

COCHISE COUNTY

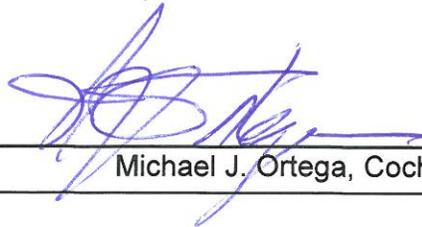
RESPIRATORY PROTECTION PROGRAM OSHA Regulation 29 CFR 1910.134

COCHISE COUNTY ADMINISTRATIVE PROCEDURE

RESPIRATORY PROTECTION PROGRAM

Effective Date: 4/12/11

Revision Date: _____



Michael J. Ortega, Cochise County Administrator

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PURPOSE

Cochise County has determined that County employees and some contracted employees have the potential to be exposed to respiratory hazards during routine and non-routine tasks. The purpose of this program is to ensure that those County employees are protected from exposure to respiratory hazards, and to establish respiratory protection procedures to which contracted employees must adhere. This written program is in accordance with the Occupational Safety and Health (OSHA) Respiratory Protection standard 29 CFR 1910.134.

Engineering controls, such as ventilation and substitution of less toxic materials are the first line of defense against exposure to respiratory hazards. However, engineering or even work practice controls may not always be feasible or completely effective for some of our tasks; in these situations, respiratory protection is used.

SCOPE AND APPLICATION

This program applies to all County employees and contracted employees who are required to wear respirators during normal work operations and during certain non-routine tasks. Appendix G contains listings of the applicable Cochise County work areas and respiratory protection requirements under this program. County employees participating in a required respiratory protection program do so at no cost to themselves. The expense associated with medical evaluations, training, and respiratory protection equipment for County employees will be borne by Cochise County. Program expenses for contracted employees are paid by the contractor.

Employees who voluntarily choose to use a filtering face piece respirator during tasks that do not require respiratory protection are excluded from the requirements of this program; however, the limitations of filtering face pieces must be communicated to the employee, including the information in Appendix D *Voluntary Use of Non-Required Respirators*. If the use of the filtering face piece respirator will not jeopardize the health or safety of the employee, Cochise County may provide respirators for voluntary use. Any employee-provided respirator must be approved by the Departmental Program Coordinator.

RESPONSIBILITIES

Department Director / Elected Official

- Oversee the departmental respiratory protection program, ensuring that all program elements are fully implemented.
- Assign as Program Coordinator an employee(s) to be responsible for implementation of the respiratory protection program in that department. Provide the Program Coordinator with adequate time and resources to implement the requirements of this program.
- Enforce compliance with this written program, including appropriate disciplinary action for any County employee failing to follow the requirements.

Program Administrator (County Risk Mgmt Analyst)

- Establish the County's written Respiratory Protection Program and revise as necessary
- Coordinate an effective respiratory protection training program
- Function as a resource for Program Coordinators on respiratory protection topics
- Annually evaluate the effectiveness of the written program

Departmental Program Coordinator (Program Coordinator)

- Develop respiratory hazard evaluations for tasks requiring respirator use (Appendix G)
- Conduct baseline and periodic air monitoring to evaluate the level of employee exposure and appropriate respirator selection
- Coordinate initial medical evaluations prior to training or wearing any respirator;
- Coordinate follow-up medical evaluations and/or medical examinations based upon:
 - a. Certain positive responses to the medical questionnaire (Appendix B),
 - b. When an initial medical evaluation indicates the need, or
 - c. Changes in the employee's medical health demonstrate the need for continuing medical monitoring regarding their ability to wear a respirator;
- Coordinate training for employees required to wear respirators and respirator fit testing;
- Select and authorize departmental purchases of appropriate respiratory equipment;
- Perform and document periodic audits of respirator use, maintenance, and storage.
- Maintain documentation of hazard evaluations, medical clearances, fit-testing, employee training, and respirator selections
- Annually evaluate the program with the Program Administrator

Supervisors and Lead Staff

Supervisors and lead staff are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, they must also ensure that the program is followed by the employees under their charge:

- Ensure that supervised employees (including new hires) receive appropriate training, fit testing, and medical evaluation coordinated by the Program Coordinator.
- Ensure the availability of appropriate respirators and accessories.
- Be aware of tasks requiring the use of respiratory protection.
- Continually monitor work areas and tasks to identify changes in respiratory hazards.
- Enforce the proper use of respiratory protection when necessary.
- Report to the Program Coordinator any medical conditions, signs or symptoms observed in employees that may be related to their ability to use a respirator.

