

Health and Safety Respiratory Protective Equipment Policy



Title:

Health and Safety Respiratory Protective Equipment Policy

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Aug 2020	Lead Health and Safety Adviser	v0.1	New policy development
Oct 2020	Lead Health and Safety Adviser	v1.0	Policy Approved
May 2022	Lead Health and Safety Adviser	V1.1	Re-fit recall changed from 2 to 3 years.
July 2024	Lead Health and Safety Adviser	V1.2	Removing information relating to procurement and fit testing hubs which were relevant during the Covid Pandemic.

Executive Summary

The Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 require employers to provide and maintain a safe working environment, so far as is reasonably practicable. Additionally, the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) provides a legal framework to protect people against health risks arising from hazardous substances used or encountered at work. COSHH Regulations sets eight generic principles of good practice for the control of exposure to substances hazardous to health. One of these principles is that where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.

In addition to COSHH Regulations 2002, Respiratory Protective Equipment (RPE) may need to be used to meet requirements in the following pieces of legislation, such as: Control of Asbestos Regulations 2012, Control of Lead at Work Regulations 2002, Ionising Radiations Regulations 1999, and Confined Spaces Regulations 1997. For RPE use that is not covered by any of the above Regulations employers and employees have duties under the Personal Protective Equipment at Work Regulations 1992.

NHS Lothian recognises its legal and moral obligations on the provision, instruction, training, supervision, and use of RPE.

This Policy establishes the framework which such management can take place and the responsibilities of managers and staff in the implementation of the Policy within NHS Lothian.

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1.0 Purpose

The purpose of this Policy is to ensure that, if the use of RPE has been identified based on the outcomes of the COSHH assessment and/or identified in the National Infection Prevention and Control Manual or any other means, the management of the RPE is conducted properly to protect individuals from exposure to substances hazardous to health.

The management includes putting processes in place to:

- Select RPE that is adequate and suitable.
- Provide appropriate instruction, training, and supervision to staff.
- Facilitate face fit testing if required (tight fitting masks).
- Ensure adequate maintenance and disposal.

There is a statutory requirement to comply with health and safety legislation and in addition to NHS Lothian policies and procedures.

This policy is in support of and should be read in conjunction with the NHS Lothian Health and Safety Policy, the RPE Procedure and the COSHH Policy, Procedure and Guideline.

2.0 Policy statement

This policy sets out the commitment of NHS Lothian to provide and maintain a safe working environment, so far as is reasonably practicable. It applies to all employees of NHS Lothian and other employees working on behalf of NHS Lothian.

The policy provides, in conjunction with the RPE Procedure, guidance and references to assist managers in the implementation of the requirements to:

- Reduce the risk of exposure of staff to substances hazardous to health through the respiratory route.
- Provide staff with the necessary guidance and support where wearing RPE is necessary.
- Comply with COSHH Regulations 2002.
- Comply with the National Infection Prevention Control Manual.

3.0 Scope

This Policy applies to all staff for and on behalf of NHS Lothian. Temporary and agency staff, volunteers, contractors, students, and work experience personnel will also be expected to follow the requirements contained within this Policy.

This Policy applies to all RPE as defined in point 4.

4.0 Definitions

Adequate RPE: RPE that is right for the hazard and reduce exposure to the level required to protect the wearer's health.

Suitable RPE: RPE that is right for the wearer, task, and environment.

Aerosol Generating Procedure (AGP): Certain medical and patient care activities that can result in the release of airborne particles (aerosol). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission. Further information available in the [National Infection Prevention and Control Manual](#).

Face fit testing: a method of checking that a tight-fitting face-piece matches the wearer's facial features and seals adequate to their face. It will also help to identify unsuitable face-pieces that should not be used.

Facial hair: NHS Lothian applies a policy of full face clean-shaven. Face Fit Testing must be aborted if employee does not follow this instruction.

