

A respiratory protection program for employees who choose to wear respirators

Contents

Scope and application	3
Program administrator responsibilities	3
Medical evaluation	3
Cleaning, maintenance, and storage	5
Cleaning	5
Maintenance.....	5
Air-supply respirator breathing-air quality	6
Respirator storage.....	6
Program review	7
Appendix D to §1910.134 – Information for employees using respirators when not required under the standard (mandatory)	8
Fill-in forms	9
Form 1: Respirators for voluntary use — determined through hazard assessments	9
Form 2: Medical release.....	10
Form 3: Medical evaluation questionnaire from 1910.134, Appendix C	11

Scope and application

This program applies to **[name of your company]** employees who choose to wear respirators supplied by the company or provided by employees. Voluntary use of respirators must not create a hazard for employees. The program administrator will authorize voluntary use of respirators on a case-by-case basis, depending on workplace conditions and medical evaluation results.

Any employee who voluntarily wears a respirator other than a dust mask is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program. Voluntary respiratory users are provided with the information contained in 1910.134 Appendix D, *Information for Employees Using Respirators When Not Required Under the Standard*.

Program administrator responsibilities

The respirator program administrator is responsible for overseeing the voluntary use of respiratory protection. The program administrator is **[name of the program administrator]**.

The program administrator has the following duties:

- Evaluate the workplace for respiratory hazards.
- Ensure that respirators for voluntary use are appropriate for the employee's job and respirator intended use and contaminant.
- Coordinate the medical surveillance program to ensure employees are medically able to use a respirator.
- Train employees on the proper maintenance and storage of respirators.
- Maintain the physician or other licensed health care professional (PLHCP) release to wear a respirator.
- Maintain employee acknowledgement of receiving Appendix D, *Information for Employees Using Respirators When Not Required Under the Standard*.

Medical evaluation

Employees who voluntarily choose to wear respirators must be physically able to perform work while wearing a respirator. Employees are not permitted to wear respirators until a PLHCP has determined that they are medically able to do so. Dust masks do not require a medical evaluation for voluntary use.

A PLHCP at **[address of the PLHCP]** will conduct medical evaluations.

- The medical evaluation will be conducted with the questionnaire in Appendix C, 1910.134. The program administrator will provide a copy of this questionnaire to each employee who requires a medical evaluation.
- The company will attempt to assist employees who are unable to read the questionnaire. When this is not possible, an employee will be sent directly to the PLHCP for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to complete and return to the PLHCP with a stamped, pre-addressed envelope. Employees will be permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by 1910.134 or **[name of the PLHCP]**.
- All employees will have the opportunity to speak to the PLHCP about their medical evaluation.
- The program administrator will provide **[name of the PLHCP]** with the following information:
 - A copy of this respiratory protection program and a copy of 1910.134.
 - Each employee’s name, work area, or job title.
 - The employee’s proposed respirator type and weight.
 - The length of time the employee wears the respirator.
 - The employee’s expected physical work load (light, moderate, or heavy), environmental potential temperature and humidity extremes, and a description of protective clothing the employee must wear

Additional medical evaluations will be provided under the following circumstances:

- The employee reports signs and/or symptoms related to his or her ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- The supervisor informs the program administrator that the employee needs to be re-evaluated.
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Information from medical evaluations and questionnaires is confidential and can be shared only between the employee and the PLHCP.

Cleaning, maintenance, and storage

Cleaning

Respirators must be regularly cleaned and disinfected at the respirator cleaning station [**identify location**]. Respirators must be cleaned as often as necessary to keep them sanitary.

The following procedure must be used for cleaning and disinfecting respirators:

1. Disassemble respirator. Remove filters, canisters, or cartridges.
2. Wash the facepiece and parts in warm water with mild detergent. Do not use organic solvents.
3. Rinse completely in clean warm water.
4. Wipe the respirator with disinfectant wipes.
5. Air-dry the respirator in a clean area.
6. Reassemble the respirator, inspect it, and replace defective parts.
7. Put the respirator in a clean, dry, plastic bag or other airtight container.

