

Memphis Shelby County Schools (MSCS)



Written Personal Protective Equipment Program

The purpose of the personal protective equipment (PPE) program is to protect the employees of **Memphis Shelby County Schools (MSCS)** from exposure to workplace hazards and the risk of injury through the use of personal protective equipment. PPE is not a substitute for more effective control methods and its use will be considered only when other means of protection against hazards are not adequate or feasible. It will be used in conjunction with other controls unless no other means of hazard control exist.

Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required to ensure the safety and health of our employees and that such use will lessen the likelihood of an occupational injury and/or illness.

This section addresses general PPE requirements, including eye and face, head, foot and leg, hand and arm, body (torso), and protection from drowning. Separate programs exist for Respiratory Protection, Asbestos Abatement and Hearing Protection as the need for participation in these programs is established through Industrial Hygiene monitoring. Fall Protection PPE (fall arrest systems, harnesses, & lanyards) are addressed in greater detail in the Fall Protection program.

The **MSCS** personal protective equipment program includes:

- Responsibilities of supervisors and employees
- Hazard assessment and PPE selection
- Employee training
- Cleaning and Maintenance of PPE

Responsibilities

Department Managers

Department Managers are responsible for the development, implementation, and administration of **MSCS** PPE program to their respective employees. This involves:

1. Conducting workplace hazard assessments to determine the presence of hazards which requires the use of PPE.
2. Selecting and purchasing PPE.
3. Reviewing, updating, and conducting PPE hazard assessments whenever:
 - A job changes
 - New equipment is used
 - There has been an accident
 - A supervisor or employee requests it
4. Maintaining records on hazard assessments, PPE assignments, and training.
5. Providing training, guidance, and assistance to supervisors and employees on the proper use, care, and cleaning of approved PPE.
6. Periodically re-evaluating the suitability of previously selected PPE.
7. Reviewing, updating, and evaluating the overall effectiveness of PPE use, training, and program.
8. Notifying **Risk Management** when new hazards are introduced or when a process has changed resulting in new or additional PPE being used.

Supervisors

Supervisors have the primary responsibility for implementing and enforcing PPE use and programs in their work area. This involves:

1. Providing appropriate PPE and making it available to employees.
2. Ensuring that employees are trained on the proper use, care, and cleaning of PPE.
3. Ensuring that PPE training certification and evaluation forms are signed and given to the **Department Managers**.
4. Ensuring that employees properly use and maintain their PPE and follow **MSCS** PPE program rules.
5. Notifying the **Department Managers** when new hazards are introduced or when processes are added or changed.
6. Ensuring that defective or damaged PPE is immediately disposed of and replaced.

Employees

The PPE user is responsible for following the requirements of the PPE program. This involves:

1. Properly wearing PPE as required.
2. Attending required training sessions.
3. Properly caring for, cleaning, maintaining, and inspecting PPE as required.
4. Following **MSCS'** PPE program and rules
5. Informing the supervisor of the need to repair or replace PPE.

Employees who repeatedly disregard and do not follow PPE program and rules will be subject to disciplinary action per department guidelines.

Employees are NOT allowed to bring PPE to work or use their own PPE in place of the District's assigned PPE.

Procedures

Hazard Assessment for PPE

OSHA 1910.132(d)(1) states 'the employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).'

OSHA 1910.132(d)(2) states 'the employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment.'

Department Managers in conjunction with supervisors, will conduct a walk-through survey of each work area to identify sources of work hazards. Each survey will be documented using the hazard assessment certification form (Appendix B), which identifies the work area surveyed, the person conducting the survey, findings of potential hazards, and date of the survey. Department Managers will keep the forms on file within their department until a new assessment is needed or the employee is no longer with the District.

Department Managers will conduct, review, and update the hazard assessment for PPE whenever:

- A job changes
- New equipment or process is installed
- There has been an accident
- Whenever a supervisor or employee requests it

Any new PPE requirements that are developed will be added into **MSCS'** written safety program as notified by **Risk Management**.

Selection of PPE

Once the hazards of a workplace have been identified, **Department Managers or Supervisors** will determine if the hazards can first be eliminated or reduced by methods other than PPE, i.e., methods that do not rely on employee behavior, such as engineering controls.

If such methods are not adequate or feasible, then the **Department Manager** will determine the suitability of the PPE presently available; and as necessary, will select new or additional equipment which ensures a level of protection greater than the minimum required to protect our employees from the hazards. Care will be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards will be recommended for purchase.

All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet the following agency standards will be procured or accepted for use.

