

# **PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM**



**COLLINGSWOOD & OAKLYN  
SCHOOL DISTRICT**

## **POLICY:**

The Collingswood Public Schools shall provide each employee with the necessary personal protective equipment (PPE) to eliminate or reduce the employee's risk of exposure to workplace hazards.

## **PURPOSE:**

The purpose of this policy is to provide a comprehensive personal protective equipment (PPE) program to protect the health and welfare of our employees and comply with applicable federal and state occupational safety and health regulations.

## **SCOPE:**

Each employee's personal work environment should be maintained at a safe hazard exposure level through the implementation of administrative and engineered controls, and employee use of personal protective equipment. Each employee of the Collingwood Board of Education is responsible for the use and maintenance of the personal protective equipment that has been issued to him or her. The use of personal protective equipment by employees is mandatory.

## **1.0-OBJECTIVE:**

The objective of this Personal Protective Equipment (PPE) Program is to protect employees from the risk of injury by creating a barrier against workplace hazards. PPE will be provided, used, and maintained when it has been determined that its use will diminish the risk of occupational injury and/or illness to the employee.

This PPE program addresses eye, face, head, foot and hand protection. Separate programs may exist for respiratory and hearing protection since the need for participation in these programs is established through industrial hygiene monitoring.

## **2.0 RESPONSIBILITIES:**

### **2.1 Office of Health and Safety**

The Facilities Department-Safety is responsible for the development, implementation, and administration of the PPE program. This includes:

- a. Provide assistance to management personnel in the development of Job Hazard Assessments (JHA).
- b. Records maintenance.
- c. Providing training and technical assistance to management personnel on the proper use, care, and cleaning of approved PPE.
- d. Providing guidance on the selection and purchase of approved PPE.
- e. Periodically reevaluating the suitability of previously approved PPE.

## **2.2 Management Personnel**

Facility or departmental administrators, foreman and supervisors have the primary responsibility for implementation and enforcement of the PPE program. This responsibility involves:

- a. Providing the PPE necessary to perform job functions to employees.
- b. Ensuring employees are trained on the proper use, care and maintenance of PPE.
- c. Staff supervision to ensure PPE program elements are used and followed.
- d. Development of job hazard assessments (JHA) for job classifications within their department.
- e. Ensuring immediate replacement of defective or damaged PPE.
- f. Conduct periodic hazard assessments for new or special job functions.

## **2.3 Employees**

The employee is the user of the PPE. The user is responsible for following the requirements of the program that pertain to the employee user are:

- a. Wearing PPE as necessary.
- b. Attending required training sessions.
- c. The care, cleaning and maintenance of PPE as necessary.
- d. Supervisor notification for PPE replacement.
- e. Supervisor notification of new or changed job functions or hazards.

## **3.0 Program Components**

### **3.1 Hazard Assessment**

The supervisors in cooperation with the Facilities Department-Safety, will conduct a survey of each job classification to identify sources of hazards, including impact,

penetration, compaction, chemical, heat, dust, electrical, material handling, bodily fluid contamination, and light radiation. Each survey will be documented using the Hazard Assessment Certification form (SOP Appendix A) which identifies the job classification surveyed, the person(s) conducting the survey, potential hazards identified and the date of the survey.

### **3.2 Protective Equipment Selection**

When the hazards posed to the job classification have been identified, the Facilities Manager will determine the suitability of the PPE presently available and as necessary select new or additional equipment, which ensures a level of protection greater than the minimum required to protect the employees from the identified hazards.

All PPE will be of a safe design and construction for the work to be performed and shall be maintained in a sanitary and reliable condition. Where applicable, only those items of PPE that meets or exceed National Institute of Occupational Safety and Health (NIOSH) or American National Standards Institute (ANSI) standards will be purchased and accepted for use.

Applicable ANSI standards for PPE are:

- a. Eye and Face Protection – ANSI Z87.1-1989
- b. Head Protection – ANSI Z89.1-1986
- c. Foot Protection – ANSI Z41.1-1991
- d. Hand Protection – There are no established ANSI standards for gloves. Selection must be based on the performance characteristics of the glove in relation to the task.

Careful consideration will be given to comfort and fit of PPE in order to ensure it will be employed by the user.