The program administrator will ensure an adequate supply of appropriate cleaning and disinfectant materials at the cleaning station. Employees should contact their supervisor or the program administrator when supplies are low.

Maintenance

Respirators must be properly maintained to ensure that they work properly. Maintenance involves a thorough visual inspection for cleanliness and defects. Replace defective, worn, or deteriorated respirator components using manufacturer parts.

Indicators that air-purifying particulate respirator filters, cartridge, or filtering facepiece needs to be replaced are an increase in breathing resistance; a contaminated cartridge surface; or a damaged filter.

Note to users of this program: Replacement indicators for air-purifying respirators for protection against gases and vapor are more complex because odor and irritation are not considered adequate warning properties. End-of-service-life indicators (ESLI) are available only for a limited number of chemicals. Change-out schedules must be developed to ensure that canisters and cartridges are replaced before chemical breakthrough occurs.

Air-supply respirator breathing-air quality

Note to user of this program: *If your employees voluntarily use supplied-air respirators, you must ensure that compressed air for air-supplying respirators meets at least the requirements for Grade D breathing air. This must be addressed in your written program.*

Use the following checklist to ensure proper respirator function:

Respirator inspection checklist	
Facepiece	<input type="checkbox"/> No cracks, tears, or holes
	<input type="checkbox"/> No facemask distortion
	<input type="checkbox"/> No cracked or loose lenses or face shield
Head straps	<input type="checkbox"/> No breaks or tears
	<input type="checkbox"/> No broken buckles
Valves	<input type="checkbox"/> No residue or dirt, cracks, or tears in valve material
Filters and cartridges	<input type="checkbox"/> NIOSH approved
	<input type="checkbox"/> Gaskets seat properly
	<input type="checkbox"/> No cracks or dents in housing
	<input type="checkbox"/> Proper cartridge for hazards
Air-supply systems	<input type="checkbox"/> Breathing-quality air in use (Grade D); meets requirement of ORS 1910.134(i)(5)-(7)
	<input type="checkbox"/> Supply hoses are in good condition
	<input type="checkbox"/> Hoses are properly connected
	<input type="checkbox"/> Settings on regulators and valves are correct

Respirator storage

Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations. Employees must clean and inspect their air-purifying respirators in accordance with the provisions of this program and store them in plastic bags in a clean area. Position respirators so that the facepiece and exhalation valves do not become distorted. Each employee must have his or her name on the bag and use it only to store the respirator.

The program administrator will store unused respirators and respirator components in their original manufacturer's packaging in **[identify storage location]**.

Program review

The program administrator will evaluate the voluntary-respirator program annually to ensure that it's adequate and that employee concerns regarding respiratory protection are addressed.

Review date:

Program administrator signature: _____

Appendix D to §1910.134 – Information for employees using respirators when not required under the standard (mandatory)

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.

You should do the following:

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 will tell 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 designed 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.

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Stat. Auth.: ORS 654.025(2) and 656.726(3).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 3-1998, f. 7/7/98, ef. 7/7/98.

Fill-in forms

Form 1: Respirators for voluntary use — determined through hazard assessments

Note: the first row below is an example.

Respirators for voluntary use at [name of your company]			
Respirator	Area affected	Employees affected	Hazard
Filtering facepiece-N95	Assembly	J. Morrison J. Jett	Ventilation controls on sanders are in place. Employee exposures are less than 2.5 mg/m ³ (8-hour time-weighted average (TWA). OR-OSHA PEL, 10 mg/m ³ . Respirators are not required, but dust masks are available for employee use.

