

## 1. Purpose

Personal Protective Equipment (PPE) comprises a range of clothing and equipment worn by employees, contractors or visitors, as appropriate, to protect or shield their bodies from workplace hazards.

Part III Section 25 of the Ontario Occupational Health and Safety Act states (in part):

1. An employer shall ensure that,
  - a) the equipment, materials and protective devices as prescribed are provided;
  - b) the equipment, materials and protective devices provided by the employer are maintained in good condition;
  - c) the measures and procedures prescribed are carried out in the workplace;
  - d) the equipment, materials and protective devices provided by the employer are used as prescribed.

The **Ontario Occupational Health and Safety Act, R.R.O. 1990, Regulations 851**, provides guidance on the selection, provision and use of Personal Protective Equipment. In addition, it provides Personal Protective Equipment requirements for specific hazards.

## 2. Acronyms:

NIOSH - National Institute of Occupational Safety and Health  
ANSI - American National Standards Institute  
ULC - Underwriters Laboratories  
CSA - Canadian Standards Association

## 3. Procedure

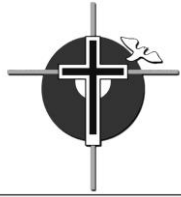
### i. Personal Protective Equipment must:

- a) meet all applicable federal and provincial regulations;
- b) be approved by NIOSH, ANSI, CSA, ULC, where applicable; *and*
- c) be approved under the direction of the Catholic District School Board of Eastern Ontario (CDSBEO).

### ii. Types of Personal Protective Equipment

Personal Protective Equipment can be classified in the following categories, based on the type of protection afforded by the equipment:

- a) Respiratory Protection (e.g. disposable, cartridge, air line, half or full face)



- b) Eye Protection (e.g. spectacles/goggles, shields, visors)
- c) Hearing Protection (e.g. ear muffs and/or plugs)
- d) Hand Protection (e.g. gloves and barrier creams)
- e) Foot protection (e.g. shoes/boots)
- f) Head Protection (e.g. helmets, caps, hoods, hats)
- g) Protection – break from falls (e.g. harness and fall arrest devices)
- h) Skin Protection (e.g. hats, sun block, long sleeved clothes)
- i) Other Personal Protective Equipment (e.g. protective clothing, safety vests)

### iii. Responsibilities for Personal Protective Equipment

Management must ensure that:

- a) Professional advice will be obtained, when necessary, to identify the most suitable types of Personal Protective Equipment for the task required.
- b) Training will be provided to supervisors and employees to ensure the proper selection, fit, use, cleaning and maintenance of their Personal Protective Equipment.
- c) The Personal Protective Equipment procedure is supervised and enforced.
- d) Evaluation of the effectiveness of the Personal Protective Equipment program will be carried on an ongoing basis and whenever there are process changes.
- e) Suitable Personal Protective Equipment is provided to visitors who may be exposed to hazards in the workplace.
- f) Contractors are responsible for their own Personal Protective Equipment and should be stamped or labeled with a CSA compliance marking.

Employees:

- a) must use the protective clothing or equipment in a manner in which he or she has been properly instructed to use it;
- b) must not misuse or damage the clothing or equipment; *and*
- c) must, as soon as practicable after becoming aware of any damage to, malfunction of, or need to clean or sterilize the clothing or equipment, notify the person providing the clothing or equipment.

### iv. Appendix 1

Employee and Manager/Supervisor must sign Appendix 1 indicating that they have been informed, trained and provided the appropriate Personal Protective Equipment. The signed form is to be returned to the Occupational Health and Safety Coordinator.



## Appendix 1- Personal Protective Equipment Management Record

**Department:**

**Date:**

PPE provided to: [list items, and date provided]

**Items:**

**Date:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Worker Signature:**

**Manager Signature:**

Training in selection, use, cleaning, and maintenance provided to: [list names of staff, and date trained]

**Personnel:**

**Date:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Timetable and description of maintenance needed (such as changing filters on respiratory protective devices):**  
[list dates, type of maintenance needed and the person responsible] N/A if not applicable.

**Date**

**Maintenance activity**

**Person responsible**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |