

# **RESPIRATOR SAFETY PROGRAM**

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## **1.0 PURPOSE**

The purpose of the Respirator Safety Program is to protect the health and safety of Bainbridge Island Metropolitan Park & Recreation District (Park District) employees who work in areas that may have irritating or hazardous atmospheres. This policy outlines the proper implementation, operation and record keeping as required by the Division of Occupational Safety & Health (DOSH, a division of the WA State Dept. of Labor & Industries). The DOSH Respirator stipulations are outlined in WAC 296-842.

## **2.0 SCOPE**

This program applies to all Park District employees who work in irritating or hazardous atmospheres. An irritating or hazardous atmosphere is one that contains levels of dust, smoke, fog, fumes, mists, vapors or gases which meet or exceed levels that are causing irritations or are considered to create adverse health effects by DOSH. Additional terms and phrases are defined in section 8.0.

## **3.0 RESPONSIBILITIES**

It is important that all responsible parties of this program understand their individual roles and carry them out to ensure that employee health is adequately protected.

### **3.1 Park District**

The Park District will provide the proper respirator equipment when such equipment is necessary to protect the health and safety of the employee. The District shall be

responsible for the establishment of a Respirator Safety Program in accordance with DOSH requirements.

The Executive Director will appoint the Respirator Safety Program Administrator who will be responsible for the development, documentation and administration of the Respirator Safety Program.

### **3.2 Safety Committee**

Department Supervisors are responsible for the following items as they relate to the Respirator Safety Program:

- A. **Develop and maintain the program**  
Develop preliminary written Respiratory Safety Program and present it to management for review and approval. Review the program periodically and make recommendations for changes as necessary.
- B. **Input and Guidance**  
Provide input and guidance as needed to identify work place atmospheric hazards and the appropriate protective equipment.
- C. **Consultation**  
Be available to employees and departments to assist with inquiries regarding atmospheric hazards, the need for respirators and other related questions.

### **3.3 Program Administrator**

In addition to the development, documentation and administration of the Respirator Safety Program, the Program Administrator is responsible for the following:

- A. **Identify work place atmospheric hazards**  
Evaluate the potential for atmospheric hazards in the work place and the need for the use of respiratory protection by employees who may be exposed. This is especially important when notified by a department of changes in process or chemicals used in a work environment.
- B. **Respirator selection**  
Make determination on when respirators are needed to carry out specific work and the appropriate type of respirator and cartridges that are needed. Ensure that they are available to each applicable employee.
- C. **Management of the qualification process**  
After determining when employees need to wear respirators, oversee and manage the process that determines whether they are qualified to wear the respirators, including:

**Training:** Training to all respirator users by approved department personnel as outlined in section 5.1.

**Fit testing:** Fit testing performed by approved personnel in accordance with section 5.3.

**Medical Evaluation:** Provision of information to Human Resource Manager (Exhibit 1, "Work Site Information for Medical Evaluations") who will contact medical provider and arrange medical evaluation.

- D. Records retention  
Collect training and fit testing records from Department Supervisors annually and turn into the records manager.

### **3.4 Department Supervisor**

Department Supervisors are responsible for the following items as they relate to the Respirator Safety Program:

- A. Training employees  
Provide and schedule training to all potentially affected employees on an annual basis, including any employees new to the program who will be expected to wear a respirator. Ensure that employees attend the training sessions. Training will be provided by approved department trainers as outlined in section 5.1 and will comply with the training requirements specified in WAC 296-842.
- B. Providing equipment  
Supply the necessary equipment for respiratory protection, fit tests and medical evaluations free of cost to their employees.
- C. Addressing employee concerns  
Listen to their employee's concerns and address them as necessary. They may utilize the expertise of Safety Committee when needed.
- D. Notifying Program Administrator  
Communicate important information to the Program Administrator when changes occur in their department related to the Respirator Safety Program. This includes notification of:
- When a process or protocol has changed.
  - When new chemicals are being used.
  - When new employees are hired who need respiratory protection training, fit testing and medical evaluations.
- E. Annual or every two year requirements  
Ensure that applicable employees attend their annual fit testing, training and medical evaluation appointments. (For most employees medical evaluations will be needed every two years). Maintain these records and turn them in annually to the Program Administrator so they can be retained in accordance with the WA State retention schedule.

