

HONOLULU POLICE DEPARTMENT
POLICY
ORGANIZATION, MANAGEMENT, AND ADMINISTRATION

December 19, 2025

Policy Number 2.70

RESPIRATORY PROTECTION PROGRAM

POLICY

- I. The Honolulu Police Department (HPD) is committed to the control of occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, vapors, and viruses.
- II. This policy shall serve as the written Respiratory Protection Program of the HPD with required worksite-specific procedures and elements for required respirator use necessary to protect the health of employees.
- III. During work-related activities, the HPD shall provide safe workplaces and practices by the elimination or reduction of existing or potential hazards. When elimination is not feasible, reduction of existing or potential hazards to acceptable levels shall be promptly used. When these methods are inadequate to reach acceptable levels, personal protective equipment (PPE) shall be provided and used.
- IV. This program shall be administered in compliance with the Hawaii Administrative Rules, Title 12, Department of Labor and Industrial Relations; Subtitle 8, Hawaii Occupational Safety and Health Division (HIOSH); Part 2, General Legal and Administrative Provisions for Occupational Safety and Health; and Chapter 60, General Safety and Health Requirements.

PROCEDURE

I. SCOPE AND APPLICATION

- A. This program applies to all elements with personnel who may be exposed to breathing contaminated air where effective and accepted engineering controls are not feasible or while they are being instituted and, therefore, require the use of respiratory protection. Elements with personnel who use respirators shall assign an Element Respirator Coordinator (ERC).
- B. Any employee working in areas and/or engaged in certain processes or tasks identified in Attachment 2 must be enrolled in the HPD Respiratory Protection Program. This includes (but is not limited to) employees in the Clandestine Laboratory of the Narcotics/Vice Division, Scientific Investigation Section, Specialized Services Division, and patrol districts.
- C. Any employee who is required to wear a respirator shall participate in the Respiratory Protection Program at no cost to them. The expense associated with training, medical evaluations, fit testing, and respiratory protection equipment will be borne by the HPD.
- D. Any employee who voluntarily wears a half-faced respirator other than a filtering facepiece respirator (dust mask) shall be subject to the medical evaluation, training, cleaning, maintenance, and storage provisions of this program. Requirements for voluntary use of respirators are outlined in section XI.

II. DEFINITIONS

- A. Air-purifying respirator (APR): A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

- B. Atmosphere-supplying respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.
- C. Emergency situation: Any occurrence, such as (but not limited to) an equipment failure, a rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.
- D. Employee exposure: Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.
- E. Filtering facepiece respirator (dust mask): A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.
- F. Immediately dangerous to life or health (IDLH): An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
- G. Negative-pressure respirator: A respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside of the respirator.
- H. Positive-pressure respirator: A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside of the respirator.
- I. Powered air-purifying respirator (PAPR): An APR that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

- J. SCBA: An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.
- K. Qualitative fit test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- L. Quantitative fit test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- M. Tight-fitting facepiece: A respiratory inlet covering that forms a complete seal with the face.

III. RESPONSIBILITIES

A. Program Administrator

The Program Administrator is responsible for overseeing the Respiratory Protection Program. The Program Administrator for the department is the HPD's Safety Specialist or designee (see Attachment 1 for contact information). The duties of the Program Administrator include:

1. Identifying work areas, processes, or tasks that require workers to wear respirators and evaluating hazards to include IDLH hazards.

Note: The assistance of a Certified Industrial Hygienist (CIH) may be required for this task;

2. Recommending the selection of respiratory protection options with the appropriate ERC;
3. Ensuring that respirators are used in accordance with their certifications;

4. Ensuring that adequate or proper training is conducted in accordance with this program;
5. Ensuring that proper storage and maintenance procedures for respiratory protection equipment are being followed at the element level;
6. Ensuring that employees using tight-fitting facepiece respirators pass an appropriate QLFT or QNFT, with the appropriate ERC;
7. Assisting the ERC with administering the medical surveillance program;
8. Evaluating the program; and
9. Reviewing the written program annually and updating, as needed.

