issues the MSA Millennium CBA-RCA gas mask for tactical operations, patrol operations and crowd control. This mask was selected on the basis it is effective against the agents that law enforcement officers are commonly exposed and is effective against the gasses that may be deployed by officers of the Davis Police Department.

Features of the MSA Millennium CBA-RCA include;

a. Lightweight, flexible, one piece polyurethane lens with wide field of vision, bonded to a durable soft Hycar rubber facepiece.
b. Is effective against biological and chemical warfare agents.
c. Dual-canister tube to allow weapon firing from either shoulder.
d. Is NIOSH approved for protection against CN and CS tear gas.

The Davis Police Department issues the 3M Model 6900 Full Face Respirator, and the 3M Model 7503/37083 Half Face Respirator for members. These masks shall be issued with the 3M Model 60926 Vapor Cartridge, and the 3M Advanced Particulate Cartridge. These masks were selected because they gas and vapor protection, as well as particulate protection.

Features of the 3M Model 6900 Respirators include;

a. NIOSH approved for protection against certain organic vapors, acid gases, ammonia, methylamine, formaldehyde and particulates.
b. Bayonet compatibility allows use with many 3M half and full face-piece designs.

The Davis Police Department issues the 3M Model N95 respirator (see PP 1.39-AAA).

3. Medical Evaluation

Medical evaluation. Using a respirator may place a physiological burden on members that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the member. Accordingly, this subsection specifies the minimum requirements for medical evaluations that implemented to determine a member’s ability to use a respirator.
a. The Department shall provide a medical evaluation to determine the member’s ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The Department may discontinue a member’s medical evaluations when the member is no longer required to use a respirator.

b. Medical evaluation procedures.

1. The Department shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

2. The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of the CCR.

c. Follow-up medical examination.

1. The Department shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

2. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

d. Administration of the medical questionnaire and examinations.

1. The medical questionnaire shall be administered in a manner that ensures that the member understands its content.

2. The Department shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

e. Supplemental information for the PLHCP.

The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning a member’s ability to use a respirator:

1. The type and weight of the respirator to be used by the member;

2. The duration and frequency of respirator use (including use for rescue and escape);

3. The expected physical work effort;

4. Additional protective clothing and equipment to be worn; and

5. Temperature and humidity extremes that may be encountered.

6. The Department shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

7. When the Department replaces a PLHCP, the Department must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new
PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.

f. Medical determination. In determining the member’s ability to use a respirator, the Department shall:

1. Obtain a written recommendation regarding the employee’s ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:
   a. Any limitations on respirator use related to the medical condition of the member, or relating to the workplace conditions in which the respirator will be used, including whether or not the member is medically able to use the respirator;
   b. The need, if any, for follow-up medical evaluations; and
   c. A statement that the PLHCP has provided the member with a copy of the PLHCP’s written recommendation.

g. Additional medical evaluations. At a minimum, the Department shall provide additional medical evaluations that comply with the requirements of this section if:

1. A member reports medical signs or symptoms that are related to ability to use a respirator;
2. A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;
3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
4. 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 a member.

4. Fit Testing

This subsection requires that, before a member may be required to use any respirator with a negative or positive pressure tight-fitting face-piece, the member must be fit tested with the same make, model, style, and size of respirator that will be used. This subsection specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.

a. The Department shall ensure that members using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this subsection.

b. The Department shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

c. The Department shall conduct an additional fit test whenever the member reports, or the Department, PLHCP, supervisor, or program administrator makes visual observations
of, changes in the member’s physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

d. If after passing a QLFT or QNFT, the member subsequently notifies the Department, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the member shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

e. The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol.

1. Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user’s actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.

2. Quantitative fit testing of these respirators shall be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.

3. Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.