### **3.5 Human Resource Manager**

The Human Resource Manager is responsible for the following items as they relate to the Respirator Safety Program:

- A. Medical evaluations  
When requested by Program Administrator, arrange for medical evaluation for prospective respirator user through a qualified (L&I approved) medical provider. This provider may require an L&I questionnaire to be completed. (See Exhibit 2)
- B. Provide information to medical provider  
Once work site information has been received from Program Administrator, provide this information to the medical provider. (See Exhibit 1 for "Work Site Information for Medical Evaluations" form). This information will inform the medical provider of the conditions the respirator user is expected to

work under so the medical provider can account for the physical stresses each employee may encounter. Such information shall include:

- The type and weight of the respirator.
- The duration of respirator use.
- The extent of extra protective equipment and clothing that will be worn.
- The expected temperatures and humidity extremes.

C. Receipt of medical evaluation results:

Upon receipt of medical evaluation results from medical provider, inform Department Supervisor of medical provider's determination over whether the employee can safely wear a respirator (i.e. whether employee fails medical certification). See section 5.2.

D. Retention of medical records:

File medical evaluation results in employee medical files and retain in accordance with WA State retention requirements.

### 3.6 Employee

Each individual employee is responsible for the following items as they relate to the Respiratory Protection Program:

A. Attend Training

The purpose of annual respiratory protection training is to supply the employee with the knowledge necessary to safely wear a respirator and to ensure adequate protection for them during the activities they perform. Without the training, employees may lack such knowledge and may not be able to adequately protect themselves from atmospheric hazards. Employees who do not attend their mandatory training will be held responsible for their own actions.

B. Attend fit test appointments

The purpose of the annual fit test is to ensure that no physical changes occurred since the prior fit test which disables the respirator from providing a tight seal and adequately protecting the wearer. For this reason, it is important that each employee attends his/her scheduled annual fit test.

C. Attend Medical Evaluations

The purpose of the medical evaluation is to ensure that no health changes have occurred to the employee that may present a health risk while wearing a respirator. Since respirators require more labored breathing, it is important that the user is physically fit and able to handle restrictive breathing for extended periods of time. For this reason, medical evaluations are mandatory.

D. Following safe procedures

It is a condition of employment that the respirator user follow safe work practices that he/she has learned during annual respiratory protection training. If questions arise about safe practices, employees are expected to contact their Department Supervisor.

E. Communicate with Department Supervisor

It is essential that employees communicate atmospheric hazards in the workplace with their department supervisor so that the hazards may be appropriately addressed. In addition, employees shall inform their department supervisors of problems that they may be having with their respiratory protection equipment or when there are questions as to when or where the respiratory protective equipment is needed.

F. Caring for equipment

It is the respirator user's responsibility to properly maintain, clean and store their respiratory protective equipment based on the information provided to them during annual training (see section 6.2).

G. Proper use of respirator

Based on knowledge received from annual training, it is the respirator user's responsibility to properly wear his/her respirator, including proper:

- Donning of the respirator (putting it on)
- Doffing of the respirator (taking it off)
- Adjusting of the respirator
- Conducting negative and/or positive fit tests prior to using the respirator

## **4.0 RESPIRATOR CONSIDERATIONS**

For purposes of this policy, Safety Committee has established considerations as to which respirators shall be used, when they shall be required and a basis for the selection of respirators.

### **4.1 What Constitutes a Respirator?**

A respirator is typically defined as a device to protect the wearer from the inhalation of harmful contaminants. However, in this safety program, the Park District does not recognize non-cartridge style, half-face masks as a safe respirator when potentially dangerous levels of ambient chemicals or materials are present.

Because of this, such devices will not be issued to employees who have a foreseeable potential to exceed their PEL (permissible exposure limit) for any airborne material. Non-cartridge, half-face masks will only be issued as a means of comfort from nuisance levels of contaminants or when respirators are worn voluntarily.