B. ERC

The ERCs are responsible for administering the respiratory program at the element level in coordination with the Program Administrator or designee. The duties of the ERC include:

1. Identifying work areas, processes, or tasks that require workers to wear respirators and evaluating hazards to include IDLH hazards;
2. Selecting or recommending appropriate respiratory protection options, which may be unique to their element or working conditions;
3. Monitoring respirator use to ensure that respirators are used in accordance with their certifications or training;
4. Arranging for and/or conducting and documenting appropriate element training;
5. Ensuring proper storage and maintenance of respiratory protection equipment;

6. Notifying the Program Administrator or designee that employees using tight-fitting facepiece respirators have passed an appropriate QLFT or QNFT;
7. Gathering, maintaining, and distributing element-level records required by the program. This includes (but is not limited to) training, equipment, inspection, certifications, and Hazard Assessment and Recognition Plan forms;
8. Providing needed element documents to the Program Administrator or designee; and
9. Coordinating and maintaining a sufficient supply of respiratory supplies and equipment.

C. Supervisors

Supervisors are responsible for ensuring that the Respiratory Protection Program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. The duties of the supervisors include:

1. Ensuring that employees under their supervision (including new hires) have received appropriate training, a fit testing, and an annual medical evaluation;
2. Ensuring the availability of appropriate respirators and accessories;
3. Being aware of the tasks requiring the use of respiratory protection;
4. Enforcing the proper use of respiratory protection when necessary;

5. Ensuring that respirators are properly cleaned, maintained, and stored according to the Respiratory Protection Program;
6. Ensuring that respirators fit well and do not cause discomfort;
7. Continually monitoring work areas and operations to identify respiratory hazards; and
8. Coordinating with the Program Administrator on how to address respiratory hazards and other concerns regarding the program.

D. Employees

Employees have the responsibility to wear their respirator when and where required and in the manner in which they were trained. Employees shall also:

1. Care for and maintain their respirators as instructed and store them in a clean, sanitary location;
2. Inform their supervisor if the respirator no longer fits well and request for a new one that fits properly; and
3. Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

IV. SELECTION PROCEDURES

- A. The Program Administrator, with input from the ERC, shall determine the degree of respiratory protection necessary and recommend respirators as specified in Attachment 3 based on the hazards to which workers are exposed and in accordance with all HIOSH, State Department of Labor and Industrial Relations, standards.
- B. The ERC shall conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during emergency situations. The hazard evaluation shall include:
 - 1. The identification and development of a list of hazardous substances used in the workplace by an element or work process;
 - 2. A review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors; and
 - 3. Exposure monitoring to quantify potential hazardous exposures. Exposure monitoring shall be conducted by a CIH. Services to provide monitoring will be used when needed.

The results of current hazard evaluation monitoring shall be available from the ERC and copies sent to the Program Administrator or designee.

C. Hazard Assessments/Evaluations

The Program Administrator shall revise and update the hazard assessment as needed (any work process change may potentially affect employee exposure).

1. If an employee feels that respiratory protection is needed during a particular activity, the employee shall report the condition(s) to his or her supervisor and submit a Health/Safety Hazard, HPD-460 form, via channels, to the commander of the Professional Standards Office (PSO).
2. The Program Administrator shall evaluate the potential hazard and arrange for assistance from a CIH, if necessary. The Program Administrator shall then communicate the results of that assessment back to the employee.
3. If it is determined that respiratory protection is necessary, all other conditions of the Respiratory Protection Program shall be in effect for those tasks. Additionally, the program shall be updated accordingly.

D. National Institute for Occupational Safety and Health (NIOSH) Certification

1. All respirators shall be certified by NIOSH, U.S. Department of Health and Human Services, and shall be used in accordance with the terms of that certification.
2. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH-approval label. The label must not be removed or defaced while it is in use.

E. Equipment Approval

1. Respirator and respirator-related equipment selections shall be approved by the Chief of Police via the Uniform and Equipment Committee and the appropriate Safety and Health Committee.

2. Additionally, respiratory protection equipment purchased with Homeland Security grant funds shall be approved by the U.S. Department of Homeland Security.

V. MEDICAL EVALUATIONS

- A. Employees who are required to wear respirators must undergo a medical evaluation by the Health Services Division, Honolulu Emergency Services Department, before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.
- B. The chief of the Health Services Division has developed a medical evaluation appropriate for the HPD Respiratory Protection Program.
- C. The evaluation includes an Occupational Safety and Health Administration (OSHA)-approved medical questionnaire and may include a pulmonary function test (PFT). The PFT shall be in compliance with HIOSH standards. Employees shall be reevaluated at the following intervals or sooner if recommended by the Health Services Division or as required by their element's directive:
 1. Age 50 years and older shall be reevaluated yearly;
 2. Age 40 to 49 years shall be reevaluated every two years; and
 3. Age 39 years and younger shall be reevaluated every three years.
- D. The employee's medical status as it relates to the use of respiratory protection equipment is reviewed during the employee's annual physical.

- E. The medical evaluation must be completed before the respirator training, fit testing, and use of the respiratory equipment in the workplace.
- F. A copy of the written medical determination must be kept in the employee's medical file.
- G. All employees shall be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
- H. The ERC shall provide the Health Services Division with a copy of this program, a copy of the HIOSH Respiratory Protection standard, and lists of hazardous substances within their work area.

Additionally, the ERC shall provide the Health Services Division with the following for each employee requiring evaluation: the employee's work area or job title, proposed respirator type and weight, length of time required to wear the respirator, expected physical workload (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required.

- I. Any employee required for medical reasons to wear a positive pressure, APR will be provided with a PAPR.
- J. After an employee has received clearance and begins wearing a respirator, additional medical evaluations shall be provided under the following circumstances:
 - 1. The employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing;
 - 2. Health Services Division physician or supervisor informs the ERC that the employee needs to be reevaluated;

- 3. Information from this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation; or
- 4. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.
- K. A list of HPD employees currently medically qualified to use respirators shall be maintained by the ERCs and Human Resources Division (HRD). A copy of the list shall be sent to the Program Administrator.
- L. All examinations and questionnaires are to remain confidential between the employee and the physician.

VI. FIT TESTING PROCEDURES

- A. Before an employee is allowed to use any respirator with a tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used.
- B. The ERC shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate QLFT or QNFT.
- C. Employees shall be fit tested with the make, model, and size of respirator that they will actually wear. Employees shall be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of PAPRs shall be conducted in the negative pressure mode.
- D. Employees who wear corrective glasses or other PPE must be sure that such equipment is worn in a manner that does not interfere with the facepiece seal. The glasses or PPE that must be worn with the respirator shall be taken to the fit-test assessment and worn during the test.

E. Employees using tight-fitting facepiece respirators shall be fit tested prior to the initial use of the respirator, whenever a different respirator facepiece (size, style, model, or make) is used, and at least annually thereafter.

1. Additional fit tests shall be conducted whenever an employee reports changes in the employee's physical condition that could affect the respirator's fit. The physician or other licensed health care professional (PLHCP), supervisor, or ERC who makes visual observations of changes in the employee's physical condition shall request a fit test. Such conditions include (but are not limited to) facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
2. If after passing a QLFT or QNFT, the employee subsequently notifies the Program Administrator, ERC, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and is to be retested.

F. Annual Fit Test for Specialized Team Officers

All personnel of the specialized teams/elements listed below, who are issued departmental APRs or SCBAs, shall attend an annual fit testing session:

1. Rapid Deployment Force;
2. Mobile Field Force;
3. Mountain Bike Team;
4. Special Device Unit;
5. Scientific Investigation Section; or
6. Video Team.

The Major Events Division shall announce the schedule and specifics of these sessions in advance with an information notice. As an application of this policy's fit-testing mandate, the information notice shall have the force and effect of a directive.

VII. RESPIRATOR USE

- A. Employees shall use their respirators under conditions specified by this program and in accordance with the training they receive on the use of each particular make and model. Respirators shall not be used in a manner for which they are not certified by NIOSH or by their manufacturer.
- B. All employees shall conduct user seal checks each time that they wear their respirator according to standards set by HIOSH. See Attachment 4 for procedures.
- C. All employees shall be permitted to leave the work area to go to a suitable area to maintain their respirator for the following reasons:
 - 1. To clean their respirator if the respirator is impeding their ability to work; and
 - 2. To change filters or cartridges, replace parts, or inspect the respirator if it stops functioning as intended. Employees should notify their supervisor before leaving the area.
- D. Employees are not permitted to wear tight-fitting facepiece respirators if they have any condition (i.e., facial scars, facial hair, or missing dentures) that prevents them from achieving a good facepiece-to-face seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