This decision has been made based on the HSE Guidance INDG479-Guidance on respiratory protective equipment (RPE) fit testing stating that fit tests must not be conducted if there is any hair growth between the wearer's skin and the face-piece sealing surface, such as stubble beard growth, beard, moustache, sideburns or low hairline, which cross the respirator sealing surface and that the tester should ensure that any type of non-PPE apparel or adornment (e.g. piercing) does not interfere with the fit of the facepiece.

Respiratory Protective Equipment (RPE) is a particular type of personal protective equipment (PPE) designed to protect the wearer from breathing in harmful substances when other controls are either not possible or insufficient on their own. The two main types of RPE are respirators (filtering devices) and breathing apparatus.

Respirators (filtering devices) is a type of RPE that use filters to remove contaminants from the air being breathed in.

Non-powered respirators: they rely on the wearer's breathing to draw air through the filter.

Powered respirators: they use a motor to pass air through the filter to give a supply of clean air.

Breathing apparatus: they need a supply of breathing-quality air from an independent source (e.g., air cylinder or air compressor).

Tight-fitting face-piece (masks): a type of RPE that relies on having a good seal with the wearer's face. These are available as both non-powered and powered respirators and breathing apparatus. A face fit test should be carried out to ensure the RPE can protect the wearer. Some examples are disposable half-mask-particle filters (Filtering Face Pieces (FFP3) respirators (masks)), reusable half mask-particle filter, reusable half mask-gas/vapour filter, full face mask-particle filter, full face mask-gas/vapour filter, powered mask, and fresh air hose breathing apparatus.

Loose-fitting face-pieces: a type of RPE that rely on enough clean air being provided to the wearer to prevent contaminant leaking in. These are only available as powered respirators and breathing apparatus. Some examples are hoods, helmets, visors, blouses, and suits.

Surgical Face masks: Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. These masks must be worn in accordance with the infection prevention and control guidance and conform to the International Standard: EN14683.

5.0 Implementation roles and responsibilities

The overall framework of accountability and responsibility for the organisation, managers, and staff on the implementation of this policy follows that laid out within the NHS Lothian Health and Safety Policy.

More detailed responsibilities in relation to the management of the RPE are described below:

5.1 Service/Departmental Managers' Responsibilities

- Identify those staff that may be required to use RPE and select RPE that is adequate and suitable. The COSHH Assessment process and [National Infection Prevention and Control Manual](#) are vital in fulfilling this responsibility. of The National Infection Prevention and Control Manual [Appendix 15](#) outlines the recommended Personal Protective Equipment (PPE), including RPE, for healthcare workers to minimise risk of cross-transmission of infection to self and others when providing patient care.
- Ensure the provision of the required RPE based on the findings of the COSHH Assessments and National Infection Prevention Control Manual.
- Provide staff with the necessary information, instruction and training in the use, storage, maintenance, and disposal of RPE.
- Facilitate Face Fit Testing when a member of staff is (s) required to wear tight-fitting face-piece (masks). Initial and regular (every 3 years) face fit testing should be conducted.
- Provide alternative RPE where a member of staff has been unable to be face fit tested with a tight-fitting mask.
- Ensure staff face fit test records are appropriately recorded.
- Keep records of training and the Face Fit Testing for a period of 10 years in line with the NHS Lothian Records Management Policy.
- Communicate and implement the RPE Policy and Procedure to ensure that staff have understood their responsibilities.

5.2 Staff Responsibilities

- Ensure that they wear the RPE provided as instructed.

- Follow instructions provided in the use, cleaning, storage, maintenance, and disposal of RPE required.
- Ensure the correct donning and doffing and disposal of RPE.
- Check the use by date on the box when using disposable RPE.
- Carry out a Fit Check every time before using the tight-fitting mask.
- Report any issue or faults with the RPE to the line manager.
- Attend the FFT when it is required following designated trained face fit tester instructions.
- Those staff who routinely use a FFP3 respirator (disposable or reusable) should be face fit tested every 3 years.