When employees are exposed to materials that may potentially expose them to levels, which meet or exceed their PEL, half or full face, cartridge style respirators will be issued. In the event that a half or full-face cartridge style respirators may not adequately protect the employee, self-contained breathing apparatus (SCBA) systems will be considered.

### **4.2 When Respirators are Required?**

Any time an atmospheric hazard is identified, engineering and administrative controls to minimize levels will be considered first. If such controls are not feasible then personal protection will be necessary. Personal protection may also be used in the interim, while engineering and/or administrative controls are being implemented.

A respirator must be worn by an employee who has the potential to meet or exceed his/her permissible exposure limit and when all feasible engineering and administrative controls are not effective in reducing the potential exposure to safe levels.

### **4.3 Selection of Respirators**

Each department shall provide respirators at no cost to their employees who are required to wear them. Department Supervisors will work with the Program Administrator to select the type and style of respirator and the protective cartridges that are appropriate for the individual's needs. The following criteria will be considered:

- Chemical and physical properties of the ambient materials
- Nature of the hazard
- Chemical and physical warning properties
- Health hazard and risks involved with the materials
- Potential exposure level
- Nature of the work activity and physical demand
- Results of air monitoring, if available or necessary
- Length of time of exposure
- Period of time that the respirator will be worn
- Fit testing results
- Limitations and capabilities of different respirators
- Assigned protection factors of respirators (see Exhibit 3)

## **5.0      QUALIFICATION PROCESS**

In order for employees to be approved to wear respirators on the job, there are several steps that must first be taken so that the Park District can be assured that health risks are minimized and safe practices will be observed.

### **5.1      Training**

There are many important concepts and safety precautions that must be understood by respirator users before they wear a respirator. Department Supervisors or approved trainers shall conduct the respiratory protection training on an annual basis or when other changes in the process or chemicals used occur. The training shall include a discussion of the following items and give the employees an opportunity to ask questions:

- When the respirator is needed.
- Why the respirator is needed.
- The hazards to which to which they may be exposed.
- The limitations and capabilities of each respirator.
- The respirator selection for their use.
- The type and frequency of respirator inspections.
- How to properly don, doff, wear, adjust, care for and maintain their respirator.
- How to check for a proper respirator fit (negative/positive fit tests)
- Respirator malfunctions and emergencies.
- How to identify signs that the cartridge is not properly working.
- The basis of the Respiratory Safety Program

### **5.2      Medical Evaluations**

The Park District requires that each employee who wears a respirator receive a medical evaluation by a licensed and approved medical professional at a periodic frequency consistent with WAC 296-842 requirements. However, it is the responsibility of the Department Supervisor to ensure that the employee receives his/her evaluation. For most employees, medical evaluations will be conducted every two years.

As required in WAC 296-842, the Park District will provide respirator medical certification by the following means:

- A.      Medical questionnaire focusing on the employee's respiratory system (Exhibit 1 & also B if required by qualified medical provider).

- B. Administration of a Pulmonary Function Test may be necessary.
- C. Interpretation of questionnaire and testing results by a qualified physician.
- D. Certification or non-certification of employee.
- E. When an employee is medically certified to wear a respirator, they will then be fit tested as outlined in "Respirator Fit Testing", section 5.3 of this policy
- F. Should an employee fail medical certification, the following options will be utilized:
  - Retest in thirty days pending physician recommendations.
  - Utilize physician's recommendations.

### **5.3 Respirator Fit Tests**

Due to weight loss, weight gain, facial hair and other changes a person may go through from year to year, it is important that he/she has a respirator fit test performed every year to ensure that his/her face piece is providing an effective seal for adequate protection.

Respirator fit tests will be conducted annually by a trained Department Supervisor. Each department will be responsible for scheduling their employees for fit tests each year.

