

RESPIRATORY PROTECTION WRITTEN PROGRAM



Month/Year Started

*This document has been modified to conform with the amended respiratory protection regulations that will take affect January 1, 2008. Major changes in the regulations required extensive changes in this guideline to properly assist program administrators in developing a program in compliance with the new regulations.

Respiratory Protection Program

INTRODUCTION

_____ respiratory protection program is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739). General employee information on respiratory protection is available in the Pesticide Safety Information Series A-5 (HS-632, Department of Pesticide Regulation).

PURPOSE

The purpose of this program is to protect the employees of _____ from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program will include the following elements;

- Selection
- Medical evaluation
- Fit Testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in respiratory hazards (IDLH if applicable)
- Training in donning, doffing, limitations
- Program evaluation

ADMINISTRATION

An individual will be designated as the Respirator Program Administrator (RPA) of this program. This person is responsible for ensuring the effectiveness of the respiratory protection program in compliance with the respiratory protection regulation.

_____ Is the administrator of the program and is responsible for implementing the elements of the **WRITTEN PROGRAM** for all uses of respirators by _____

The RPA keeps records on:

1. Training
2. Fit Testing
3. Equipment Inspection
4. Medical Recommendations
5. Copies of previous WRITTEN PROGRAMS
6. Employee consultations
7. Program evaluations

DEFINITIONS

Respirator: A device designed to protect the wearer from inhalation of hazardous atmospheres.

Air purifying respirator: A respirator that removes contaminants from the inhaled air stream. There are two major sub-categories of air purifying respirator systems: Mechanical filter type, used to remove particulates (dust, mists, fogs, smokes and fumes) and chemical cartridge type (absorption or adsorption or modification of gasses or vapors). Some respirators combine both types of systems.

IDLH: Immediately Dangerous to Life or Health. Conditions that can pose an immediate threat to life or health OR conditions that pose an immediate threat of severe exposure to contaminants such as carcinogens or neurotoxins which are likely to have adverse cumulative or delayed effects on health. All fumigant-confining structures shall be considered IDLH until proven safe by appropriate monitoring equipment.

Atmosphere-supplying respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

Confidential reader: A person chosen by an employee required to wear a respirator to read him/her the Medical Evaluation Questionnaire required under 3 CCR Section 6739 in a language primarily understood by the employee. This includes, but is not limited to, a co-worker, family member, friend, or an independent translator provided by the employer. The employer or the employer's direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.

Filter or air purifying element: A component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering face-piece (dust mask): A negative pressure particulate respirator with a filter as an integral part of the face-piece or with the entire face-piece composed of the filtering medium.

Physician or other licensed health care professional (PLHCP): An individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulations. This can include Physicians, (including Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners and Occupational Health Nurses.

Qualitative fit test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respirator program administrator: A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program, and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to, reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI Z88.2), or the U.S. Department of Labor’s “Small Entity Compliance Guide for the Revised Respiratory Protection Standard”; or taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer’s authorized representative; or is an American Board of Industrial Hygiene Certified Industrial Hygienist.

RESPIRATOR SELECTION

Only respiratory protective equipment approved by NIOSH (National Institute for Occupational Safety and Health) will be used. The equipment must be approved for the specific hazard. Pesticide product labels must be consulted first to determine the correct respirator for protection against the specific hazard. Regulatory requirements or permit conditions may also specify the appropriate respiratory protection. Absent label directions, or other regulatory guidance, selection of respiratory protective equipment should be made according to guidance from the Department of Pesticide Regulation (Worker Health and Safety Branch), the Department of Industrial Relations (Cal/OSHA), the safety equipment manufacturer/provider, or other appropriate sources.

The respirators assigned to employees’ of _____ are the following: (An assignment list of employees and their respirators should have the following general format and shall be worksite specific)

Employee Respirator Assignment Roster for _____

<u>Employee</u> (name)	<u>Respirator/Size</u>	<u>Type</u> (N95/R95)	<u>Activity</u> (apply,mix, load)	<u>Pesticide Hazard</u> (Danger, Warning, Caution)

For entry into unknown atmospheres or atmospheres at or above the IDLH concentration, only SCBA type or supplied air type equipped with escape bottle shall be used.

INSTRUCTION AND TRAINING

Training will be given to all employees who may be required to wear respiratory protective equipment. Written records will be kept of the names of the persons trained and the dates the training occurred. These records will be maintained by the RPA and available for inspection by authorized personnel.

