Evaluating a respiratory protective equipment program for silica exposure - checklist

This checklist assists PCBUs to comply with their requirements under the WHS Regulations relating to respiratory protective equipment (RPE) to minimise the risk of respirable crystalline silica (RCS) exposure.

This checklist is based on APPENDIX D of the AS/NZS 1715:2009 - CHECKPOINTS FOR RESPIRATORY PROTECTION PROGRAM - ADMINISTRATION AND OPERATION. Refer to the full AS/NZS 1715:2009 to ensure compliance with all requirements.

The checklist has been modified from the source text to reflect RPE used to minimise exposure to RCS. The words “management” and “employer” have been replaced with “PCBUs” and other formatting changes have been made.

The word “shall” indicates a statement is mandatory as per AS/NZS 1715:2009.

Safe Work Australia comments are included in orange text boxes for further clarification.

|  |
| --- |
| Under the WHS Regulations, where a person is at risk of exposure to RCS after higher order control measures have been implemented, the person conducting a business or undertaking (PCBU) must provide the person with RPE and the person must wear it while the work is carried out (regulation 529B). RPE means personal protective equipment that: 1. is designed to prevent a person wearing the equipment from inhaling airborne contaminants; and
2. complies with:
3. AS/NZS 1716:2012 (Respiratory protective devices); and
4. AS/NZS 1715:2009 (Selection, use and maintenance of respiratory protective equipment).

Where RPE is required to be worn, a respiratory protection program must be established according to AS/NZS 1715:2009 (see section 2 of AS/NZS 1715:2009 and Appendix C of the model Code of Practice: Managing risks of respirable crystalline silica in the workplace).RPE is only effective when it is used and maintained correctly. |

# PROGRAM OPERATION

## PCBU responsibility

When control of exposure to an occupational hazard requires the use of respiratory protection it is the responsibility of PCBUs to ensure a respiratory protection program is implemented and maintained as an integral part of a risk control strategy. The scale and complexity of the program would depend on various circumstances but should contain the key elements outlined below. The result of the program should be that appropriate RPE is used in accordance with manufacturer’s instructions and worn correctly.

## Documented policies and procedures

|  |
| --- |
| Document policies and procedures covering all aspects of an RPE program, from selection and training to maintenance and auditing. You may need to consider ‘clean shaven’ policies or use of alternative options such as air-purifying respirators to accommodate facial hair. Refer to Appendix B of AS/NZS 1715:2009 for guidance on factors that prevent adequate respiratory facial seal. |

1. Management responsibility.
2. Designation and role of the administrator.
3. RPE selection process.
4. Medical screening of RPE users.
5. Training in proper selection, usage, storage, inspection and maintenance.
6. Issue of equipment.
7. Fitting of equipment.
8. Respiratory testing.
9. Cleaning and disinfection.
10. Inspection, maintenance and repair.
11. Storage.
12. Record keeping.
13. Program auditing/evaluation and implementation of any corrective action.

## Appointment of administrator

|  |
| --- |
| Appoint an RPE program administrator. |

1. Suitably qualified/experienced program administrator appointed.
2. Administrator role defined.

## RPE selection process

|  |
| --- |
| Use a person with knowledge and experience to select RPE, considering AS/NZS 1716, the work and workers. Refer to Section 4 of AS/NZS 1715:2009 for guidance on selection of the appropriate RPE. Clause 4.2.1 lists contaminant-related factors that shall be considered as part of RPE selection process, including contaminant concentration and required minimum protection factor. People who are routinely required to wear a respirator should have an initial medical assessment prior to use of RPE. Refer to Section 6 for guidance on medical and physical considerations.  |

1. Selections are made by knowledgeable and experienced individuals.
2. Compliance with AS/NZS 1716 (where appropriate category exists).
3. Limitations of RPE taken into account.
4. Work area conditions and worker exposures assessed.
5. Respirators selected on basis of contaminant (type, level of exposure), task, and operator.
6. Medical screening/evaluation of the prospective users has been made to determine their physical and psychological suitability to wear respiratory protective equipment.
7. Users involved in selection process to ensure fit and comfort.

## RPE training

|  |
| --- |
| Ensure users and supervisors are provided with RPE training, including refresher training. |

1. Supervisors trained in their responsibilities.
2. Workers trained in the proper usage, storage, inspection, demonstrated competency of use, maintenance and limitations of the respiratory equipment.
3. Refresher training frequency established.
4. Training provided by competent provider.

## Issue of equipment

|  |
| --- |
| Provide RPE that is clean and, where possible, for exclusive use. RPE needs to be cleaned and disinfected after each use when different people use the same device or as frequently as necessary for devices issued to individual users. |

1. Exclusive use of respirators where practicable.
2. Respirators issued in clean state.

## RPE testing

|  |
| --- |
| Conduct RPE fit testing to ensure RPE provides an effective seal. Fit testing can be qualitative or quantitative, depending on the RPE type, extend of usage, and available resources. In addition to initial testing, it should be conducted at least annually or when changes in facial features may affect the seal. Refer to Section 8 of AS/NZS 1715:2009 for details on typical RPE fit tests and checks. |

1. The RPE is appropriately fit tested at appropriate intervals.
2. Users who required correction lenses are properly fitted.
3. Wearers check RPE fit before use.

## Cleaning and disinfection

|  |
| --- |
| Establish a system for regular cleaning and disinfection of RPE. |

1. System of regular cleaning, disinfection, inspection and maintenance established.
2. RPE is cleaned and disinfected after each use when different people use the same device or as frequently as necessary for devices issued to individual users.
3. Proper methods of cleaning and disinfecting are utilized.

## Storage

|  |
| --- |
| Store RPE in a way that protects it from damage and deformation, such as in a sealed plastic container. Refer to Clause 2.8.5 of AS/NZS 1715:2009 for information on storage and disposal of RPE.  |

1. Respirators stored to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging substances.
2. Respirators stored properly to prevent deformation.
3. RPE stored close to where they will be used.

## Inspection, maintenance and repair

|  |
| --- |
| Inspect and maintain RPE. |

1. RPE inspected before and after each use and during cleaning in accordance with the manufacturer’s instructions.
2. RPE inspected, maintained and repaired by trained or knowledgeable individuals.
3. Replacement parts used in repair are those of the manufacturers of the respirator.

## Record keeping

|  |
| --- |
| Keep detailed records of RPE training, use, maintenance, fit testing and inspection. Refer to Clause 2.9 of AS/NZS 1715:2009 for a list of records that a respiratory protection program shall include.  |

1. Maintenance and inspection records (dates, findings etc)
2. Filter use (where applicable/appropriate).
3. Filters marked with date first fitted.
4. Battery use (where applicable).
5. Respirators issued for personal use are marked to identify user.
6. Date of issue, whom to and period of usage.
7. Worker and supervisor training records.
8. Dates of specific testing.
9. Training records (who, what, when).
10. Audit records.

## Audit program

|  |
| --- |
| Conduct regular audits and ensure corrective actions are implemented promptly. |

1. Regular audits undertaken.
2. Auditing undertaken by trained or knowledgeable persons.
3. Audit criteria/checklist used.
4. Correction measures implemented in timely manner.