**Employees will not supply their own PPE.**

### **3.3 Cleaning and Maintenance of PPE**

It is important that PPE be kept clean and properly maintained. PPE should be inspected, cleaned and maintained at regular intervals so that the required level of protection is provided.

Personal protective equipment shall not be shared between employees until it has been properly cleaned and sanitized. PPE will be distributed for individual use whenever possible. It is also important to ensure that contaminated PPE, which

cannot be properly decontaminated, is disposed of in a manner that protects employees from exposure to hazards presented by the contamination.

### **3.4 Training**

Any worker required to wear PPE shall receive training in the proper use and care of PPE. Periodic retraining shall be offered by the Facilities Department to both the employees and the supervisors, as needed. The training shall include the following subjects:

- When to use PPE.
- What PPE to use.
- How to properly fit, remove, adjust and wear PPE.
- The limitations of the PPE.
- The proper care, maintenance, useful life and disposal of the PPE.
- The nature of existing hazards pertaining to their job functions.

Personal Protective Equipment is part of the New Jersey Right to Know (NJRTK) training program.

Supplemental PPE training will be provided as needed.

-Training will be documented using the training roster form (SOP Appendix B).

-The training roster forms will be forwarded to the Facilities Department and Business Office.

-The Facilities Manager will ensure training of new employees within 30 days of hire and will schedule group training for new employees and retraining as needed.

### **3.5 Record Keeping**

Written records shall be kept of the names of persons trained, the type of training, and the dates when training occurred. The Facilities Manager will maintain their employee's training records for at least three years.

The Facilities Department will maintain the Hazard Assessment Certification form for each job classification for at least three years.

## **4.0 Job Classification Guidelines**

### **4.1 Custodial**

To provide for the proper use of Personal Protective Equipment (PPE) to all custodial staff to ensure their safety when performing tasks and/or procedures to ensure a clean, safe environment for students and staff. To provide PPE to all Custodial Staff to protect themselves while performing within their job classification.

Personal Protective Equipment includes, all clothing and other work devices designed to create a barrier against workplace hazards. Examples of PPE are:

Staff will adhere to the following practices to ensure their safety while performing custodial tasks and or procedures:

<b>Gloves (rubber or Disposable)</b>	will be worn when performing tasks such as but not limited to trash removal, restroom cleaning, filling spray bottles, disinfecting, etc.
<b>Gloves (leather)</b>	will be worn when performing such tasks as snow removal, package handling, or other activities that may be abrasive to an employee's hands.
<b>Goggles</b>	will be worn when cleaning restrooms, filling spray bottles, etc.
<b>Slip Resistant Shoes</b>	will be provided when stripping floors and/or where slippery conditions warrant.
<b>Respiratory Protection</b>	will be worn when needed as per MSDS.
<b>Aprons</b>	will be worn when needed as per MSDS.
<b>Ear Protection</b>	will be worn when a higher than normal speaking voice is needed to speak to someone an arm's length away.
<b>Steel Toe Boots</b>	will be worn during the performance of all work functions.

## 4.2 Maintenance

Personal Protective Equipment must be used when operating any machinery, portable hand equipment or performing any form of labor. PPE must be used in conjunction with all the safety devices and guards provided with the machinery and equipment we use each day. This will provide each worker with the highest possible protection against injury while on the job.

PPE for the maintenance department will consist of an approved hard hat, when needed, steel toed work boots, eye protection, face protection, hearing protection, knee protection, work gloves, respiratory devices and protective clothing when needed.

Tool	Gloves	Face Shield and Safety Goggles	Safety Goggles	Safety Glasses	Dust Mask	Safety Shoes	Hearing Protection	Protective Clothing
<b><u>Portable Saws:</u></b>								
Chop/Miter Saw	X	X			X	X	X	
Circular Saw	X	X			X	X	X	
Reciprocating Saw	X	X			X	X	X	
Hand Band Saw	X	X			X	X	X	
<b><u>Non-Portable Saws:</u></b>								
Table Saw	X	X			X	X	X	
Radial Arm Saw	X	X			X	X	X	
Band Saw	X	X			X	X	X	
Router and Table	X	X			X	X	X	
Bench Grinder	X	X			X	X	X	
Drill Press		X						
Hand Grinder / Sander	X	X			X	X	X	
Hammer Drill	X	X			X	X	X	
Welding or Burning.	X	With Shaded Lens				X		X
Brazing or Soldering	X	X				X		X

### 4.3 Grounds

Personal Protective Equipment must be used when operating any machinery, portable hand equipment or performing any form of labor. PPE must be used in conjunction with all the safety devices and guards provided with the machinery and equipment we use each day. This will provide each worker with the highest possible protection against injury while on the job.