These are included below and the agency names are listed here:

- **NIOSH** (National Institute for Occupational Safety & Health)
- **ANSI** (American National Standards Institute)
- **ISEA** (International Safety Equipment Association)
- **ASTM** (American Society for Testing & Materials)

Newly purchased PPE must conform to the updated ANSI standards which have been incorporated into the PPE regulations, as follows:

- Eye and Face Protection (ANSI Z87.1-2003)
- Head Protection (ANSI/ISEA Z89.1-2009)
- Foot Protection (ASTM F2412-05 and ASTM F2413-05)
- Hand Protection (See NIOSH TIC-2 publication on latex allergies)

Per OSHA 1910.132: Affected employees whose jobs require the use of PPE will be informed of the PPE selection and will be provided PPE by **MSCS at no initial charge to the employee**. Careful consideration will be given to the comfort and proper fit of PPE in order to ensure that the right size is selected and that it will be used. **MSCS** must pay for replacement PPE, except when the employee has lost or intentionally damaged the PPE. **MSCS** is NOT required to pay for everyday clothing, ordinary clothing, skin creams, or other items used for weather protection.

Training

Any worker required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE must be worn
- What PPE is necessary
- How to properly put on, remove, adjust, and wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE

After the training, the employees will demonstrate that they understand how to use PPE properly or they will be retrained.

Training of each employee will be documented using the District's **virtual training** as well as in-person department training, documented, kept on file, and readily available. Employees must keep a copy for their files. **If a documented training file is not available for the employee, then they must be retrained.** The document certifies that the employee has received and understood the required training on the specific PPE he/she will be using.

The PPE training quiz from the **virtual training** will be used to evaluate employees' understanding and will be kept in the employee training records.

Retraining

Random checks must be conducted by **Department Managers** to ensure employees are wearing the appropriate PPE and doing so correctly. Additionally, **Risk Management** will incorporate these checks when conducting risk assessments at the schools & facilities.

The need for retraining will be indicated when:

- An employee's work habits or knowledge indicates a lack of the necessary understanding, motivation, and skills required to use the PPE (i.e., uses PPE improperly)
- New equipment is installed
- Changes in the workplace make previous training out-of-date
- Changes in the types of PPE to be used make previous training out-of-date

Cleaning & Maintenance of PPE

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Employees must inspect, clean, and maintain their PPE according to the manufacturers' instructions before and after each use. Supervisors are responsible for ensuring that users properly maintain their PPE in good condition.

Personal protective equipment must not be shared between employees until it has been properly cleaned and sanitized. PPE will be distributed for individual use whenever possible.

Defective or damaged PPE must be immediately discarded and replaced.

It is also important to ensure that contaminated PPE, which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

Safety Disciplinary Policy

In order to maintain a safe and healthful workplace, **MSCS** requires employees to be cognizant and aware of all **MSCS**, State, and Federal safety and health regulations as they apply to the specific job duties required. If violations of this PPE program occur, then **Department Managers** will follow the District's *Suspension/Demotion/Dismissal of Non-Certified Employees Policy #4052*.

MSCS PPE Training Certification Form

Employee's name: _____

Employee ID No.: _____

Job title/work area: _____

Trainer's name (person completing this form): _____

Date of training: _____

Types of PPE employee is being trained to use (List all PPE used): _____

The following information and training on the personal protective equipment (PPE) listed above were covered in the training session:

- _____ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job hazards.
- _____ What workplace hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.
- _____ When the employee must wear or use the personal protective equipment.
- _____ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.
- _____ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE (including defective or damaged).

(Employee) I understand the training I have received, and I can use PPE properly.

Employee's signature: _____ Date: _____

(Trainer must check off)

- _____ Employee has shown an understanding of the training.
- _____ Employee has shown the ability to use the PPE properly.

Trainer's signature: _____ Date: _____

Appendix B

MSCS PPE Hazard Assessment Certification Form

This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in your department.

Department: _____ **Location:** _____

Employee Name: _____ **Operation/Process:** _____

Manager/Supervisor performing assessment: _____

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
Hands	<input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) _____ _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated rubber gloves <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other _____	
Eyes & Face	<input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid/irritating mists	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/ face shield	

Part of Body	Hazard	Required PPE	Notes
	<input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____	
Ears	<input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____	<input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____	
Respiratory System	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator* <input type="checkbox"/> Respirator w/HEPA filter* <input type="checkbox"/> Respirator w/pesticide cartridges* <input type="checkbox"/> Respirator w/paint spray cartridges* <input type="checkbox"/> Respirator w/organic cartridges* <input type="checkbox"/> Respirator w/acid gas cartridges* <input type="checkbox"/> SCBA or Type C airline respirator* <input type="checkbox"/> Other _____	*MUST BE FIT TESTED BY A CERTIFIED PROFESSIONAL, DOCUMENTED & ON FILE.
Feet	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles	<input type="checkbox"/> Steel or composite toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal (toe) guards	

Part of Body	Hazard	Required PPE	Notes
	<input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other_____	<input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other_____	
Head	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical - contact with exposed wires/conductors <input type="checkbox"/> Other_____	<input type="checkbox"/> Hard hat/cap <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other_____	
Body	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s)_____ _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other_____	<input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other_____	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. *This document is a Certification of the Hazard Assessment.*

Print/Signed: _____ Date: _____