Form 2: Medical release

Information provided to the physician

Employee name:

Date:

Job:

Work location:

Type and weight of respirator:

To be used under the following conditions:

- *Duration and frequency of use:*
- *Expected physical effort:*
- *Additional protective clothing and equipment:*
- *Environmental temperature and humidity extremes:*

Estimated frequency of cartridge/filter replacement:

Medical evaluation: physician release

Is employee medically able to use the respirator? Yes No

Identify any limitations on respirator use:

If a follow-up medical evaluation is required, date:

Employee has been given a copy of this recommendation. Yes No

Signature of physician

or other licensed health-care provider: _____

Date: _____

Form 3: Medical evaluation questionnaire from 1910.134, Appendix C

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

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

To obtain this form in Spanish, go to the CD's main page and see "Spanish-language resources."

Part A. Section 1. Mandatory

The following information must be provided by every employee who has been selected to use any type of respirator. (Please print.)

1. Today's date:
2. Your name:
3. Your age (*to nearest year*):
4. Sex (*check one*): Male Female
5. Your height: feet inches
6. Your weight: pounds
7. Your job title:
8. A phone number where you can be reached by the health-care professional who reviews this questionnaire (*Include area code*):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health-care professional who will review this questionnaire? (*Check one.*) Yes No
11. 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, self-contained breathing apparatus).
12. Have you worn a respirator? (*Check one.*) Yes No
If yes, what type(s):

Part A. Section 2. Mandatory

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (Check “yes” or “no.”)

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

- 2. Have you ever had any of the following conditions?
 - 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 Yes No

- 3. Have you ever had any of the following pulmonary or lung problems?
 - 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. Chest injuries or chest surgeries Yes No
 - l. Any other lung problem that you’ve been told about Yes No

- 4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath Yes No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline..... Yes No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground..... Yes No
 - d. Do you have to stop for breath when walking at your own pace on level ground..... Yes No
 - e. Do you have shortness of breath when washing or dressing yourself..... Yes No

- f. Do you have shortness of breath that interferes with your job..... Yes No
- g. Do you have coughing that produces phlegm (thick sputum) Yes No
- h. Do you have coughing that wakes you early in the morning Yes No
- i. Do you have coughing that occurs mostly when you are lying down..... Yes No
- j. Have you coughed up blood in the last month Yes No
- k. Do you wheeze Yes No
- l. Do you have wheezing that interferes with your job..... Yes No
- m. Do you have chest pain when you breathe deeply..... Yes No
- n. Do you have any other symptoms that you think
may be related to lung problems..... Yes No

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

- 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 (*heart beating irregularly*)..... Yes No
- g. High blood pressure Yes No
- h. Any other heart problem that you've been told about Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

- 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 may be related to
heart or circulation problems..... Yes No

7. Do you take medication for any of the following problems?
- a. Breathing or lung problems..... Yes No
 - b. Heart trouble Yes No
 - c. Blood pressure Yes No
 - d. Seizures (fits) Yes No
8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, go to question 9.)
- 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 problem that interferes with your use of a respirator Yes No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire..... Yes No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (*temporarily or permanently*)..... Yes No
11. Do you have any of the following vision problems?
- a. Wear contact lenses..... Yes No
 - b. Wear glasses Yes No
 - c. Color blind Yes No
 - d. Any other eye or vision problem Yes No
12. Have you ever had an injury to your ears, including a broken ear drum Yes No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing Yes No
 - b. Wear a hearing aid Yes No
 - c. Any other hearing or ear problem Yes No
14. Have you ever had a back injury Yes No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in your arms, hands, legs, or feet Yes No
 - b. Back pain Yes No

- c. Difficulty 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 pounds Yes No
- j. Any other muscle or skeletal problem that interferes
with using a respirator Yes No

Part B. Section 2

Any of the following questions as well as questions not listed here 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, hazardous 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 answers 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..... Yes No

If yes, how long does this period last during the average shift? hours: minutes:

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

- b. Moderate..... Yes No

If yes, how long does this period last during the average shift? hours: minutes:

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 Yes No

If yes, how long does this period last during the average shift; hours: minutes:

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°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:
- Name of any other toxic substances 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, or security):