PPE for the grounds department will consist of any approved hard hat when needed, steel toed work boots, eye protection, face protection, hearing protection, knee protection, a good pair of work gloves, respiratory devices and protective clothing when needed.

Tool	Gloves	Face Shield and Safety Goggles	Safety Goggles	Safety Glasses	Dust Mask	Safety Shoes	Hearing Protection	Protective Clothing
Tractors				X		X	X	
Blowers and Edgers			X			X	X	
Jack Hammer	Impact	X				X	X	
Chain Saw		X				X	X	Vest & Chaps
Hedge Trimmer	X	X				X	X	
Cement Mixer		X			X	X	X	
Power Auger	X			X		X		
Billy Goat Vacuum	X			X		X	X	
Bench Grinder	X	X				X	X	
Weed Whip				X		X	X	
Lawn Mower				X		X	X	



#### **4.4 Technology (if needed)**

#### **4.5 Transportation (if needed)**

##### **4.5.1 Mechanics**

##### **4.5.2 Drivers**

#### **4.6 Curriculum (if needed)**

##### **4.6.1 Nurses**

##### **4.6.2 Teachers & Administrators**

#### **4.7 Secretarial / Clerical (if needed)**

## 5.0 Personal Protective Equipment Inventory/Checklist

### 5.1 Responsibility and Use

The personal Protective Equipment Inventory/Checklist (SOP Appendix C) has been developed as a documentation vehicle. This form can be used to assess employee's needs, communicate hazard assessment results and document the issuance of new or replacement equipment.

The Facilities Department will issue this form periodically to all employees to update records and evaluate needs. As needs change according to the hazard assessment, the Personal Protective Equipment Inventory/Checklist will be modified by the Facilities Department.

### 5.2 Filing Instructions

The Personal Protective Inventory/Checklist form contains five main column headings; equipment, job, classification, possess, needed, and received and initial. Each of these columns is explained as follows:

- A. **Equipment** – This column contains a list of all personal protective equipment approved by the Office of Health and Safety (OHS). The equipment in this list is categorized by hazard body target that the equipment is designed to protect (i.e. hand, foot, heat, etc.).
- B. **Job Classification** – This column contains the summary of the Job Hazard Assessment for the job classifications listed. The sub columns of each job class are populated with equipment requirements, “R” for Required equipment, “O” for Optional equipment, and “I” for Inventorial equipment.

**Explanation:**

An “R” in a particular job classification column indicates the corresponding piece of equipment, listed in the equipment column, is required to be issued to an employee in that job class.

The **Job Classification** column also lists the offices or shops of supervisors. This is the storage location of inventoried equipment (“I”). Supervisors will maintain a minimal

inventory of PPE as for replacement of damaged equipment.

Inventoried equipment may also include PPE for non-routine job functions. This equipment will be issued by the supervisor when the task is assigned and returned when completed. The supervisor of each office or shop is responsible for all inventory of PPE.

- C. **Possess** – When completing the form, employees will indicate the equipment that they have been issued in this column. Employees should only indicate equipment that is not damaged or broken.

**Damaged or broken equipment MUST be replaced.**

Supervisors completing this form for office or shop inventory may enter a numerical value in this column to indicate an amount of inventory of a particular item.

- D. **Needed** – Any employee that does not have a required piece of PPE or a required piece of PPE is damaged or broken, will indicate their need in this column.

**Indicated Needs Require Immediate Action of the Supervisor.**

Supervisors completing this form for office or shop inventory may enter a numerical value in this column to indicate an amount needed for inventory of a particular item.

- E. **Received/Initial** – This column will be completed when any “Needed” equipment item is issued to an employee. The date of issue and the employee’s initials are required to document their receipt.

The “***Employee Certification***” section at the bottom of the form must be completed by the employee after the checklist portion.

The “***Supervisor Certification***” section of the form must be completed by the supervisor after the “Employee Certification” is completed.

The form is completed when all equipment needs are fulfilled and both certification sections are signed.