5.3 Health and Safety Team and RPE Service Responsibilities

- Provide FFT across NHS Lothian.
- Provide Fit Testing information in advance to the test with instructions for the member of staff to follow (facial hair, restrictions about eating, drinking and smoking before the test) under Business-as-Usual circumstances.
- Provide staff with a Face Fit Test record.
- Train local face fit testers within the organisation both in Qualitative and Quantitative Face Fit Testing processes.
- Deliver training and provide competent advice on the COSHH process, COSHH assessments and control measures.

5.4 Local Trained Face Fit Tester Responsibilities

- Provide FFT where identified by the RPE service or local FFT co-ordinator.
- Ensure adequate information and instruction is provided at Fit testing appointment on donning and doffing masks.
- Provide the staff member with a Face Fit Test record.
- Maintain competence by attending refresher education/training in Face Fit Testing every 2 years.

5.5 Infection Prevention and Control Service

- Provide competent advice in the provision, use, maintenance, decontamination, storage, and disposal of RPE to reduce risk with infectious pathogens in line with Health Protection Scotland (HPS) Guidance.
- Liaise with the Health and Safety Team, as necessary.

5.6 Procurement Responsibilities

- Supply adequate RPE including respirators (filtering devices) either non powered or powered, with suitable filters.
- Supply RPE that is manufactured in accordance with the Personal Protective Equipment (enforcement) Regulations 2018 and Regulation EU 2016/425, ensuring items procured have a CE mark and have a four-digit code that identifies the body responsible for checking manufacturing quality.

6.0 Associated materials.

- [Health & Safety Policy](#)
- [COSHH Policy](#)
- [COSHH Operational Procedure](#)
- [COSHH Guideline](#)
- [COSHH Index](#)
- [How to complete a COSHH Assessment](#)
- [COSHH Assessment Form](#)
- [RPE Procedure](#)
- [Health Surveillance Policy](#)
- [Health Surveillance Procedure for Managers \(Skin Health\)](#)
- [National Infection Prevention and Control Manual](#)
- [Adverse Event Management Policy and Operational Procedure](#)
- [Records Management Policy.](#)

7.0 Evidence base

- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (S.I.2002/2677).
- [Control of Substances Hazardous to Health \(COSHH\) HSE website](#)
- [Control of substances Hazardous to Health Regulations 2002 \(as amended\). Approved Code of Practice and Guidance. L5 \(Sixth Edition\), HSE Published 2013](#)
- [Respiratory Protective Equipment at work. A practical guide. HSG53 \(Fourth edition\), HSE Published 2013](#)
- [Guidance on respiratory protective equipment \(RPE\) fit testing. INDG479 \(rev1\), HSE Published 03/2019](#)
- The Personal Protective Equipment (Enforcement) Regulations 2018.

- Regulation EU 2016/425 on Personal Protective Equipment.

8.0 Stakeholder consultation

This policy was placed on the NHS Lothian Consultation Zone for a 4-week period for all NHS Lothian staff to comment on.

The policy was presented in the NHS Lothian Health and Safety Committee.

9.0 Monitoring and review

9.1 Proactive management

The COSHH process (including RPE and FFT) is reviewed and reported on annually as part of the Health and Safety Management Quarterly Reporting System within Quarter 2 (July to Sept). Documented information is gathered at ward/department level and then provided to the Service(s)/HSCP Management Teams. Reports are then provided to the respective Health and Safety Committees. This information is then provided the NHS Lothian Health and Safety Committee with the risk assurance level provided to the Staff Governance Committee.

9.2 Reactive management

All adverse events involving the use of RPE must be reported using the DATIX system and investigated in line with the NHS Lothian Adverse Event Management Policy and Operational Procedure.

9.3 Review

The policy will be reviewed and revised every three years or as a result of any changes in level of risk and/or in legislation which may occur before this. This policy may also be subject to review if new guidance or legal opinion is issued or NHS Lothian identifies a need for revision as the result of inspection, audit or following investigation of an adverse event.