

AV1900 – RESPIRATORY PROTECTION PROGRAM

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, syilx, and Tsilhqot’in Nations, where we live, learn, collaborate, and work together.

Interior Health recognizes that diversity in the Workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the Workplace. The dimensions of a diverse Workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To ensure all persons conducting paid and/or unpaid work for Interior Health (IH) are provided with appropriate respiratory protection and the education and training to utilize the protection correctly when it is required. This includes employees, medical staff, contractors, students, and volunteers.

2.0 DEFINITIONS

TERM	DEFINITION
<i>Airborne Contaminants:</i>	<i>A harmful, irritating, or nuisance material in the air, usually occurring in the form of a dust, mist, fume, gas or vapour, which could enter the respiratory tract and, upon exposure, may result in an adverse health effect. For the purpose of this policy, Airborne Contaminants include bioaerosols.</i>
<i>Contractor:</i>	<i>A person or company that undertakes a contract to provide materials or labour to perform a service or do a job.</i>
<i>Employee:</i>	<i>A person currently employed by IH in a full-time, part-time, casual, and/or term-specific position.</i>
<i>Hierarchy of Controls:</i>	<i>A process of eliminating or reducing hazards, with consideration given first to the most effective and dependable control methods. The most effective control is to eliminate the hazard. Where elimination is not possible, substituting a less hazardous method or material is considered. Next, engineering controls are considered, followed by administrative controls to change the way work is organized. Personal protective equipment is the least dependable method of control.</i>
<i>Respiratory Protection:</i>	<i>A device, material, or piece of equipment that is recognized by testing and certification agencies and authorities as providing the user with Respiratory</i>

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	<i>Protection from Airborne Contaminants. For respiratory personal protective equipment (PPE), the most common types of respirators used in health care facilities are tight fitting N95 Full-face Respirator or disposable 95 PFE – Particle Filtration Efficiency – respirators (e.g., N95), elastomeric (reusable) respirators, and loose-fitting powered air purifying respirators (PAPR).</i>
<i>Respiratory Protection Program (RPP):</i>	<i>A program that defines the roles and responsibilities of all partners and includes components such as hazard assessment; respirator selection including limitations, training requirements, and fit testing; appropriate procedures for cleaning, inspecting, and storing respirators; program evaluation; and recordkeeping to ensure adequate protection of all Workers who may be exposed to Airborne Contaminants, where there is no possibility of implementing more effective controls according to the Hierarchy of Controls.</i>
<i>Worker:</i>	<i>Refers to all IH Employees, Medical Staff, students, volunteers and/or Contractors who perform work for compensation (monetary or non-monetary).</i>
<i>Workplace:</i>	<i>Refers to all IH owned or operated facilities/sites. Synonymous with the term “Workplaces” as defined by the British Columbia Workers Compensation Act, Part 2: “Any place where a Worker is or is likely to be engaged in any work and includes any vessel, vehicle, or mobile equipment used by a Worker in work.”</i>

3.0 POLICY

- 3.1 IH will provide a safe workplace by eliminating or reducing the risk of exposure to Airborne Contaminants through the use of the Hierarchy of Controls, in accordance with [AV0100 – Occupational Health and Safety Program](#).
- 3.2 If elimination of the hazard is not possible, substitution with less hazardous products must be the first consideration followed by engineering controls such as dilution ventilation or dedicated exhaust. Administrative controls must then be explored to change the work processes to reduce the hazards associated with exposure to Airborne Contaminants.
- 3.3 Appropriate Respiratory Protection must be used by the Worker in tandem with available engineering and administrative controls if the Respiratory Protection is not completely sufficient in reducing exposure below applicable WorkSafeBC (WSBC) exposure levels.

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- 3.4 All Workers are expected to participate fully in the provincial [Respiratory Protection Program \(RPP\)](#), which outlines the necessary responsibilities, procedures, training, use and maintenance of respirators to ensure the health and safety of all Workers when utilizing Respiratory Protection against Airborne Contaminants.

4.0 PROCEDURES

Roles and Responsibilities

4.1 Senior Management:

- 4.1.1 Be familiar with the contents of the RPP and its requirements.
- 4.1.2 Ensure resources required for the implementation/administration of the RPP are available.

4.2 Managers and Supervisors:

- 4.2.1 Ensure potential respiratory hazards in the Workplace are identified and risk assessments pertaining to potential Airborne Contaminants exposure are completed.
- 4.2.2 Ensure workers have access to appropriate respiratory protection and training.
- 4.2.3 Communicate requirements and address issues related to respiratory protection.
- 4.2.4 Ensure compliance with the RPP through regular monitoring and documentation of proper respirator use, maintenance, and storage.

4.3 Workers:

- 4.3.1 Note: Please see specific roles and responsibilities for Physicians (4.8), Contractors (4.9), and Students (4.10) in their respective sections.
- 4.3.2 Work in compliance with IH and department specific RPP.
- 4.3.3 Notify manager immediately if unable to meet any requirements of the Respiratory Protection Program.