Fit testing shall be consistent with WAC 296-842 and specific methodology may vary depending on equipment availability, technology and specific contractor methods. If the employee passes the respirator fit test, he/she will be certified for respirator use assuming he/she passed the medical evaluation and completed the training required. If the fit test is failed, the following will be done:

- Retest after alterations, correction, or suggestions of the evaluator.
- Refer the employee failing the respirator fit testing to their department supervisor.

Facial hair and cosmetics that interfere with the respirator face piece's ability to provide a tight seal are prohibited. Fit tests will not be performed on employees who have facial hair (side burns, beards etc.) or interfering cosmetics, and the employee will be referred to his/her supervisor to address this.

## **6.0 RESPIRATOR USE, CARE AND MAINTENANCE**

It is important that each employee takes proper care of his/her personal respirator and understands the responsibilities they have with their respirator. This section explains the various considerations that shall be taken with respect to the proper use of, care for and maintenance of respirators.

### **6.1 Respirator Use**

Before an employee wears a respirator he/she must have successfully completed all necessary requirements of the Respiratory Safety Program including training, medical evaluation, fit testing and the proper selection and issuance of the respirator and cartridges by the department performing the work.

Atmosphere supplying respirator air quality shall comply with WAC 296-842 which includes the following air quality standards:

- Oxygen = 19.5-23.5%
- Hydrocarbons = < 5 mg/M<sub>3</sub>
- CO = 10 ppm or less
- Carbon Dioxide = 1,000 ppm or less

- No noticeable odor
- Canisters must be certified by manufacturers that it meets requirements for type 1-grade D breathing air and that the moisture content in the cylinder does not exceed a dew point of -50 degrees F. at one atmosphere.
- Canisters must meet U.S. National Institute for Occupational Safety and Health requirements and be NIOSH certified. (WAC 296-842-13005).

## **6.2 Care and Maintenance**

It is the responsibility of the respirator user to properly care for and maintain his/her personal respirator as provided by the District and to notify his/her department supervisor when problems are discovered, such as broken or damaged parts, ineffective seals, cartridges which are used up, etc. The following regimen shall be observed and conducted by each employee:

### A. Cleaning and Disinfecting

Respirators shall be cleaned and disinfected after each day's use. Emergency use respirators shall be cleaned and disinfected after each use and on a monthly basis thereafter. The disinfecting agent must be recommended by the respirator manufacturer or otherwise compliant with WAC 296-842. The following steps should be followed when cleaning and disinfecting respirators:

- 1) Remove filters, cartridges or canisters. Disassemble face pieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any other components recommended by the manufacturer. Discard or repair any defective parts.
- 2) Wash components in warm (maximum of 110 degree F) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff-bristle (not wire) brush may be used to facilitate the removal of dirt.
- 3) Rinse components thoroughly in clean, warm, preferably running water. Drain. Dry.

### B. Inspection

Respirators shall be inspected before each use by the wearer. Additional respirators that are kept on hand for use in an emergency will also be inspected to ensure that they are ready for use when needed. The inspection shall include the following:

- 1) Face piece: for dirt, cracks, tears, holes, inflexibility, scratched lenses (in full face respirators), broken mounting clips, missing gaskets or badly worn threads.
- 2) Head Straps: for breaks, loss of elasticity or broken buckles.
- 3) Exhalation valve: for foreign objects, cracks and tears, improper insertion of valve body or missing or defective valve cover.
- 4) Air purifying elements: for the wrong element (cassette) for the job, incorrect installation, loose connections, missing gaskets, expiration of shelf-life, cracks or dents in filter, cartridge or cassette.
- 5) Air supply system: For attachments and end fittings and condition of all regulators, valves or other airflow regulators.

C. Change schedule for canisters/cartridges

A cartridge's useful service life is how long it provides adequate protection from harmful substances in the air. The service life of a cartridge depends on many factors, including environmental conditions, breathing rate, cartridge filtering capacity, and the amount of contaminants in the air.

