Respiratory Protection Awareness

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Why This Matters

Respiratory hazards can lead to serious illness or long-term health effects.

Exposure risks include: tuberculosis, COVID-19, and chemical agents.

Proper respiratory protection can prevent illness and reduce occupational exposure.

Respirators must be selected, fitted, and used correctly to be effective.

Key Legislation

Occupational Health & Safety Act (OHSA)

- Section 25(2)(h): Employers must take every reasonable precaution.
- Supports the Internal Responsibility System.

O. Reg. 833 – Control of Exposure to Biological or Chemical Agents

- Requires assessment and control of airborne hazards.
- Includes ventilation, engineering controls, and PPE.

CSA Standard Z94.4 – Selection, Use, and Care of Respirators

- National standard for respiratory protection programs.
- Covers selection, fit testing, training, and maintenance.

Public Health Agency of Canada (PHAC)

- Encourages Point-of-Care Risk Assessments (PCRAs).
- Promotes hand hygiene and PPE as part of routine precautions.

Types of Respirators

- **N95 Respirators** – Disposable, tight-fitting, filters ≥95% airborne particles.
- **Elastomeric Half-Face Respirators** – Reusable, tight-fitting with replaceable filters.
- **Powered Air-Purifying Respirators (PAPRs)** – Battery-powered, loose- or tight-fitting.
- Additional types may be selected based on risk assessment.

Filter Classifications

Particulate Filters:

- N = Not resistant to oil
- R = Resistant to oil (limited use)
- P = Oil-proof (extended use)
- Filtration levels:
  - 95 = ≥95%
  - 99 = ≥99%
  - 100 = ≥99.97%

Gas/Vapor Cartridges:

- Protect against specific hazards like organic vapors, ammonia, or mercury.
- Selection depends on the contaminant.

Performing a PCRA (Point of Care Risk Assessment)

Before every patient interaction:

- What procedure will I perform?
- Is there a risk of exposure to airborne hazards?
- What controls or PPE are required?

Hierarchy of Controls

Elimination/Substitution:
Use less hazardous substances where possible.

Engineering Controls:
Ventilation systems, fume hoods.

Administrative Controls:
Policies, signage, training.

PPE:
Respirators, eye protection.

Fit Testing Requirements

Qualitative Fit Test:

Pass/fail using taste or scent-based detection.

Quantitative Fit Test:

Measures actual leakage using specialized equipment.

Fit testing must be performed:

- Before first use
- At least every 2 years (annually is best practice)
- If facial features change (e.g., weight loss, surgery, facial hair)

Seal Checks & Use

- Perform **positive and negative pressure seal checks** before each use.
- If a proper seal isn't achieved, report it — another fit test or mask may be needed.
- No facial hair in the seal area.

Cleaning & Storage

- Clean reusable respirators after each use using mild soap and warm water.
- Follow manufacturer's guidelines.
- Store in a clean, dry container away from contaminants.

If an Exposure Occurs

Step 1: First Aid

Leave the area, wash face, flush eyes/nose if needed.

Step 2: Report the Exposure

Notify your supervisor.

Step 3: Seek Medical Advice

Assessment and possible testing.

Step 4: Document the Incident

Record what happened and actions taken.

Reporting Requirements

WSIB

- Report if a worker tests positive, receives treatment, or experiences distress.
- Respiratory exposure linked to PEP or illness must be reported.

OHSA

- Notify MLITSD, JHSC/HSR, and union (if applicable).
- **Critical injury:** report immediately and in writing within 48 hours.
- **Occupational illness:** report within 4 days.

Employers cannot discourage reporting.

Resources

- **IPAC Consulting** – Custom training and risk assessments
- **CSA Group, PHAC, MLITSD** – Standards and guidance documents
- **Internal Policies** – Your workplace's health & safety procedures