Employees

- Use only County-approved respirators; heed respirator instructions and training.
- Care for and maintain respirators as instructed and store them in a sanitary manner.
- Report any respirator malfunctions to the Supervisor or the Program Coordinator;
- Immediately report to the Supervisor or the Program Coordinator any medical conditions, signs or symptoms that may be related to ability to use a respirator;
- Complete the Employee's Disclosure of Respiratory Health (Appendix A) prior to annual respirator fit-testing.

EDUCATION AND TRAINING

Employees required to wear respirators and supervisors required to oversee the work activities of employees required to wear respirators shall be annually trained on the following:

- Cochise County's Respiratory Protection Program;
- OSHA's Respiratory Protection standard 29 CFR 1910.134;
- Respiratory hazards encountered and the consequences of improper respirator use;
- Engineering and administrative control measures;
- Respirator selection process;
- Capabilities and limitations of the respirator;

- Methods of donning/wearing the respirator and checking its fit and operation;
- Respirator inspection, maintenance, cleaning, and storage;
- Recognition of and response to respiratory emergencies.

Employees must demonstrate their understanding of the training through hands-on exercises. Documentation of respirator training will include the type, model, and size of respirator for which each employee has been trained and fit-tested. Retraining will occur if the Program Coordinator determines that an employee has not retained or demonstrated the knowledge, understanding, or skill level required by the County's program.

Employees will be provided respirator training prior to using a respirator in the workplace. Employees will be re-trained annually and more often as needed (e.g., if they change area/location/position and need to use a different respirator).

MEDICAL DETERMINATION

Medical Evaluation

Employees voluntarily using filtering face piece respirators are exempt from the requirements of the medical evaluation program.

Employees who are required to wear respirators or who choose to wear an air-purifying respirator (APR) voluntarily, must pass a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a licensed health care professional (LHCP) has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

Medical Questionnaire Administration

An employee assigned to tasks requiring the use of respirators will be required to complete the Medical Evaluation Questionnaire (Appendix B). The Program Coordinator will give the employee a copy of the blank questionnaire and will have the employee complete the form confidentially and during working hours at a location convenient to the employee. The employee will hand-carry the completed questionnaire to his/her appointment with the LHCP. All records from medical evaluations, including completed questionnaires, will remain confidential between the employee and the LHCP.

Information Provided to the LHCP

The Program Coordinator will give the LHCP the following information prior to the evaluation:

- A copy of the completed Employer Authorization for Respiratory Evaluation (Appendix C),
- A copy of the LHCP Written Statement for Employee Respirator Use form (Appendix E),
- A copy of this written respiratory protection program

Licensed Health Care Professional (LHCP) Written Recommendation

The LHCP will send the Program Coordinator a written recommendation (Appendix E) regarding the employee's medical ability to wear a respirator, to include only:

- Any limitations on respirator use related to the employee's medical condition or the workplace conditions in which the respirator will be used, including whether the employee is medically able to use the respirator;
- The need, if any, for follow-up medical evaluations; and
- Verification that the LHCP gave the employee a copy of the LHCP written recommendation.

Information concerning diagnosis, test results, or other confidential medical information will not be disclosed to Cochise County.

Additional medical evaluations may be performed any time an employee's physiological status or work conditions/requirements change.

RESPIRATOR SELECTION

Hazard Analysis

Respirator selection shall be based on the following:

- Type of work being done;
- Respiratory hazard;
- Location of worksite;
- Duration of tasks requiring respiratory protection;
- The activities of workers in the hazardous area;
- Physical and functional capabilities of respirators; and
- Respiratory protection factors.

Questions to utilize in determining the respiratory hazard include:

- What is the oxygen concentration?
- What contaminant may be present in the workplace?
- What is the exposure limit or toxicity of the contaminant? (i.e. OSHA - Permissible Exposure Limit, ACGIH - Threshold Limit Value, NIOSH - Relative Exposure Limit, etc.)
- Does a comprehensive standard exist for the contaminant? (i.e. lead, asbestos, etc.)
- What is the concentration of contaminants?
- What are the physical characteristics of the contaminant? (i.e. particle size, vapor pressure, boiling point, specific gravity).
- Can the contaminant be absorbed through the skin, produce skin sensitization or be corrosive to the skin or eyes?
- Does the contaminant have a known odor, taste or irritation effect?