Reliance on odor thresholds and other warning properties will not be permitted as the primary basis for determining the service life of gas or vapor cartridges. DOSH emphasizes that a conservative approach is recommended when evaluating service life. The following criteria shall be used to determine the service life of employee's respirator cartridges:

- 1) When the cartridge has been used in an environment where it is believed to have levels of a contaminant that exceed a short-term exposure limit (STEL). For instance, in the event of an unanticipated spill or event that produced abnormally high levels of the contaminant.
- 2) When particulate substances are at such a high concentration that the material is visibly present on the cartridge (minimizing confidence that the filter is functioning effectively).
- 3) When the cartridges become wet.
- 4) When the user notices increased resistance.
- 5) When the user detects an odor or taste while wearing the respirator.
- 6) The cartridges meet the manufacturer's expiration date (if available).
- 7) In the absence of any of the above factors, cartridges should be discarded no later than 5 years.

D. Storage

To prevent problems with respirators, the following storage requirements have been established:

- 1) Respirators shall be identified with the user's name.
- 2) Respirators shall be stored in plastic bags or other sealed container to prevent its exposure to atmospheric elements.
- 3) Each department shall provide a respirator storage place that provides protection against degrading elements, such as physical damage, dust, temperature extremes, chemicals, moisture and sunlight.

## 7.0 VOLUNTARY USE OF RESPIRATORS

The Park District recognizes that employees may wish for additional protection against ambient materials that are not producing exposures at or near permissible exposure limits (PEL's) or wish to minimize nuisance levels of ambient materials, and therefore choose to wear a respirator. The Park District does not discourage the use of respirators under these conditions for added protection or more pleasant working conditions but considers this to be voluntary use. Employees who voluntarily use respirators while working for the District are required to complete a "Voluntary Use of Respirators" form. (Exhibit 4)

## **8.0 DEFINITIONS**

**Adequate warning properties:** Detectable characteristics of hazardous chemicals including irritation effects and odor.

**Air purifying respirator:** A respirator that removes air contaminants from air that surrounds the respirator.

**Assigned protection factor:** A value that DOSH assigns to a respirator which indicates the ratio of the concentration of a contaminant in the air versus the concentration inside the face piece of the respirator.

**Atmosphere-supplying respirator:** A respirator that supplies air from an atmosphere independent from the surrounding atmosphere.

**Canister or Cartridge:** The container which contains the sorbent, catalyst or filtering material which removes the hazardous ambient material.

**Ceiling limit:** The concentration of a material that should not be exceeded during any part of the working exposure.

**Doff:** Taking a device off.

**Don:** Placing a device on.

**Elastomeric face piece:** A respirator face piece made of an elastic substance.

**Filter:** A medium used to remove solid or liquid particles from the air.

**Fit factor:** A measurement of the concentration of a substance in the air (inside a test chamber) to its concentration inside the respirator.

**Hazardous chemical:** A substance that meets the DOSH definition for a health hazard in WAC 296-842.

**Immediately Dangerous to Life and Health (IDLH):** Atmospheric concentrations of a chemical, or absence of oxygen that will cause fatal injury or irreversible health effects.

**Negative pressure respirator:** A respirator that maintains a negative pressure inside the face piece when the user inhales and a positive pressure when the user exhales.

**Permissible Exposure Limit:** The maximum allowable exposure concentration of a material by DOSH standards, based on 8-hrs per day, 40-hrs per week.

**Positive pressure respirator:** An atmosphere-supplying respirator that always maintains a positive

**Qualitative fit test:** A measurement of the effectiveness of a respirator fit that is determined by the individual's ability to detect the odor or irritation of a contaminant.

**Respirator:** A device used to protect the wearer from inhaling harmful contaminants.

**Short-Term Exposure Limit:** (STEL)- The maximum allowable (by DOSH) concentration of a contaminant that one may be exposed to for a period of 15 minutes.

**Supplied-air respirator:** A respirator that supplies an independent source of air from a compressed container.

**Bainbridge Island Metropolitan Park & Recreation District**

**WORK SITE INFORMATION FOR MEDICAL EVALUATIONS  
(Respirator Safety Program)**

This form will be used as follows to provide information needed to certify an employee for respirator use:

- Program Administrator will complete form with input from Dept. Supervisor and turn into Human Resource Manager.
- Human Resource Manager will arrange for medical evaluation to be done with qualified medical provider (L&I approved) and will provide copy of this form to medical provider.