5. Respiratory Protection Use

a. Designated members may be issued respiratory PPE based on the member’s assignment.

b. Respiratory PPE may be worn when authorized by a scene commander who will determine the type and level of protection appropriate at a scene based upon an evaluation of the hazards present.

c. Scene commanders are responsible for monitoring members using respiratory PPE and their degree of exposure or stress. When there is a change in work area conditions or when a member’s degree of exposure or stress may affect respirator effectiveness, the scene commander shall reevaluate the continued effectiveness of the respirator and direct the member to leave the respirator use area when the scene commander reasonably believes (8 CCR 5144):

1. It is necessary for the member to wash his/her face and the respirator facepiece to prevent eye or skin irritation associated with respirator use.

2. The member detects vapor or gas breakthrough, or there is a change in breathing resistance or leakage of the facepiece.

3. The member needs to replace the respirator, filter, cartridge or canister.
6. Use of Respirators – Member Responsibility.

a. Members shall not use self-contained breathing apparatus (SCBA), full-face respirators or respirators unless they have completed training requirements for the particular piece of equipment.

b. Members exposed to environments that are reasonably known to be harmful due to gases, smoke or vapors shall use respiratory PPE.

c. Members using respiratory PPE shall (8 CCR 5144):

1. Ensure that they have no facial hair between the sealing surface of the face-piece and the face that could interfere with the seal or the valve function. Members also shall ensure that they have no other condition that will interfere with the face-to-facepiece seal or the valve function.

2. Not wear corrective glasses, goggles or other PPE that interferes with the seal of the face-piece to the face, or that has not been previously tested for use with that respiratory equipment.

3. Perform a user seal check per department-approved procedures recommended by the respirator manufacturer each time they put on a tight-fitting respirator.

4. Leave a respiratory use area whenever they detect vapor or gas breakthrough, changes in breathing resistance or leakage of their face-piece and ensure that the respirator is replaced or repaired before returning to the affected area.

7. Maintenance and Care of Respirators

The Davis Police Department shall provide each respirator user with a respirator that is clean, sanitary, and in good working order.

a. The respirators shall be cleaned and disinfected at the following intervals:

1. Respirators issued for the exclusive use of a member shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;

2. Respirators issued to more than one member shall be cleaned and disinfected before being worn by different individuals;

3. Respirators maintained for emergency use shall be cleaned and disinfected after each use; and

4. Respirators used in fit testing and training shall be cleaned and disinfected after each use.

8. Storage.

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

a. Inspection.

b. The Department shall ensure that respirators are inspected as follows:
1. All respirators used in routine situations shall be inspected before each use and during cleaning;

2. 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; and

c. The Department shall ensure that respirator inspections include the following:

1. A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and

2. A check of elastomeric parts for pliability and signs of deterioration.

9. Identification of Filters Cartridges and Canisters.

The Department shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.

10. Training and Information.

a. The Department shall ensure that each member who is issued a respirator can demonstrate knowledge of at least the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

2. What the limitations and capabilities of the respirator are;

3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

4. How to inspect, put on and remove, use, and check the seals of the respirator;

5. What the procedures are for maintenance and storage of the respirator;

6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and


a. The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

b. The Department shall regularly consult members required to use respirators to assess the members’ views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

1. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
2. Appropriate respirator selection for the hazards to which the employee is exposed;
3. Proper respirator use under the workplace conditions the employee encounters; and
4. Proper respirator maintenance.
5. Remaining current with applicable National Institute for Occupational Safety and Health (NIOSH), American National Standards Institute (ANSI), Occupational Safety and Health Administration (OSHA), Environmental Protective Agency (EPA) and state PPE standards and guidelines.

12. Recordkeeping.

This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

a. Medical evaluation. Records of medical evaluations required by this section must be retained and made available in accordance with section 3204.

b. Fit testing.

The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:
1. The name or identification of the employee tested;
2. Type of fit test performed;
3. Specific make, model, style, and size of respirator tested;
4. Date of test; and
5. The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.
6. Fit test records shall be retained for respirator users until the next fit test is administered.

c. A written copy of the current respirator program shall be retained by the employer.

d. Written materials required to be retained under this subsection shall be made available upon request to affected employees and to the Chief or designee for examination and copying.

Darren Pytel
Police Chief

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09/19 change to helmet

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