Respirators are specifically designed to protect against specific air contaminants. Different respirators protect against different contaminants. Use of an improper respirator may reduce or eliminate the intended protection. Injury or illness may result from the use of an improperly chosen respirator.

Cochise County has selected respirators which provide protection for their intended use; all of these respirators have been approved by the National Institute for Occupational Safety and Health (NIOSH) and/or the Mine Safety and Health Administration (MSHA).

Cochise County will periodically conduct air monitoring of the tasks requiring use of respiratory protection and specific changes may be implemented dependent on the air monitoring results.

Assigned Protection Factors (APFs)

Employers must use the assigned protection factors listed in Appendix H to select a respirator that meets or exceeds the required level of employee protection. When using a combination of respirators, employers must ensure that the assigned protection factor is appropriate to the mode of operation in which the respirator is being used.

Cartridge Selection and End-of-Service-Life Indicator

For protection against gases and vapors, the department shall provide either an atmosphere-supplying respirator or an air-purifying respirator, provided that: the respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant. All filters, cartridges and canisters are labeled and color-coded with a NIOSH-approved label and that label will not be removed and will remain legible.

If there is no ESLI appropriate for conditions in the department workplace, the department shall implement a change schedule that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. Employees may also replace cartridges whenever the user can detect vapor or gas breakthrough (by odor, taste, and/or irritation effects) or when a change in breathing resistance or leakage of the facepiece is detected.

Employees voluntarily wearing disposable N95 respirators for protection against wood dust and other particulates shall change the respirator out when they first experience breathing resistance while wearing their masks.

Based on discussions with our insurance carrier and evaluation of Cochise County workplace exposure conditions, employees voluntarily wearing APRs with organic vapor cartridges shall change the cartridges on their respirators at the end of each month to ensure the continued effectiveness of the respirators.

FIT TESTING PROCEDURES

Fit testing will be required for all respirators with a tight-fitting facepiece. Fit testing will be performed in accordance with OSHA 1910.134 Appendix A, and

- After an employee has completed a medical evaluation and prior to being allowed to wear any respirator with a tight fitting facepiece in the work environment.
- Whenever a different respirator facepiece is used.
- At least annually thereafter.
- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.)

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.

Employees who voluntarily use air-purifying respirators are not required to be fit-tested.

Respirator fit testing and training will be documented in Appendix F.

The Program Coordinator will arrange for the fit testing. It has been determined that employee exposures will not exceed airborne concentrations in excess of 10 times the Permissible Exposure Limit (PEL), therefore, qualitative fit tests can be conducted on all negative pressure respirators. If conditions affecting respirator use change, the Program Coordinator will evaluate on a case-by-case basis whether a quantified fit test is required.

The pass/fail qualitative fit test protocols (Part B of Appendix A of the Respiratory Protection Standard) used at Cochise County are the irritant smoke and Bitrex protocols.

While a fit test is in progress, the respirator must not be adjusted. Employees will perform fit test exercises in the test environment while wearing other safety equipment that will be worn during actual respirator use that could interfere with respirator fit. If the employee exhibits breathing difficulty during the fit test, the employee will be referred to the LHCP to determine whether a respirator can be worn while performing working.

RESPIRATOR ASSIGNMENT AND MAINTENANCE

Assignment

Only those employees who have been medically qualified, received training, and have been fit tested will be allowed to wear respirators. Employees will only receive the type of respirator for which they qualify (i.e., trained and fit tested).

Respirators shall **NOT** be worn if facial hair contacts any portion of the face piece. Beards, long sideburns, or long mustaches will not be worn by respirator users.

Cleaning and Disinfecting

Employees must clean and disinfect respirators issued for their exclusive use as often as necessary to be maintained in a sanitary condition. Respirators used by more than one employee will be cleaned and disinfected prior to being used by a different individual.

Respirators used in fit testing/training will be cleaned and disinfected after each use. During fit-tests, disinfectant wipes can be used between respirator wearers to minimize the risk for spreading cold, influenza or other respiratory illness. **Note:** *The person cleaning respirators with disinfectant wipes must be trained.* At the end of the day, each respirator will be completely disassembled and cleaned by immersion.