**General Work Site Information:**

Name Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name Program Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

1 Will the employee be wearing protective clothing and/or equipment when using respirator?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe protective clothing and/or equipment.  
\_\_\_\_\_  
\_\_\_\_\_

2. Will employee be working under hot conditions (temperatures exceeding 77-degree F)?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe the nature of work and duration.  
\_\_\_\_\_  
\_\_\_\_\_

3. Will employee be working under humid conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Describe any special or hazardous conditions employee may encounter when using respirator (i.e. confined spaces, life-threatening gases).  
\_\_\_\_\_  
\_\_\_\_\_

5. Check all applicable boxes in chart on next page that provide information about the specific respirator the employee will use.

**Note to Medical Provider:**

Upon completion of exam, please return medical evaluation results to:

Human Resource Manager  
Bainbridge Island Metropolitan Park & Recreation District  
7666 NE High School Road  
Bainbridge Island, WA 98110

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**Information on specific respirator that will be used:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Weight: \_\_\_\_\_

<u>Check Applicable Boxes</u>	<u>Respirator Type</u>	<u>Half or Full Face, Helmet or Hood</u>	<u>Frequency of Use</u> (Hours/day, week or month)	<u>Work Effort *</u> (Light, Moderate or Heavy)	<u>Respirator Weight</u>
	Disposable face piece Particulate filter (N, R or P series)	Half face			n/a
	Mask w/ replaceable filter or cartridge				n/a
	Mask w/ canister				
	Powered air-purifying respirator (PAPR)				
	Air line: continuous flow				
	Air line: negative pressure demand				
	Air line: Positive demand				
	SCBA: Negative pressure demand	Full face			
	SCBA: Positive pressure demand	Full face			

**\*Work Effort Descriptions**

**Light Work Effort:** Sitting while writing, typing, drafting or performing light assembly work; standing while operating a drill press (1-3 lbs.) or controlling machines.

**Moderate Work Effort:** 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, pulsing a wheelbarrow with a heavy load (100 lbs.) on a level surface.

**Heavy Work Effort:** Lifting a heavy load (about 50 lbs.) from the floor to waist or shoulder height, 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 (50 lbs.).

**For use by medical provider:**

I have examined the above employee (name) \_\_\_\_\_ and certify that he/she \_\_\_\_\_ is \_\_\_\_\_ is not qualified for respirator use in accordance with the conditions outlined above.

Notes: \_\_\_\_\_

Name of medical provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4/18/16

**WAC 296-842-22005 Use this medical questionnaire for medical evaluations.**

Use the medical questionnaire in Table 10 when conducting medical evaluations.

*Note:*

- You may use a physical exam instead of this questionnaire if the exam covers the same information as the questionnaire.
- You may use on-line questionnaires if the questions are the same and the requirements in WAC 296-842-14005 of this chapter are met.
- You may choose to send the questionnaire to the LHCP ahead of time, giving time to review it and add any necessary questions.
- The LHCP determines what questions to add to the questionnaire, if any; however, questions in Parts 1-3 may not be deleted or substantially altered.

<b>Table 10 DOSH Medical Evaluation Questionnaire</b>	
<b>Employer instructions:</b>	<ul style="list-style-type: none"><li>• You may use on-line questionnaires if the requirements in WAC 296-842-14005 are met.</li><li>• You must tell your employee how to deliver or send the completed questionnaire to the health care provider you have selected.</li><li>• You must NOT review employees' questionnaires.</li></ul>
<b>Health care provider's instructions:</b>	<ul style="list-style-type: none"><li>• Review the information in this questionnaire and any additional information provided to you by the employer.</li><li>• You may add questions to this questionnaire at your discretion; HOWEVER, questions in Parts 1-3 may not be deleted or substantially altered.</li><li>• Follow-up evaluation is required for any positive response to questions 1-8 in Part 2, or questions 1-6 in Part 3. This might include: Phone consultations to evaluate positive responses, medical tests, and diagnostic procedures.</li><li>• When your evaluation is complete, send a copy of your written recommendation to the employer AND employee.</li></ul>
<b>Employee information and instructions:</b>	<ul style="list-style-type: none"><li>• Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you.</li><li>• Your employer or supervisor must not look at or review your answers at any time.</li></ul>

**WAC 296-842-22005 (Cont.)**

**Part 1 - Employee Background Information**

**ALL employees must complete this part**

**Please print**

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male / Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
6. Your weight: \_\_\_\_\_ lbs.