Employees who are required to use respirators must be trained such that they can demonstrate knowledge of at least:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect
- Limitations and capabilities of the respirator
- Effective use in emergency situations
- How to inspect, put on and remove, use and check the seals
- Maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use

Practice demonstrations will include:

1. Inspecting, donning, wearing and removing the respirator
2. Adjusting the respirator to minimize discomfort to the wearer
3. Wearing during training for an adequate period of time to ensure that the wearer is familiar with the operational characteristics of the respirator

Each respirator user will be retrained at least annually. Record of training will be kept by the RPA. (*Appendix One*)

CLEANING, SANITIZING AND STORAGE

(Policy on cleaning, sanitizing and storage of respirators can be either or both of the following)

Individual respirator users are responsible for cleaning their own respirators. Respirators will be cleaned when appropriate. Cleaning will be done following manufacturer's recommendations as described in Attachment # _____. Single-use respirators will be properly disposed according to company policy as described in Attachment # _____

(And/Or)

After using a respirator, the individual employee is responsible for returning the respirator to central supply for cleaning. Cleaning will be done following manufacturer's recommendations as described in Attachment # _____. Single-use respirators will be properly disposed according to company policy as described in Attachment# _____. Respirators that may be re-issued to different employees shall also be sanitized with the appropriate sanitizing agent. Information on proper sanitizers is available from the respirator manufacturer, respirator distributor or DPR.

After cleaning (and, in required, sanitizing), respirators will be stored in disposable, re-sealable plastic bags. Respirators and their filters/cartridges will be stored so that they are protected from sunlight, dust, chemical contamination, moisture, and temperature extremes.

MAINTENANCE, INSPECTION AND REPAIR

(Policy on maintenance, inspection and repair of respirators can be either or both of the following)

Individual respirator users are directed to perform routine maintenance and inspection of respirators issued to them. The respirator user is directed to identify and deliver to the RPA any respirator in need of repair/replacement. Damaged or defective respirators will be properly disposed according to company policy as described in Attachment # _____ (or inserted here). The RPA will also make (Circle one: **DAILY OR WEEKLY OR MONTHLY**) inspections of the respirators. For SCBA type, there will be a minimum inspection period of one month. Respirator inspections will cover the following items:

(And/Or)

Central supply is responsible for the routine maintenance and inspection of respirators. Damaged or defective respirators will be properly disposed according to company policy described in Attachment# _____ (or inserted here). The program administrator will make Circle one: (**DAILY OR WEEKLY OR MONTHLY**) inspections of the respirators and service procedures to ensure that equipment is properly maintained. For SCBA type, there will be a minimum inspection period of one month. Respirator inspections will cover the following items:

1. General conditions of mask, straps, valves, air hoses (no cracks, tears, holes, deformations, loss of elasticity).
2. Filter elements (proper filter or cartridge), air tanks (full tanks), regulators, low-pressure warning device.
3. Hose clamps, gaskets (in place and properly seated)
4. Mask cleanliness (no debris, especially on sealing surfaces)
5. *Any other items deemed necessary by* _____.

The RPA or their designate may repair air purifying type respirators if they have been trained or are otherwise proficient in the proper procedure. Factory-certified personnel must do all repairs to supplied-air respirators. SCBA tanks shall be refilled with Grade D air or better by **NAME OF TANK REFILLING COMPANY**. A Certificate of Analysis shall be annually obtained from this company and held in file. Hydrostatic testing of SCBA air tanks will be performed according to manufacturers' or **NAME OF TANK REFILLING COMPANY** recommendations.

MEDICAL EVALUATION

Each employee of _____ who may be required to routinely wear respiratory protective equipment will be required to either complete a Medical Evaluation Questionnaire, found in Appendix 2 of the WRITTEN PROGRAM (also found in 3 CCR Section 6739(q)) or undergo a medical examination by a physician or other licensed health care professional (PLHCP). The medical examination will obtain the same information as the Medical Evaluation Questionnaire. The questionnaire will be completed confidentially by the employee and mailed to the PHLCP. Management may not read the completed questionnaire or assist the employee in filling out the

questionnaire. If the employee cannot read the questionnaire, the employee may ask a family member or non-management co-worker for assistance, or the RPA may contract an independent translator for the worker.

The PLHCP contracted by, _____ is, _____
(include address)

The employer will provide the PLHCP with the following information to assist in evaluation the questionnaire:

- ✓ Type of respirator (Filtering face-piece, half-face, full-face, SCBA, etc.)
- ✓ Weight of respirator
- ✓ Duration/Frequency of use
- ✓ Expect physical effort (medium to heavy)
- ✓ Temperature/Humidity extremes
- ✓ Copy of this Respiratory Protection Program
- ✓ Copy of 3 CCR, Section 6739 (from CDPR internet site)

On evaluation of the employee's completed Medical Evaluation Questionnaire, the PLHCP shall send the employer a copy of the Medical Recommendation Form (Appendix Three) or similar information. A copy of the recommendation will also be provided to the employee. The RPA will retain the recommendation of the PLHCP for any employee that receives a medical evaluation.