Inspection

Respirators will be inspected before each use and during cleaning. Inspections include a check of respirator function, tightness of connections, and the condition of the various parts including but not limited to: facepiece, head straps, valves, connecting tube, and cartridges, canisters, or filters. Elastomeric parts must be evaluated for pliability and signs of deterioration.

Storage

Respirators will be stored so that they are protected against damage, contamination, dust, sunlight, temperature extremes, excessive moisture, and damaging chemicals. The facepiece and exhalation valve will be stored in a manner that prevents deformation. Each respirator should be positioned so that it retains its natural configuration.

Repair

The Program Coordinator will ensure that respirators which fail to pass inspection or are otherwise found to be defective are removed from service and repaired or adjusted properly. If a respirator cannot be repaired or adjusted, it will be discarded.

Only NIOSH-approved manufacturer's replacement parts designed for that respirator will be used and repairs will be made in accordance with the manufacturer's recommendations and specifications regarding the type and extent of repairs to be performed.

PROGRAM EVALUATION

The Program Coordinators will conduct periodic evaluations of the respirator program to ensure that it is effectively protecting the employees' health. The evaluation will include a survey of

employee complaints, suggestions, and periodic air monitoring to evaluate the effectiveness of controls and current work practices. The Program Administrator will annually review the program and implement revisions as indicated.

RECORDKEEPING

The Program Coordinator will retain a copy of the LHCP's written recommendation for each employee subject to medical evaluation. Each employee's completed medical questionnaire, results of relevant medical tests, examinations, and diagnosis, etc., will be maintained by the LHCP for a period of 30 years.

The Program Coordinator will retain fit test records for respirator users until the next fit test is administered. These records consist of:

- Name or identification of the employee tested;
- Type of fit test performed (QLFT, QNFT – irritant smoke, Bitrex™, CNP, etc.);
- Make, model, and size of the respirator fitted;
- Date of the fit test;
- Pass/fail results if a QLFT is used; or
- Fit factor and strip chart recording or other record of the test results if quantitative fit Testing (QNFT) was performed.

The form in Appendix F will be used to document employee fit testing and training. The Program Coordinator will retain employee training records that include the names of employees trained and the dates when training was conducted.

The Program Administrator and each Program Coordinator will keep a copy of the current Cochise County's written respiratory protection program available for employee review. All written materials required to be maintained under the recordkeeping requirements will be made available, upon request to the Program Coordinator, to the employee who is the subject of the records.

**APPENDIX A
EMPLOYEE DISCLOSURE OF RESPIRATORY HEALTH**

Cochise County shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is initially fit tested or required to use the respirator in the workplace.

The County shall provide additional employee medical evaluations for respirator use when an employee voluntarily discloses a medical condition occurring within the past calendar year since the previous respirator fit test.

Wearing a respirator of any type is physically demanding. To ensure that employees are physically able to work under the demands of respiratory protection, employees are encouraged to report changes in their respiratory health since a previous respirator fit-test that may affect their ability to wear a respirator. Those health changes include, but are not limited to:

- Change in cardiac health or development of a cardiac related condition;
- Development of a disease affecting the respiratory system;
- Viral infection of the respiratory system;
- Bacterial infection of the respiratory system;
- Fungal infection of the respiratory system;
- Surgery involving the heart, respiratory or circulatory systems;
- An invasive injury to the respiratory system, including fractures to the ribs or sternum.

I have read the Employee Disclosure of Respiratory Health and have not experienced any changes to my health during the previous year that will affect my ability to wear a respirator.

I have read the Employee Disclosure of Respiratory Health and have or may have experienced a change in my health during the past year. I request a formal medical evaluation prior to respirator fit-testing.

Employee Printed Name

Employee Signature

Employee #

Date

**APPENDIX B
MEDICAL QUESTIONNAIRE**

To the County Program Coordinator: Affirmative answers to any of the questions in Section 1 of Part A and to question 9 in Section 2 of Part A do not require a medical examination.

