



EAST TENNESSEE STATE UNIVERSITY

Facilities Management

Policy Number: 700.7

Title: Personal Protective Equipment (PPE) Policy

Implementation Date: December 9th, 2013

Last Revised: May 8, 2024

Last Audited: May 8, 2024

Introduction

This policy applies to the use of personal protective equipment by ETSU Facilities Management employees. Personal protective equipment, as defined by CFR 1910.132, such as protective clothing, respiratory protection, gloves, goggles and face shields, etc. shall be used to protect against chemical, biological, mechanical and irritant hazards capable of causing injury or impairment through absorption, inhalation, or physical contact.

Anyone having questions concerning this plan may contact the Environmental Health and Safety Office, 439-6028.

Hazard Assessment Responsibilities

The hazard assessment certification is a process that produces a written record of the hazard assessment for particular work tasks. Supervisors are responsible for ensuring that hazard assessments are performed and the written certifications are signed, dated, and are submitted to the Health and Safety Specialist for recordkeeping purposes. Copies of the written policy and certifications can be posted or maintained for review in applicable Facilities Management shops. Specific responsibilities follow:

- **Supervisor Responsibilities.** After completing a hazard assessment and determining that hazards are present, or likely to be present, the supervisor shall do the following:
 - Assure the adequacy of the PPE; proper fit protection, maintenance, and sanitation.
 - Ensure every affected employee knows how to use their PPE correctly and that they use the required PPE when performing work tasks identified in the hazard assessment.
 - Prevent the use of PPE that is defective or damaged. Defective or damaged PPE must be replaced.

- Never assign a work task for which PPE is required but not available.
- Employee Responsibilities. After a hazard assessment has been performed and hazards identified that require PPE, the employee shall do the following:
 - Never perform a task for which PPE is required but not available.
 - Always wear and use required PPE correctly.
 - Never use PPE that is defective or damaged.
- Health and Safety Responsibilities. Implement the PPE policy and support the affected supervisors and employees in the proper selection, maintenance and cleaning of PPE.
 - Assess workplace exposures and recommend PPE where needed.
 - Train employees on proper PPE use.
 - Investigate injuries and/or illnesses to determine causal factors. If injuries or illnesses are caused by PPE non-use, ineffectiveness, negligent use or lack of PPE, Health and Safety will submit their findings and recommendations to the Associate Vice President of Facilities Management.

Hazard Assessment and Certification: Hazard assessment is a process (required by OSHA) of identifying hazards associated with a work task and recommending PPE along with other relevant protection measures to reduce the risk from the hazards. The Health and Safety Specialist has established the framework for our hazard assessment, however to comply with OSHA PPE certification requirements, supervisors shall assess work tasks to determine if hazards are present or likely to be present that require the use of personal protective equipment.

Procedures

Specific Protection Guidelines:

- **Eye and Face Protection.** Each affected employee shall:
 - Use appropriate eye and face protection equipment when exposed to hazards from flying objects or particles, molten metal, fumes, chemical liquids, gases, vapors, dusts, acids, caustics, and other potentially injurious chemical or physical hazards. Prescription lenses are allowed if the frame and lens complies with current ANSI safety eyewear standards. Over-the-glasses (OTGs) safety eyewear that complies with ANSI standards is an acceptable alternative.
 - Use appropriate eye protection equipment with filter lenses that have a shade number appropriate for the work being performed when exposed to an eye hazard from potentially harmful light radiation. Refer to Hazard Assessment Checklist for a summary of eye and face protection selection specifics.

Foot Protection - Categories of Footwear:

Category 1- Hazards are such as to require safety footwear. Each affected employee shall wear protective footwear when working in areas where there is danger of objects falling on or rolling across feet, piercing the sole, and where the feet are exposed to electrical or chemical hazards. Facilities Management will provide each affected employee an allotment to purchase protective footwear.