- E. Corrective glasses or goggles or other PPE must be worn in such a way that they do not interfere with the facepiece-to-face seal.
- F. Employees who wear corrective glasses and are required to wear a full-face respirator shall be provided with the respirator manufacturer's authorized corrective lens inserts when required and with the approval of the ERC.
- G. Employees who wear corrective contact lenses, are required to wear a full-face respirator, and are either restricted from wearing contact lenses or experience problems with contact lenses while using the respirator shall be provided with the respirator manufacturer's authorized corrective lens inserts with the approval of the ERC.

H. Emergency Procedures

Employees responding in an emergency situation shall wear the appropriate respiratory protection to address the most significant potential hazard present and its form (particulate or vapor).

I. Respirator Malfunction

- 1. APR malfunction: For any malfunction of an APR (e.g., breakthrough, facepiece leakage, or improperly working valve), the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended and go to the designated safe area to maintain the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator or is provided with a new respirator.

2. Atmosphere-supplying respirator malfunction:
All employees wearing atmosphere-supplying respirators shall work with a buddy. Buddies shall assist employees who experience an SAR malfunction as follows:
 - a. Employees should signal to their buddy if they have a respirator malfunction; and
 - b. The buddy shall don an emergency escape respirator and aid the worker in immediately exiting the area.

VIII. CLEANING, MAINTENANCE, CHANGE SCHEDULES, AND STORAGE

A. Cleaning

1. Respirators are to be regularly cleaned and disinfected. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary but at least once a day when in use.
2. Atmosphere-supplying and emergency-use respirators are to be cleaned and disinfected after each use.
3. The following procedures are to be used when cleaning and disinfecting respirators:
 - a. Disassemble respirator, removing any filters, canisters, or cartridges;
 - b. Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents;
 - c. Rinse completely in clean, warm water;
 - d. Wipe the respirator with disinfectant wipes (70 percent isopropyl alcohol) to kill germs;

- e. Air dry in a clean area;
 - f. Reassemble the respirator and replace any defective parts; and
 - g. Place in a clean, dry plastic bag or other air-tight container.
4. The ERC shall ensure that an adequate supply of appropriate cleaning and disinfecting materials are available in the workplace. If supplies are low, employees should contact their supervisor who shall inform the ERC.

B. Maintenance

- 1. Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee.
 - a. Maintenance involves a thorough, visual inspection for cleanliness and defects. Worn or deteriorated parts shall be replaced prior to use.
 - b. No components shall be replaced or repairs made beyond those recommended by the manufacturer.
- 2. Repairs to regulators or alarms of atmosphere-supplying respirators shall be conducted by the manufacturer.
- 3. The manufacturer's inspection checklist shall be used when inspecting respirators.

4. Employees shall be permitted to leave the work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include washing their face and respirator facepiece to prevent any eye or skin irritation; replacing the filter, cartridge, or canister; or if they detect vapor or gas breakthrough or leakage in the facepiece or any other damage to the respirator or its components.

C. Change Schedules

1. Employees wearing APRs or PAPRs with replaceable filters for protection against dust, smoke, and other particulates shall change the cartridges on their respirators when they first begin to experience difficulty breathing (resistance) while wearing their masks or according to the manufacturer's recommended procedures.
2. Organic vapor cartridges shall be changed based on workplace exposure conditions and change schedules determined with the assistance of a CIH or OSHA's Respirator Logic software.

D. Storage

1. Respirators must be stored in a clean, dry area and in accordance with the manufacturer's recommendations. Each employee shall clean and inspect their APR in accordance with the provisions of this program.
2. Atmosphere-supplying respirators shall be stored in a cabinet in an area designated by the ERC.
3. The ERC shall store the element's supply of respirators and respirator components in the original manufacturer's packaging.