To the employee: Can you read? (circle one): Yes / No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

To the Physician or Other Licensed Health Care Professional (LHCP): Review Sections 1 and 2 of Part A. For affirmative answers to any of the questions in Section 2, the employee needs to be considered for a follow-up examination (if the questionnaire was administered without an exam), or if administered with an exam, there needs to be particular emphasis on those areas in which the employee answered "YES". In either situation, the LHCP will complete and provide the "LHCP's Written Statement" to both the employee and employer within 2 working days.

PLEASE PRINT

PART A SECTION 1 (MANDATORY)

Information required of every employee who has been selected to use any type of respirator.

Name: _____ Date: _____

Job Title: _____ Age: _____ Height: _____ ft. _____ in.

Department _____ Sex: _____ Weight: _____ lbs.

Phone # where you can be reached by the LHCP who will review this questionnaire (____) _____

The best time to phone you at this number is: _____ am _____ pm.

Has your employer told you how to contact the health care professional who will review this questionnaire?

Yes No

Check the type of respirator you will use (you can check more than one category):

N, R, or P disposable respirator (filter-mask, non-cartridge type only).

Other type (for example, half -or full-facepiece type, powered -air purifying, supplied-air, SCBA.

Have you worn a respirator? Yes No

If "Yes" what types _____

PART A SECTION 2 (MANDATORY)

Information required of every employee who has been selected to use any type of respirator.

1. Yes No Do you currently smoke tobacco, or have you smoked tobacco in the last month?

2. Have you ever had any of the following conditions?

- Yes No a. Seizures (fits)
- Yes No b. Diabetes (sugar disease)
- Yes No c. Allergic reactions that interfere with your breathing
- Yes No d. Claustrophobia (fear of closed-in places)
- Yes No e. Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems?

- Yes No a. Asbestosis
- Yes No b. Asthma
- Yes No c. Chronic bronchitis
- Yes No d. Emphysema
- Yes No e. Pneumonia
- Yes No f. Tuberculosis
- Yes No g. Silicosis
- Yes No h. Pneumothorax (collapsed lung)
- Yes No i. Lung cancer
- Yes No j. Broken ribs
- Yes No k. Any chest injuries or surgeries
- Yes No l. Any other lung problem that you've been told about

4. Do you currently have any of the following symptoms of pulmonary or lung disease?

- Yes No a. Shortness of breath
- Yes No b. Shortness of breath when walking on level ground or walking up a slight hill or incline
- Yes No c. Shortness of breath when walking with others at an ordinary pace on level ground
- Yes No d. Have to stop for breath when walking at your own pace on level ground
- Yes No e. Shortness of breath when washing or dressing yourself
- Yes No f. Shortness of breath that interferes with your job
- Yes No g. Coughing that produces phlegm (thick sputum)
- Yes No h. Coughing that wakes you early in the morning
- Yes No i. Coughing that occurs mostly when you are lying down
- Yes No j. Coughing up blood in the last month
- Yes No k. Wheezing
- Yes No l. Wheezing that interferes with your job
- Yes No m. Chest pain when you breathe deeply
- Yes No n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

- Yes No a. Heart attack
- Yes No b. Stroke
- Yes No c. Angina
- Yes No d. Heart failure
- Yes No e. swelling in your legs or feet (not caused by walking)
- Yes No f. Heart arrhythmia
- Yes No g. High blood pressure
- Yes No h. Any other heart problem that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?
- Yes No a. Frequent pain or tightness in your chest
- Yes No b. Pain or tightness in your chest during physical activity
- Yes No c. Pain or tightness in your chest that interferes with your job
- Yes No d. In the past two years, have you noticed your heart skipping or missing a beat
- Yes No e. Heartburn or indigestion that is not related to eating
- Yes No f. Any other symptoms that you think might be related to heart or circulation problems
7. Do you currently take medication for any of the following problems?
- Yes No a. Breathing or lung problems
- Yes No b. Heart trouble
- Yes No c. Blood pressure
- Yes No d. Seizures (fits)
8. I have never used a respirator
If you've used a respirator, have you ever had any of the following problems?
- Yes No a. Eye irritation
- Yes No b. Skin allergies or rashes
- Yes No c. Anxiety
- Yes No d. General weakness or fatigue
- Yes No e. Any other problems that interferes with your use of a respirator
9. Yes No Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?
10. Yes No Have you ever lost vision in either eye (temporarily or permanently)
11. Do you currently have any of the following vision problems?
- Yes No a. Wear contact lenses
- Yes No b. Wear glasses
- Yes No c. Color blind
- Yes No d. Any other eye or vision problems
12. Yes No Have you ever had an injury to your ears, including a broken ear drum?
13. Do you currently have any of the following hearing problems?
- Yes No a. Difficulty hearing
- Yes No b. Wear a hearing aid
- Yes No c. Any other hearing or ear problem
14. Yes No Have you ever had a back injury?
15. Do you currently have any of the following musculoskeletal problems?
- Yes No a. Weakness in any of you arms, hands, legs, or feet
- Yes No b. Back pain
- Yes No c. Difficulty fully moving your arms and legs
- Yes No d. Pain or stiffness when you lean forward or backward at the waist
- Yes No e. Difficulty fully moving your head up or down
- Yes No f. Difficulty fully moving your head side to side
- Yes No g. Difficulty bending at your knees
- Yes No h. Difficulty squatting to the ground
- Yes No i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
- Yes No j. Any other muscle or skeletal problem that interferes with using a respirator.