Category 2-Risks of injury that require footwear to protect against light objects or chemicals that do not require protective toe caps. Footwear completely encloses the foot (heel and toe), slip resistant and must be in good condition. (*Custodial, EH&S, etc.*)

Category 3-Minimal or no risk of foot injury. Footwear can be of any material as long as there is a solid bottom and top and in good condition. (*Office staff*)

- **Hand and Body Protection.** Supervisors shall select and require employees to use appropriate hand protection when the hands are exposed to hazards from severe cuts, lacerations, abrasions or punctures, chemical or thermal burns, harmful temperature extremes, and skin absorption of harmful substances. Facilities Management will provide the Departments of HVAC and the Electrical Shop with the appropriate fire resistant (FR) clothing to protect the employee of electrical arc and heat exposures.
- **Head Protection.** Each affected employee shall wear protective hard hats when working in areas where there is a potential for injury to the head from falling objects or “bump” hazards.
- **Hearing Protection.** Each employee shall wear appropriate hearing protection in environments where noise levels equal or exceed the OSHA Occupational Noise Exposure Standard (29 CFR 1910.95) 8-hour time weighted average (TWA) of 85 dBA.
- **Respiratory Protection.** The use of respiratory protective equipment (respirators) shall be in compliance with Facilities Management’s Respiratory Protection Policy. Voluntary use of filtering face pieces is also covered in Facilities Management’s Respiratory Protection Policy.

- **Electrical Protection.** Refer to Electrical Protection Devices Assessment for selection specifics.

Training Requirements and Certification. The Health and Safety Specialist, in cooperation with supervisors, shall provide adequate training to each employee who is required to use PPE. Each employee shall be trained to know at least the following:

- When PPE is necessary?
- What PPE is necessary for the task?
- How to properly don, doff, adjust, and wear PPE.
- The limitations of the PPE.
- The proper care, maintenance, useful life, and disposal of the PPE.

Each affected employee must demonstrate an understanding of the training provided, and the ability to use the PPE properly, before performing any work requiring the use of PPE.

Instructions for completing Hazard Assessment. A hazard assessment, required by TOSHA is the primary method for determining what PPE is needed. Facilities Management shops must certify that a hazard assessment (Attachment A) has been performed by completing a certification form. The certification form must be signed and attached to all checklists submitted to Environmental Health & Safety.

EH&S has completed a PPE assessment of the tasks routinely performed by all shops. Some infrequent and/or unique work tasks performed by a shop have not been included; therefore, it is imperative that supervisors complete the questionnaires and certify that the assessment is inclusive of all work task hazards and that PPE is required. Refer to the Hazard Assessment Checklist for the list of work tasks that have been assessed by the Health and Safety Specialist.

When supervisors have reason to believe that employees who have already been trained do not have the understanding and skill required, the supervisor shall retrain the employee. Circumstances that render previous training inadequate and therefore require new PPE training or retraining include, but are not limited to:

- Changes in the workplace.
- Changes in the types of PPE to be used.
- Inadequacies in the affected employee's knowledge or use of assigned PPE.

Supervisors must verify that each affected employee has received and understood the required training. Health & Safety will record the name of each employee trained, the date(s) of training, and the training topic identified.

Employee Responsibilities

All Facilities Management employees are responsible for adhering to this policy. All departments in which protective footwear and clothing are purchased and provided by Facilities Management are required to be worn throughout the workday. All Facilities Management directors and supervisors will ensure that their subordinates adhere to this policy. Facilities Management employees who fail to comply with this policy may be subject to disciplinary action for noncompliance with university policies.

Contact Persons

Associate Vice President
Director of Facilities Management Operations
Director of Environmental Health & Safety
Associate Director of Environmental Health & Safety

Approved by: _____
Laura Bailey, Associate Vice President, Capital Planning and
Facilities Services

Date approved: _____

Audited: February 15th, 2015
June 2nd, 2016
December 13th, 2018
June 10, 2019
July 6, 2020
April 8, 2021
May 8, 2024

Revised: May 14th, 2015
January 4th, 2019
April 8, 2021
May 8, 2024

Attachment A

PPE Hazard Assessment Certification Form

*Name of Shop: _____ *Assessment conducted by: _____

EYES

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Abrasive blasting <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Sanding <input type="checkbox"/> Drilling <input type="checkbox"/> Sawing <input type="checkbox"/> Hammering <input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____	<input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles <input type="checkbox"/> Blood/Chemical splashes <input type="checkbox"/> Intense light <input type="checkbox"/> Other: _____	<input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Welding shield <input type="checkbox"/> Tint/Filter #: _____ <input type="checkbox"/> Other: _____