4.4 Workplace Health & Safety (WHS):

- 4.4.1 Evaluate and maintain the RPP and all related components.
- 4.4.2 Provide guidance on respiratory hazard identification and control.
- 4.4.3 Maintain and sustain an electronic listing of department/occupation combinations where fit testing is required for airborne infectious agents.
- 4.4.4 Assist managers in reviewing the suitability of selected respiratory protective devices.
- 4.4.5 Educate and train selected Employees to become Fit-Testers and provide refresher training and assessment.

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- 4.4.6 Oversee the education/training program for respiratory protective devices.
- 4.4.7 Support training and fit-testing programs
- 4.4.8 Provide advice and guidelines to leaders/Workers to ensure compliance with the RPP and this policy.

4.5 **Joint Occupational Health and Safety Committees (JOHSCs):**

- 4.5.1 Promote the safe use of Respiratory Protection.
- 4.5.2 Identify gaps in Workers meeting the standards.
- 4.5.3 Receive Workplace reports.
- 4.5.4 Make recommendations for improvement of the RPP to site leadership.

4.6 **PHSA Supply Chain (formerly BCCSS):**

- 4.6.1 PHSA Supply Chain Buyers or Purchase Contract Coordinators must:
- 4.6.2 Engage WHS and other applicable partners (e.g. IPAC) when reviewing and/or considering a change in any respirator purchasing contracts.
- 4.6.3 Ensure appropriate types and quantities of respirators are stocked and available.
- 4.6.4 Ensure respirator stock, both operational and pandemic supply, is rotated to prevent expiry.
- 4.6.5 Consult with and provide regular reporting to partners (e.g. Public Health, HEMBC) and WHS Department regarding pandemic supply, quantities, and types of respirators in stockpiles.

4.7 **Infection Prevention and Control (IPAC):**

- 4.7.1 The IPAC Department, participating in consultation with WHS, must:
- 4.7.2 Ensure that requirements for the use of respirators for protection against airborne infectious microorganisms or bioaerosols are identified and procedures/protocols involving the use of the respirator are developed as part of the appropriate level of precaution.
- 4.7.3 Identify when airborne precautions need to be in place and communicate to the affected Workers, leaders, and/or departments.
- 4.7.4 Provide educational materials and information to leaders, Workers, and possibly other external partners regarding infectious diseases, including information on the routes of exposure.

4.8 **Physicians:**

- 4.8.1 Comply with all relevant elements of the RPP, including fit-testing requirements where potential or confirmed exposure to Airborne Contaminants may exist.
- 4.8.2 Maintain proof of their fit testing.

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4.8.3 Be clean shaven where the respirator comes in contact with the face whenever:

- Fit-testing is to be completed
- A tight-fitting respirator must be worn

4.9 Contractors:

4.9.1 Comply with respiratory protection requirements as detailed in their contractual agreements with Interior Health.

4.9.2 Supply, implement and sustain their own RPP.

4.9.3 Comply with any other Respiratory Protection policies/protocols provided by IH's IPAC and/or WHS Departments.

4.9.4 Ensure their employees are properly trained and fitted for respiratory protection when required.

4.10 Post-Secondary Students and their Instructors:

4.10.1 When working in areas that require Respiratory Protection, post-secondary students and their instructors must:

- Comply with the Occupational Health & Safety Regulation.
- Comply with the Respiratory Protection Student Practice Education Guidelines, available at Health Sciences Placement Network.
- Where required, receive fit testing, through their post-secondary academic institution, on a model of respirator currently utilized by IH prior to placement in a healthcare facility.
- Carry proof of fit-testing that details the fit-test date, respirator brand, model and size at all times during the placement experience.
- Inform their supervisor if they are required to wear a respirator and have not received fit-testing or if they were fit-tested on a respirator model that their placement site doesn't stock.
- Wear and properly utilize a respirator for those situations identified by their supervisor as requiring its use.
- Comply with IPAC and WHS policies, protocols, and/or procedures regarding respirator use.

4.11 Internal Fit-Testers (Employees trained to conduct fit-testing):

4.11.1 Keep up to date with any RPP information provided by WHS Department.

4.11.2 Provide fit-testing within their scope of training to:

- New hires within their department required to wear a respirator to safely perform their job duties.
- Employees, as required, to meet urgent/surge demands within the department(s)/site(s).

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- 4.11.3 Employees, as identified by WHS, the department, or site leadership.
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- 4.11.5 Consult with department management, Workers, and WHS Department regarding any issues or concerns that arise.

5.0 REFERENCES

1. This policy and the [RPP](#) (and any associated forms/tools/documentation) comply with requirements presented in:
 - WSBC's Occupational Health & Safety Regulation (OHSR)
 - [Part 5 Chemical Agents & Biological Agents, 5.48 - 5.59](#)
 - Part 8 Personal Protective Clothing and Equipment
 - General Requirements - OHSR Sections [8.2 – 8.10](#)
 - Respirators - OHSR Sections [8.32 - 8.45](#)
 - The WSBC [Guidelines](#) associated with Respiratory Protection
2. Standard Z94.4 -18: Selection, Use, and Care of Respirators (Canadian Standards Association).
3. Note: Where there is a discrepancy between the requirements outlined by "1" and "2" above, the WHS Department must default to WSBC regulations.

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