Completed forms will be forwarded to the Facilities Department for review and maintenance. These may be returned if incomplete or deficient. The Facilities Department or Business Office will instruct supervisors on corrective action for returned Personal Protective Equipment Inventory/Checklist Forms.

**ATTACHMENT:** Appendix A – Hazard Assessment Certification Form  
Appendix B – Training Roster  
Appendix C – Personal Protective Equipment Inventory/Checklist

**REFERENCE:** OSHA Standard 29CFR 1910.132, “General Requirements”  
OSHA Standard 29CFR 1910.133, “Eye and Face Protection”  
OSHA Standard 29CFR 1910.135, “Head Protection”  
OSHA Standard 29CFR 1910.136, “Foot Protection”  
OSHA Standard 29CFR 1910.138, “Hand Protection”  
NJPEOSHA Standard 1910.132, “Personal Protective Equipment”

**PREPARED BY:** Michael Sinesi

**REVISED BY:**

Collingswood Public Schools  
Buildings and Grounds Department

**Hazard Assessment Certification**

Job Classifications:

Department:

Date:

Conducted By:

Description of Task:

**Hazard Assessment and Protective Equipment Selection**

1. Overhead Hazards – (Identify)

Head Protection Required:

Hard Hat \_\_\_\_\_

2. Eye and Face Hazards – (Identify)

Eye and Face Protection Required:

Safety Glasses (clear/tinted) \_\_\_\_\_

Safety Goggles \_\_\_\_\_

Face Shield \_\_\_\_\_

3. Hand Hazards – (Identify)

Hand Protection Required:

Chemical Resistant \_\_\_\_\_

Temperature Resistant \_\_\_\_\_

Abrasion Resistant \_\_\_\_\_

Bio-Hazard Resistant \_\_\_\_\_

Electrically Insulated \_\_\_\_\_

Abrasion Resistant \_\_\_\_\_

Other (Explain) \_\_\_\_\_

4. Foot Hazards – (Identify)  
Foot Protection Required:  
 Safety Shoe Types;  
 Toe Protection \_\_\_\_\_  
 Metatarsal Protection \_\_\_\_\_  
 Puncture Resistant \_\_\_\_\_  
 Electrical Insulation \_\_\_\_\_  
 Abrasion Resistant \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_

5. Environmental Hazards: (Identify)
- Environmental Protection:  
 Thermal \_\_\_\_\_  
 Solar Energy \_\_\_\_\_  
 Insect \_\_\_\_\_

6. Hearing/Auditory Hazards: (Identify)
- Hearing Protection:  
 Ear Plugs \_\_\_\_\_  
 Head Phones \_\_\_\_\_

7. Other Identified Safety/Health Hazards:
- Hazard: \_\_\_\_\_ Recommended Protection: \_\_\_\_\_

I certify that the above assessment was conducted to the best of my knowledge, based on the hazards present on this date \_\_\_\_\_.

\_\_\_\_\_  
 (Name) (Initial)  
 Business Office or Safety Person

\_\_\_\_\_  
 (Name) (Initial)  
 Buildings & Grounds Foreman

**Collingswood Board of Education  
Buildings & Grounds Training Roster**

1. Training Meeting: \_\_\_\_\_  

Title
Date
2. Number in attendance/Number scheduled to attend: \_\_\_\_/\_\_\_\_.
3. Comments: \_\_\_\_\_  
 \_\_\_\_\_
4. Training Meeting conducted by: \_\_\_\_\_  

Printed Name

**Program Sign-In Sheet**

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 2. _____  | 3. _____  |
| 4. _____  | 5. _____  | 6. _____  |
| 7. _____  | 8. _____  | 9. _____  |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |
| 16. _____ | 17. _____ | 18. _____ |
| 19. _____ | 20. _____ | 21. _____ |
| 22. _____ | 23. _____ | 24. _____ |
| 25. _____ | 26. _____ | 27. _____ |
| 28. _____ | 29. _____ | 30. _____ |
| 31. _____ | 32. _____ | 33. _____ |
| 34. _____ | 35. _____ | 36. _____ |
| 37. _____ | 38. _____ | 39. _____ |
| 40. _____ | 41. _____ | 42. _____ |
| 43. _____ | 44. _____ | 45. _____ |
| 46. _____ | 47. _____ | 48. _____ |
| 49. _____ | 50. _____ | 51. _____ |

_____	_____
Building	Signature of Trainer