PART B SECTION 1 (MANDATORY)

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents or airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes No
- b. Silica (e.g., in sandblasting): Yes No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No
- d. Beryllium: Yes No
- e. Aluminum: Yes No
- f. Coal (for example, mining): Yes No
- g. Iron: Yes No
- h. Tin: Yes No
- i. Dusty environments: Yes No
- j. Any other hazardous exposures: Yes No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes No

b. Canisters (for example, gas masks): Yes No

c. Cartridges: Yes No

11. How often are you expected to use the respirator(s)? Check "yes" or "no" for all that apply to you:

a. Escape only (no rescue): Yes No

b. Emergency rescue only: Yes No

c. Less than 5 hours *per week*: Yes No

d. Less than 2 hours *per day*: Yes No

e. 2 to 4 hours per day: Yes No

f. Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. *Heavy* (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder;

working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions: Yes No

16. Describe the work you'll be doing while you're using your respirator(s): _____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

Name of the second toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

Name of the third toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

**APPENDIX C
EMPLOYER AUTHORIZATION FOR RESPIRATORY EVALUATION**

COCHISE COUNTY DEPARTMENTAL PROGRAM COORDINATOR TO COMPLETE THIS PAGE

Employee Name: _____ SSN: _____ - _____ - _____
Home Address: _____ Job Title: _____
_____ Dept: _____

Type of Respirator(s) To Be Used

- | | | |
|--|--|--|
| <input type="checkbox"/> Air-purifying (non-powered) | <input type="checkbox"/> Air-purifying (powered) | <input type="checkbox"/> Dust Mask |
| <input type="checkbox"/> Atmosphere supplying respirator | <input type="checkbox"/> Combination air-line and SCBA | <input type="checkbox"/> Open Circuit SCBA |
| <input type="checkbox"/> Supplied-air respirator | <input type="checkbox"/> Continuous-flow respirator | <input type="checkbox"/> Closed Circuit SCBA |
| <input type="checkbox"/> 1/2 facepiece with canisters | <input type="checkbox"/> Full facepiece with canisters | |

Make: _____ Model: _____ Cartridge: _____ Filter: _____

Extent of Usage

- Daily _____ total hours
- Occasional – less than 3 times/week: _____ total hours
- Rare or emergency use only:

Expected Physical Effort Required

- Light Moderate Heavy

Exposure to Hazardous Materials

- Arsenic Benzene Asbestos Cadmium Formaldehyde Dust
- Textiles Lead Chromium Formaldehyde Methylene Chloride
- Others: _____

Special Work Conditions: (Check ALL that apply when wearing respirator)

- Heights Enclosed Places Protective Clothing
- Temperature Extremes Mostly Cold Mostly Hot
- Other: _____

Questionnaire will be: HAND CARRIED MAILED OTHER to the medical provider

EVALUATION AUTHORIZED BY:

Signature of Employer Representative

Date

**APPENDIX D
VOLUNTARY USE OF NON-REQUIRED RESPIRATORS**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard:

- 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.*
- 2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It tells you what the respirator is designed for and how much it will protect you.*
- 3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.*
- 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.*

In addition, voluntary N95 disposable respirator users should understand the following:

- Dispose of the respirator after each use.*
- Talking while wearing a respirator may limit its effectiveness.*
- Use of an N95 type disposable respirator will limit exposure to non-oily particulate hazardous substances but can not guarantee exposure prevention.*
- Contact the Program Administrator (432-9720) or your Program Coordinator prior to using a respirator if you have any questions.*

I, _____, hereby agree that I have received, read, understood and had an opportunity to ask questions about Cochise County's Respiratory Protection Program.