If _____ changes its PLHCP, the RPA shall ensure that the new PLHCP obtains the necessary information by having the documents transferred from the former PLHCP to the new PLHCP.

Subsequent medical evaluations will be performed if any of the following trigger indicators are met:

- Worker reports medical signs or symptoms related to the ability to use a respirator.
- PLHCP, supervisor, or RPA informs the employer that a worker needs to be reevaluated.
- Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need.
- Change occurs in workplace conditions that may substantially increase the physiological burden on a worker.

USE LIMITATIONS

Respirators shall not be worn when conditions prevent a good gas-tight fit.

Prescription lenses, if needed for a full-face respirator, will be mounted within the face mask using manufacturer authorized mounting equipment.

Employees with facial hair (heavy stubble, drooping mustache, long sideburns, beards) that prevent a gas-tight seal shall not wear respiratory protective equipment that requires a tight face to face-piece seal for proper operation. Other types of non-face-sealing respirators, if adequate for mitigating the hazards, may be chosen.

Cartridges, filters and filtering face-pieces will be discarded daily, absent other information on the end-of-service-life indication from the respiratory protection equipment manufacturer or specific end-of-service-life information on the pesticide label.

Air-purifying respirators shall not be worn when an oxygen-deficient atmosphere (less than 19.5% oxygen) is known or suspected, or in environments where high concentrations of air contaminant may be present. Company sites that may develop oxygen-deficiency or high concentrations of hazardous air contaminant include: (list all worksites that may have these conditions).

RESPIRATOR FIT TESTING AND USER SEAL-CHECK PROCEDURES FOR RESPIRATORS REQUIRING A FACE TO FACE-PIECE SEAL

- 1. Qualitative Fit Testing**
- 2. Quantitative Fit Testing**
- 3. Positive/Negative Pressure User Seal-Check**

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the respirator or filters, the respirator should be rejected.

As required by 3 CCR Section 6739(e)(4), all fit testing is done in accordance with the requirements found in Department of Industrial Relations Title 8 CCR Section 5144, Appendix A.

Qualitative Fit Testing: The following protocols are cited in regulation 3 CCR Section 6739(e)(4) as authorized to fit test respirators:

For testing against organic vapors cartridges:
Iso-amyl acetate test (“Bananna oil”)

For testing against particulate filters:
Saccharin test
Bitrex[®] test
Irritant smoke test

_____ uses the _____ protocol(s) when conducting qualitative fit-tests. (1,2, or 3)

Quantitative Fit Testing: The following protocols are cited in regulation 3 CCR, Section 6739(e)(4) as authorized to fit test respirators:

Generated Aerosol (corn oil, salt, DEHP)
Condensation Nuclei Counter (PortaCount)
Controlled Negative Pressure (Dynatech Fit Tester 3000)

_____ uses the _____ protocol(s) when conducting quantitative fit-tests (1,2,or 3)

Positive Pressure User Seal-Check: This test will be conducted by blocking the exhalation valve with the palm of the hand to prevent air escaping from the mask. Do not press so hard on the exhalation valve that the mask is moved from its proper face-fit position. A slight positive pressure is then created in the mask by gently exhaling until the face-piece starts to pull away from the face. If the mask does not “balloon” up or otherwise pull away, there may be a leak in the mask or in the face seal. However, if there is neither loss of pressure nor outward leakage of air, the wearer and the respirator have passed the positive pressure fit-check.

Negative Pressure User Seal-Check: This test will be conducted by blocking the air purifying element(s) with either the palm of each hand or covering it with a plastic wrap. A negative pressure will be created inside the face-piece by gently inhaling and holding the breath for several seconds. The mask should collapse against the face and remain in that position during the test. If the mask does not collapse or otherwise tighten against the face, there may be a leak in the mask or in the face seal. If there is no loss of vacuum or inward movement of air, the wearer and the respirator have passed the negative pressure fit-check.

Caution!

The positive/negative pressure user seal-checks are not considered “fit-testing”. A qualitative or quantitative fit test must be performed before a respirator can be assigned to a worker. Persons with facial hair that interferes with the sealing surfaces of the respirator will be recorded as unsatisfactory for respirator use without further testing.