E. Defective Respirators

1. Respirators that are defective or have defective parts shall be taken out of service immediately. If an employee discovers a defect in a respirator during the inspection, the employee shall bring the defect to the attention of his or her supervisor. Supervisors shall give all defective respirators to the ERC. The ERC will decide whether to:
 - a. Temporarily take the respirator out of service until it can be repaired;
 - b. Perform a simple fix on the spot (e.g., replace a head strap); or
 - c. Dispose of the respirator due to an irreparable problem or defect.
2. When a respirator is taken out of service for an extended period of time, the:
 - a. Respirator shall be tagged out of service;
 - b. ERC shall notify the Program Administrator; and
 - c. Employee shall be given a replacement of similar make, model, and size.

IX. AIR QUALITY

For atmosphere-supplying respirators, only Grade D breathing air shall be used in the cylinders. The ERC shall coordinate deliveries of compressed air with the vendor and require the vendor to certify in writing that the air in the cylinders meets the specifications of Grade D breathing air.

X. TRAINING

- A. The ERC shall be responsible for providing training to respirator users and their supervisors.
- B. Employees shall successfully complete their training prior to using a respirator in the workplace.
- C. Supervisors shall also successfully complete their training prior to using a respirator in the workplace and/or prior to supervising employees who are required to wear respirators.
- D. The training course shall include the following topics:
 - 1. The HPD Respiratory Protection Program;
 - 2. The HIOSH Respiratory Protection Standard;
 - 3. Respiratory hazards encountered at the HPD and their health effects;
 - 4. Proper selection and use of respirators;
 - 5. Capabilities and limitations of respirators;
 - 6. Respirator donning, doffing, and user seal checks;
 - 7. Fit testing;
 - 8. Emergency use procedures;
 - 9. Maintenance and storage;
 - 10. Medical signs and symptoms limiting the effective use of respirators; and
 - 11. Employee and supervisor responsibilities under the Respiratory Protection Program.

- E. Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test.
- F. All respirator training shall be documented by the ERC. Documentation shall include the type, model, and size of respirator for which each employee has been trained and fit tested. A copy of each employee's training documentation shall be forwarded to the Training Division for record keeping.
- G. Employees shall be retrained annually or sooner, if needed (e.g., employee required to use a different respirator).

XI. VOLUNTARY RESPIRATOR USE

- A. Voluntary use of respiratory protection occurs when an employee chooses to wear a respirator even though the use of a respirator is not required by the department or by any HIOSH standard.
- B. Voluntary use of a respirator requires approval from the requesting employee's supervisor and element commander.
- C. Voluntary use of half-faced respirators (other than filtering facepiece respirators) requires the user to comply with the medical evaluation, training, cleaning, maintenance, and storage elements of this policy.
- D. The cost of respirators and related accessories for voluntary use shall be borne by the employee. The department will provide any necessary medical evaluation, training, and respirator cleaning equipment.

- E. The ERC shall provide all employees who voluntarily choose to wear respirators with a copy of Attachment 5, Voluntary Use of Respirators, which details the requirements for voluntary use of respirators by employees.
- F. The ERC shall document the training and medical evaluations for employees voluntarily using respirators in the workplace.

XII. PROGRAM EVALUATION

- A. The Program Administrator shall conduct periodic inspections of the workplace to ensure that the provisions of this program are being implemented. This may include regular consultations with element coordinators and employees who use respirators, including their supervisors; site inspections; air monitoring; and a review of records.
- B. Problems identified shall be noted in an inspection report by the Program Administrator. These findings shall be reported to the commander of the PSO. The report shall include recommendations to correct deficiencies in the respirator program.

XIII. DOCUMENTATION AND RECORD KEEPING

- A. A written copy of this program and the HIOSH standard shall be kept in the ERC's office and on the departmental intranet and shall be made available for all employees to review.
- B. The ERC and HRD shall maintain copies of training and fit testing records. These records shall be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

- C. The ERC and HRD shall retain the physician's written recommendation regarding each employee's ability to wear a respirator. Copies shall be sent to the Program Administrator. The completed medical questionnaire and the physician's documented findings are confidential and will remain at the Health Services Division.



RADE K. VANIC
Interim Chief of Police

Attachments

Post on bulletin
board for one week

Policy first issued
August 22, 2012

December 19, 2025
Attachment 1

Policy Number 2.70

RESPIRATORY PROTECTION PROGRAM ADMINISTRATOR CONTACT INFORMATION

The Respiratory Protection Program Administrator for the HPD is Safety Specialist Arielle Michael of the PSO. She can be reached at (808) 723-3351.