Employee Printed Name

Employee Signature

Employee #

Date

**APPENDIX E
LHCP WRITTEN STATEMENT FOR EMPLOYEE RESPIRATOR USE**

PHYSICIAN TO COMPLETE THIS PAGE

Cochise County Employee Name: _____

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, except that supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.

Based upon my findings, I have determined that this employee (Check ALL that apply)

Must schedule a medical examination with _____ prior to respirator approval and usage.

No Restrictions on Respirator Use

Some Specific Use Restrictions

To be used for Emergency Response or Escape Only

Other: _____

Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. ²

Fit Test Required

Fit Test Performed Satisfactorily

Fit Test Performed Unfavorably

Fit Test NOT Performed at: _____

Special prescription eyewear needed to accommodate respirator

Special prescription eyewear NOT needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

¹Physician or other Licensed Healthcare Professional

²Employee must seek further medical evaluation by a private physician who must submit a report of findings to _____

(Check ALL that apply)

The above individual **HAS** been examined by me for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual **HAS NOT** been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's Name (Printed)

Date of Exam

Exam Expiration Date

**APPENDIX F
RESPIRATOR FIT / TRAINING DOCUMENTATION**

Name: _____ Date: _____ Dept.: _____

Initial Training Annual Fit Test New Respirator

View DVD _____ Next Medical Eval Due: _____

DISCUSS:

- Medical Evaluation Annual Fit Test Disclosure of Respiratory Health
- Atmosphere-supplying vs. Removal Air-Filtering vs Air-Purifying
- Cartridge/Filter Life NIOSH Filter Ratings Inspection/Repair
- Cleaning/Storage Donning/Doffing Leak Check

Specific hazards (Asbestos, Coal Dust, Hantavirus, Mercury, Paint or Welding Fumes, etc.)
Type of respirator to be used: (Negative Pressure & Cartridge Type, PAPR, SCBA. etc.)

HAZARD	RESPIRATOR

Fitting date (if other than training date): _____

MAKE	MODEL	SIZE	METHOD

Able to Fit: Yes No If No, why? _____

Trainer/Fitter Name: _____

I have received the proper training on the Cochise County Respirator Program.

Employee Signature: _____

**APPENDIX G
DEPARTMENTAL HAZARD EVALUATIONS AND SELECTED RESPIRATORS**

HEAVY FLEET MANAGEMENT

Program Coord: Gayland Davis

VOLUNTARY RESPIRATOR USE

Area/Task: Inspect underside of pit walking floor/compactor at Solid Waste transfer stations.
 Hazards: Respirable dust from wood, concrete, sheetrock, and asbestos; fine soil; fungi/mold.
 Air testing confirmed that values are below OSHA PELs.
 Respirator: N95 particulate respirator

Area/Task: Painting /adhesive operations at HFM shops & remote locations (on-site repairs)
 Hazards: Organic vapors and mists are adequately mitigated by exhaust fans.
 Respirator: P95 respirator

REQUIRED RESPIRATOR USE (County Employees)

Area/Task: Automotive Spray Painting at HFM shops *
 Hazards: Organic vapors, mists.
 Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

REQUIRED RESPIRATOR USE (Contracted Employees Only)

This task is permit-required confined space entry, subject to the County Confined Space Program.
 Area/Task: Welding inside of water truck tanks.
 Hazards: Respirable metal particles (rust); welding fumes.
 Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

HFM Dept. Employees in Respiratory Protection Program:

Employee	Air-Purifying Respirator / Size	Disposable Respirator
Mike Townsley*	Medium/Large	N/A

=====

LIGHT FLEET MANAGEMENT

Program Coord: Ruben Miranda

VOLUNTARY RESPIRATOR USE

Area/Task: Welding hitches, tow bars, cages in Fleet shops.
 MIG and oxy/acetylene welding, plasma cutter.
 Hazards: Welding fumes are adequately mitigated by exhaust fans.
 Respirator: N95 welding respirator

Area/Task: Spray painting small parts with spray can at Fleet shops.
 Hazards: Organic vapors and mists are adequately mitigated by exhaust fans.
 Respirator: P95 respirator

Light Fleet Dept. Employees in Respiratory Protection Program: NONE

=====

SOLID WASTE MANAGEMENT

Program Coord: Marty Haverty

VOLUNTARY RESPIRATOR USE

Area/Task: Moving refuse from concrete floor into pit; sorting through refuse for recycables at Solid Waste transfer stations.