FACE

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Cleaning <input type="checkbox"/> Welding <input type="checkbox"/> Mixing <input type="checkbox"/> Painting <input type="checkbox"/> Dip tank operations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Potential Irritants <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face Shield <input type="checkbox"/> Welding shield <input type="checkbox"/> Tint/Filter #: _____ <input type="checkbox"/> Other: _____

HEAD

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Construction <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Walking under platforms/cranes <input type="checkbox"/> Utility Work <input type="checkbox"/> Other: _____	<input type="checkbox"/> Beams <input type="checkbox"/> Flying/Falling objects <input type="checkbox"/> Pipes <input type="checkbox"/> Machine parts <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hard hat <input type="checkbox"/> Type A (Low voltage) <input type="checkbox"/> Type B (High voltage) <input type="checkbox"/> Bump cap (not ANSI approved) <input type="checkbox"/> Other: _____

*Location: _____ *Date of assessment: _____

Work area(s): _____ Job/Task(s): _____

*Required for certifying the hazard assessment

PPE Hazard Assessment Certification Form

*Name of Shop: _____ *Assessment conducted by: _____

HANDS/ARMS

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Abrasive blasting <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Sanding <input type="checkbox"/> First Aid <input type="checkbox"/> Sawing <input type="checkbox"/> Hammering <input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tools that could scrape, bruise or cut <input type="checkbox"/> Flying particles <input type="checkbox"/> Blood/Chemical splashes <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Other: _____	<input type="checkbox"/> Nitrile gloves <input type="checkbox"/> Mechanics gloves <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Abrasion/cut resistant gloves <input type="checkbox"/> Temperature gloves <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other: _____

FEET/LEGS

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction/Demo <input type="checkbox"/> Welding <input type="checkbox"/> Plumbing <input type="checkbox"/> Logging/chipping <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flammable atmospheres <input type="checkbox"/> Electrical <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Slippery surfaces <input type="checkbox"/> Tools <input type="checkbox"/> Other: _____	<input type="checkbox"/> Safety shoes <input type="checkbox"/> Electrical protection <input type="checkbox"/> Leggings/chaps <input type="checkbox"/> Chemical protection <input type="checkbox"/> Temp/weather protection <input type="checkbox"/> Other: _____

BODY/SKIN

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Groundskeeping <input type="checkbox"/> Chemical spraying <input type="checkbox"/> Sawing <input type="checkbox"/> Flagging <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weather <input type="checkbox"/> Sharp edges <input type="checkbox"/> Chemical splashes <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vest <input type="checkbox"/> Coveralls/apron <input type="checkbox"/> Gloves <input type="checkbox"/> Safety glasses <input type="checkbox"/> Other: _____

*Location: _____ *Date of assessment: _____

Work area(s): _____ Job/Task(s): _____

*Required for certifying the hazard assessment

PPE Hazard Assessment Certification Form

*Name of Shop: _____ *Assessment conducted by: _____

BODY/WHOLE

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Light replacement <input type="checkbox"/> HVAC manhole work <input type="checkbox"/> Other: _____	<input type="checkbox"/> Heights from 6 feet or more <input type="checkbox"/> Confined spaces <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fall arrest/harness <input type="checkbox"/> Tripod <input type="checkbox"/> Other: _____

RESPIRATORY

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical applications <input type="checkbox"/> Chemical spills/clean-up <input type="checkbox"/> Asbestos inspectors/workers <input type="checkbox"/> Boiler operations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Particulate or irritating dust <input type="checkbox"/> Other: _____	<input type="checkbox"/> Half-Face Air purifying <input type="checkbox"/> N-95/KN-95 <input type="checkbox"/> Dust masks <input type="checkbox"/> Other: _____

EARS/HEARING

<u>Work activities, such as:</u>	<u>Work related exposure to:</u>	<u>PPE Use:</u>
<input type="checkbox"/> Construction <input type="checkbox"/> Groundskeeping equipment <input type="checkbox"/> Pneumatic equipment <input type="checkbox"/> Mechanical equipment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Loud noises <input type="checkbox"/> Loud mechanical rooms <input type="checkbox"/> Machine parts <input type="checkbox"/> Other: _____	<input type="checkbox"/> Earplugs <input type="checkbox"/> Earmuffs <input type="checkbox"/> Other: _____

*Location: _____ *Date of assessment: _____

Work area(s): _____ Job/Task(s): _____

*Required for certifying the hazard assessment