AUTHORIZED RESPIRATOR USE

<u>Respirator Type</u>	<u>Element/Work Process</u>
Full-facepiece APR, PAPR with P100 filter, tight-fitting N95 Respirator	All sworn or civilian personnel fit-tested may utilize any department-issued equipment for operational duties and responsibilities.
Full-facepiece APR with CBRNE filter	All sworn or civilian personnel fit-tested may utilize any department-issued equipment for operational duties and responsibilities.
SCBA	<p>All sworn or civilian personnel fit-tested may utilize any department-issued equipment for operational duties and responsibilities.</p> <p>Personnel must be trained and maintain the required OSHA standards and regulations for use of apparatus.</p>

PPE TYPE

<u>LEVEL A</u>	
Defined	Highest level of protection; Used when hazardous substances have been identified to be hazardous to the respiratory system, skin, and eyes; The substances present when using this level of protection are usually known or suspected to cause skin toxicity or carcinogenicity; and Protects against hazardous substances in a solid, liquid, or gaseous phase.
PPE Worn	NIOSH-approved positive pressure, full-facepiece SCBA; SCBA or SCBA/PAPR hybrid system; Totally encapsulating chemical-protective suit; Inner and outer chemical-resistant gloves; and Chemical-resistant boots. <u>Optional</u> : Hard hat/helmet (worn under suit) and outer disposable suit, gloves, boots, or flash suit.
Elements	Major Events Division Narcotics/Vice Division Specialized Services Division

AUTHORIZED RESPIRATOR USE

<u>LEVEL B</u>	
Defined	Provides liquid splash protection but no protection against vapors; Used when hazardous materials have been identified but do not require a high level of skin protection; The atmosphere contains less than 19.5 percent oxygen; or There is a presence of vapors or gases not containing high levels of chemicals harmful to skin, or it is capable of being absorbed through the skin.
PPE Worn	NIOSH-approved positive pressure, full-facepiece SCBA; SCBA or SCBA/PAPR hybrid system; Hooded chemical-resistant suit; Inner and outer chemical-resistant gloves; and Chemical-resistant boots or chemical-resistant boot covers. <u>Optional:</u> Hard hat/helmet and outer disposable suit, gloves, and boots.
Elements	Crime Reduction Units Emergency Response Major Events Division Narcotics/Vice Division Specialized Services Division

PPE TYPE

<u>LEVEL C</u>	
Defined	Most commonly used level of protection for workers when contaminants are below the OSHA permissible exposure limits; Provides a lower level of respiratory protection; Provides liquid splash protection but not against chemical vapors or gases; Used when contact with chemical(s) will not affect or be absorbed through exposed skin; and Air contaminants have been identified and levels have been determined.
PPE Worn	NIOSH-approved positive pressure, full-facepiece SCBA; SCBA or SCBA/PAPR hybrid system; Hooded chemical-resistant suit; Inner and outer chemical-resistant gloves; and Chemical-resistant boots or chemical-resistant boot covers. <u>Optional:</u> Hard hat/helmet and outer disposable suit, gloves, and boots.
Elements	Crime Reduction Unit Criminal Investigation Division: <ul style="list-style-type: none">•Arson Investigation Emergency Response Narcotics/Vice Division: <ul style="list-style-type: none">•Clandestine Laboratory Operations Rapid Deployment Force Scientific Investigation Section: <ul style="list-style-type: none">•Arson Investigations•Laboratory Operations Specialized Services Division

PPE TYPE

<u>LEVEL D</u>	
Defined	Atmosphere contains no known hazards; and Work functions preclude splashes, immersion, or potential for unexpected inhalation of or contact with hazardous levels of any chemicals.
PPE Worn	No respiratory protection or chemical protection suit required.
Elements	All HPD Elements

USER SEAL CHECK PROCEDURES

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is used. Either the positive and negative pressure checks listed in this attachment or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for a QLFT or a QNFT.

I. Facepiece Positive and/or Negative Pressure Checks

A. Positive pressure check

Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators, this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check

Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

VOLUNTARY USE OF RESPIRATORS

Information for Employees Using Respirators When Not Required
Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by HIOSH standards. If your employer provides respirators for your voluntary use or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on its use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. The NIOSH certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.