Hazards: Respirable dust from wood, concrete, sheetrock, and asbestos; fine soil; fungi/mold
Air testing confirmed that values are below OSHA PELs.

Respirator: N95 particulate respirator

Area/Task: Cleaning under walking floor and compactor at Solid Waste transfer stations.

Hazards: Organic and inorganic fine particulates associated with refuse operations.
Air testing confirmed that values are below OSHA PELs.

Respirator: N95 particulate respirator

REQUIRED RESPRATOR USE (Contracted Employees Only)

Area/Task: Welding under refuse pit walking floor at Solid Waste transfer stations.

Hazards: Welding fumes.

Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

Area/Task: Welding inside of compactor at Solid Waste transfer stations.

Hazards: Welding fumes.

Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

This task is permit-required confined space entry, subject to the County Confined Space Program.

Area/Task: Repair/replace sump pumps at Solid Waste transfer stations.

Hazards: Organic vapors and gasses.

Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

Solid Waste Management Dept. Employees in Respiratory Protection Program: NONE

FACILITIES MANAGEMENT

Program Coord: Darrell Jewett

VOLUNTARY RESPIRATOR USE

Area/Task: Repair refuse compactor at Solid Waste transfer stations.

Hazards: Respirable dust: from wood, concrete, sheetrock, and asbestos; fine soil; fungi/mold.
Air testing confirmed that values are below OSHA PELs.

Respirator: N95 particulate respirator.

REQUIRED RESPIRATOR USE (Contracted employees only)

This task is permit-required confined space entry, subject to the County Confined Space Program.

Area/Task: Repair sewage disposal unit at the Juvenile Detention Center.

Hazards: Organic vapors and gasses.

Respirator: ½ face piece APR with organic vapor cartridge and P100 filter.

Facilities Management Dept. Employees in Respiratory Protection Program: NONE

APPENDIX H ASSIGNED PROTECTION FACTORS

Assigned Protection Factors⁵

Type of respirator ^{1, 2}	Quarter mask	Half mask	Full facepiece	Helmet/hood	Loose-fitting facepiece
1. Air-Purifying Respirator	5	³ 10	50	.....	.....
2. Powered Air-Purifying Respirator (PAPR)	.....	50	1,000	⁴ 25/1,000	25
3. Supplied-Air Respirator (SAR) or Airline Respirator					
• Demand mode	.....	10	50	.....	.....
• Continuous flow mode	.....	50	1,000	⁴ 25/1,000	25
• Pressure-demand or other positive-pressure mode	.....	50	1,000	.....	.....
4. Self-Contained Breathing Apparatus (SCBA)					
• Demand mode	.....	10	50	50	.....
• Pressure-demand or other positive-pressure mode (e.g., open/closed circuit)	.....	.....	10,000	10,000	.....

Notes:

¹Employers may select respirators assigned for use in higher workplace concentrations of a hazardous substance for use at lower concentrations of that substance, or when required respirator use is independent of concentration.

²The assigned protection factors in Table 1 are only effective when the employer implements a continuing, effective respirator program as required by this section (29 CFR 1910.134), including training, fit testing, maintenance, and use requirements.

³This APF category includes filtering facepieces, and half masks with elastomeric facepieces.

⁴The employer must have evidence provided by the respirator manufacturer that testing of these respirators demonstrates performance at a level of protection of 1,000 or greater to receive an APF of 1,000. This level of performance can best be demonstrated by performing a WPF or SWPF study or equivalent testing. Absent such testing, all other PAPRs and SARs with helmets/hoods are to be treated as loose-fitting facepiece respirators, and receive an APF of 25.

⁵These APFs do not apply to respirators used solely for escape. For escape respirators used in association with specific substances covered by 29 CFR 1910 subpart Z, employers must refer to the appropriate substance-specific standards in that subpart. Escape respirators for other IDLH atmospheres are specified by 29 CFR 1910.134 (d)(2)(ii).