OBJECTIVES

- Assess emergency responder ability to conduct human performance tasks consisting of 1) recognize, 2) inspect, 3) don, 4) seal, 5) gain a re-seal, 6) decontaminate, and 7) doff NIOSH-approved chemical, biological, radiological, and nuclear (CBRN) respirators within a time specified. Assess respirator user instructions (UI) for time standards.
- Propose templates that standardize user instructions and training per stakeholder interests and NIOSH initiatives.

EXTERNAL STAKEHOLDERS

- Inter Agency Board (IAB) for Equipment Standardization and Interoperability, Arlington, VA
- United States Air Force (USAF), Fire Service, Silver Flag Program, Tyndall AFB, Florida

EXTERNAL RESEARCH to PRACTICE (r2p) PARTNERS

- NIOSH Education and Research Center, Deep South Center for Occupational Health and Safety, University of Alabama at Birmingham and Auburn University, Alabama
- NIOSH approval holders of respiratory protective device technologies

15 Human Performance Requirements that Vary

- RECOGNITION: Identify and recognize technical compliance of new and field deployed respirators.
- INSPECTION: Understand description of respirator & conduct “routine” checks, inspections, and adjustments.
- RESPIRATOR SPECIFIC CHECKS: Upon completion of inspection, conduct system pre-use function checks.
- DONNING: Hold breath if surprised by respiratory hazards, don, and assure respirator protection.
- USER SEAL: Conduct PPE checks and respirator to human face user seal checks, both negative & positive.
- SENSORY FEEDBACK: Optical inserts, user interfaces, voice communications, and hearing tasks.
- DURING USE: Use the device correctly, know when the seal is compromised, and know corrective actions.
- EMERGENCY EGRESS: Detect seal breakage, reseal, and escape/continue mission. Start MAYDAY alert.
- ESCAPE: Recognize device or subcomponent EOST/I or failure. Escape. Conduct decon. Validate “ALL CLEAR.”
- RESCUE: Know respirator built-in survival technologies and train on how to use them under austere conditions.
- CONTROLLED DECONTAMINATION: Conduct decontamination & PPE removal while maintaining protection.
- MASK DISCIPLINE: Human performance tips for success under short or long duration wear times.
- DURING/AFTER USE/CONTROLLED DISPOSAL: Weather conditions, purging system, change-out schedules.
- RE-USE/STORAGE: Designs for respirator and part reuse. Unique storage requirements. CBRN C&L "U/UU".
- CLEANING & DISINFECTING: Use of recommended cleaning solutions, disinfectants, and contact time.
- MAINTENANCE LEVELS: User/wearer, technician, overhaul, calibration, power sources, & RPP administrator.

Research Completed

- OSHA: OSHA offers a # 501 trainer course designed to provide graduating students training credentials.
- HAZWOPER 40hr and 8hr course curriculums are common minimum training requirements.
- HAZWOPER Appendix E requirement is that employees are proficient in the use of specified PPE. Definition of proficiency is determined by the employer. Donning times for PPE are not specified.
- USAF Silver Flag Exercise: NPPTL observed CBRN SCBA APR Mode-of-Use timed donning exercises.
- NIOSH Center for Domestic Preparedness: NPPTL, CDC, and the Center for Domestic Preparedness are exploring interagency efforts to integrate NIOSH-approved CBRN respirator w/ensembles.
- IAB Chair: The IAB issued a letter to OSHA addressing the need for respirator standardized user instructions and the need for an emergency responder “Respiratory Protection 101” course.
- IAB Equipment/Training & Exercises Subgroups: Joint session held discussing PPE training needs.
- NFPA 1404, 1500, & 1852: A firefighter in turnout gear commonly has 1 minute to don SCBA and go-on-air.
- NNI Standard 0116.00: Specifies protective ensemble average donning time standards of 8-7.7 minutes.
- User Instructions: User instructions contain sequential actions and technology end-states that must be achieved within time constraints to successfully place the respirator into its approved pre-use, during-use, and after-use configuration. Donning and use time standards in a SCBA UI indicate that a wearer must know over seven “time-centric” actions for pre-use. As part of the approval process, NIOSH does a basic review ensuring that the technology performs the way the UI specifies, that special functions are accurate, that the final caution and limitation statements are applicable and verbatim, that the full label is present and correct, and that the correct adhesive labels are assigned per the drawings. Recently, NIOSH purchased CBRN respirators from the field and the user instructions were read and reviewed. One output was that NIOSH created a series of generic SCBA and APR drawings to demonstrate variability in terminology. Another output was NIOSH identified 15 tasks that have definition variability. NIOSH is creating a database to collate and create generic UI templates.

Interim Conclusions

- Quantity of User Instructions: Paper manuals, DVD, and quality assurance documents issued with newly purchased respirators, number on average, 10 to 16 to 25 documents per CBRN SCBA model. 3-5 paper items for CBRN APR of the 16, a minimum of 5-7 different subcomponent manuals are required to be with the SCBA. A master UI binder style reference manual is needed in electronic format or other common media.
- User instruction formats have common themes but vary in exact technical content and use time standards across the six brands of SCBA. Use instructions are a means to communicate to the user how to properly wear and maintain the respirator.
- Unique legal counsel language is specific to each proprietary technology and is needed to support approval holder concerns in the areas of caution, warning, and special notes required to be in each UI.
- Technical maintenance manuals are issued to attending maintenance technicians and are separate from the user level manuals.
- Public Meeting: NIOSH held a public meeting respirator labels workshop on November 19, 2010. Participants included NIOSH approval holders and other NIOSH stakeholders. One of the topics discussed was the need to create a standardized set of user instructions.

Disclaimer: The findings and conclusions in this poster have not been formally disseminated by NIOSH and should not be construed to represent any agency determination or policy as of April 26, 2011.