

**Orange Unified School District**

# **Mini Respirator Protection Program**

**Part 1910, Subpart U: COVID-19 Emergency Temporary Standard  
Standard 1910.504: Mini Respirator Protection Program**



**Risk Management  
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## WHAT IS THE MINI RESPIRATORY PROTECTION PROGRAM?

The mini respiratory protection program (29 CFR 1910.504) is one part of the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS). It applies only to specific circumstances specified under the ETS, generally when workers are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could offer enhanced worker protection.

Under OSHA's respiratory protection standard, employers must provide a medical evaluation to each employee who is provided a respirator to ensure that such employee may safely use the respirator and must ensure that the fit of each type of respirator used by an employee is properly tested to ensure a tight seal around the face (referred to as fit testing).

Under the mini-respiratory-protection provision of the COVID-19 ETS, employers who provide respirators to their employees when respirators are not specifically required may forgo the medical evaluation and fit-testing requirements of the respiratory protection standard. Such covered employers must ensure that employees are trained in respirator use; conduct their own user-seal tests of the respirators before each use; and comply with appropriate procedures for the storage, reuse, and discontinuation of respirators. When respirators are required by the COVID19 ETS, employers must comply with all elements of the OSHA respiratory protection standard, including medical evaluation and fit testing.

## COVID-19 EMERGENCY TEMPORARY STANDARD (1910.502)

The employer may provide a respirator to the employee instead of a facemask as required by paragraph (f)(1) of this section. In such circumstances, the employer must comply with § 1910.504.

## COVID-19 EMERGENCY TEMPORARY STANDARD (1910.504)

### 1910.504(d)

*Respirators provided by employers.* Where employers provide respirators to their employees, the employer must comply with the following requirements:

#### 1910.504(d)(1)

*Training.* The employer must ensure that each employee wearing a respirator receives training prior to first use and if they change the type of respirator, in a language and at a literacy level the employee understands, and comprehends at least the following:

#### 1910.504(d)(1)(i)

How to inspect, put on and remove, and use a respirator;

#### 1910.504(d)(1)(ii)

The limitations and capabilities of the respirator, particularly when the respirator has not been fit tested;

#### 1910.504(d)(1)(iii)

Procedures and schedules for storing, maintaining, and inspecting respirators;

#### 1910.504(d)(1)(iv)

How to perform a user seal check as described in paragraph (d)(2) of this section; and

#### 1910.504(d)(1)(v)

How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators and what to do if the employee experiences signs and symptoms.

#### 1910.504(d)(2)

*User seal check.*

#### 1910.504(d)(2)(i)

The employer must ensure that each employee who uses a tight-fitting respirator performs a user seal check to ensure that the respirator is properly seated to the face each time the respirator is put on. Acceptable methods of user seal checks include:

#### 1910.504(d)(2)(i)(A)

Positive pressure user seal check (*i.e.*, blow air out). Once you have conducted proper hand hygiene and properly donned the respirator, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of evidence that it is leaking could be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece. If the particulate respirator has an exhalation valve, then performing a positive pressure check may not be possible unless the user can cover the exhalation valve. In such cases, a negative pressure check must be performed.

#### 1910.504(d)(2)(i)(B)

Negative pressure user seal check (*i.e.*, suck air in). Once you have conducted proper hand hygiene and properly donned the respirator, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

#### 1910.504(d)(2)(ii)

The employer must ensure that each employee corrects any problems discovered during the user seal check. In the case of either type of user seal check (positive or negative), if air leaks around the nose, use both hands to readjust how the respirator sits on your face or adjust the nosepiece, if applicable. Readjust the straps along the sides of your head until a proper seal is achieved.

#### 1910.504(d)(3)

*Reuse of respirators.*

#### 1910.504(d)(3)(i)

The employer must ensure that a filtering facepiece respirator used by a particular employee is only reused by that employee, and only when:

#### 1910.504(d)(3)(i)(A)

The respirator is not visibly soiled or damaged;

#### 1910.504(d)(3)(i)(B)

The respirator has been stored in a breathable storage container (*e.g.*, paper bag) for at least five calendar days between use and has been kept away from water or moisture;

#### 1910.504(d)(3)(i)(C)

The employee does a visual check in adequate lighting for damage to the respirator's fabric or seal;

[1910.504\(d\)\(3\)\(i\)\(D\)](#)

The employee successfully completes a user seal check as described in paragraph (d)(2) of this section;

[1910.504\(d\)\(3\)\(i\)\(E\)](#)

The employee uses proper hand hygiene before putting the respirator on and conducting the user seal check; and

[1910.504\(d\)\(3\)\(i\)\(F\)](#)

The respirator has not been worn more than five days total.

*Effective date.* This section is effective as of June 21, 2021.

## **PROCESS FOR REQUESTING EMPLOYER-PROVIDER RESPIRATOR UNDER THIS PROGRAM**

1. Employees may submit requests for a respirator to: [mlopez@orangeusd.org](mailto:mlopez@orangeusd.org)
2. Risk Management will confirm eligibility for an employer-provided respirator under one of two following allowances:
  - a. The requesting employee is not vaccinated.
  - b. The employee's site is under CPP Safety Order 3205.1
3. Eligible employees will receive a Request for Respirator under ETS 504 form.
4. Upon receipt of the Request for Respirator under ETS 504 form, Risk Management staff will coordinate delivery of the N-95, along with a copy of the employee's signed Request for Respirator under ETS 504 form.
5. All requests will be logged into the "Employer-Provided Respirator Tracking" spreadsheet (See Attachment B).

## **TRAINING RESOURCES**

[OUSD COVID-19 ETS 504 Employee Training](#)

[Don/Doff FFR & Conduct Seal Check - English](#)

[Don/Doff FFR & Conduct Seal Check - Spanish](#)



**REQUEST FOR EMPLOYER-PROVIDED RESPIRATORS WHEN NOT  
REQUIRED UNDER COVID-19 EMERGENCY TEMPORARY STANDARD  
(1910.504)**

Date:

Employee Name:

EEID:

You have submitted a request to voluntarily wear a respirator. Under the emergency temporary standard, employers must provide training and ensure that employees perform a seal check each time the respirator is put on when the employer has provided the employee the respirator.

In order to address training and seal check instructions, you are required to review the "OUSD COVID-19 ETS 504 Employee Training". Upon completion of the training, please sign the certification below and a respirator shall be dispensed to you within two business days.

I certify that I have read/viewed the information located in the OUSD COVID-19 ETS 504 Employee Training program and understand: the procedures for properly inspecting and storing respirators, fit testing limitations, and when to discontinue respirator use. I agree to perform a seal check each time the respirator is put on, according to the instructions provided in the OUSD COVID-19 ETS 504 Employee Training program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Position

\_\_\_\_\_  
Site/Department

OFFICE USE ONLY

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- 3205.1