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 call you at this number:

10. Has your employer told you how to contact the health care professional who will review this questionnaire? Yes / No

11. Check the type of respirator(s) you will be using:

a. \_\_\_\_\_ N, R, or P filtering-facepiece respirator (for example, a dust mask, OR an N95 filtering-facepiece respirator).  
b. Check all that apply.

Half mask  Full facepiece mask  Helmet hood  Escape

Nonpowered cartridge or canister  Powered air-purifying cartridge respirator (PAPR)

Supplied-air or Air-line

Self contained breathing apparatus (SCBA):  Demand or  Pressure demand

Other:

12. Have you previously worn a respirator? Yes / No

If "yes," describe what type(s):

**Part 2 - General Health Information**

**ALL employees must complete this part**

**Please circle "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

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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
<b>3. Have you ever had any of the following pulmonary or lung problems?</b>			
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 have been told about:	Yes	/	No
<b>4. Do you currently have any of the following symptoms of pulmonary or lung illness?</b>			
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. 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

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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:	Yes	/	No
5. Have you <i>ever had</i> 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 (heart beating irregularly):	Yes	/	No
g. High blood pressure:	Yes	/	No
h. Any other heart problem that you have been told about:	Yes	/	No
6. Have you <i>ever had</i> 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 2 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 <i>currently</i> 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):	Yes	/	No
8. If you have used a respirator, have you <i>ever had</i> any of the following problems? (If you have never used a respirator, check the following space and go to question 9:)			
a. Eye irritation:	Yes	/	No
b. Skin allergies or rashes:	Yes	/	No
c. Anxiety:	Yes	/	No

**WAC 296-842-22005 (Cont.)**

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?	Yes	/	No

**Part 3 - Additional Questions for Users of Full-Facepiece Respirators or SCBAs**

**Please circle "Yes" or "No"**

1. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?	Yes	/	No
2. Do you <i>currently</i> have any of these vision problems?			
a. Need to wear contact lenses:	Yes	/	No
b. Need to wear glasses:	Yes	/	No
c. Color blindness:	Yes	/	No
d. Any other eye or vision problem:	Yes	/	No
3. Have you <i>ever had</i> an injury to your ears, including a broken ear drum?	Yes	/	No
4. Do you <i>currently</i> have any of these hearing problems?			
a. Difficulty hearing:	Yes	/	No
b. Need to wear a hearing aid:	Yes	/	No
c. Any other hearing or ear problem:	Yes	/	No
5. Have you <i>ever had</i> a back injury?	Yes	/	No
6. Do you <i>currently</i> have any of the following musculoskeletal problems?			
a. Weakness in any of your 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:	Yes	/	No

**WAC 296-842-22005 (Cont.)**

**Part 4 - Discretionary Questions**

**Complete questions in this part ONLY IF your employer's health care provider says they are necessary**

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 are working under these conditions? Yes / No

2. Have you ever been exposed (at work or home) to hazardous solvents, hazardous airborne chemicals (such as 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 (for example, in sandblasting)? Yes / No

c. Tungsten/cobalt (for example, 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

**WAC 296-842-22005 (Cont.)**

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)?

- 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 are 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

**WAC 296-842-22005 (Cont.)**

16. Describe the work you will be doing while using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you are 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 will be exposed to when you are 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 will be exposed to while using your respirator:

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

[Statutory Authority: RCW 49.17.050. 09-19-119 (Order 09-02), § 296-842-22005, filed 09/22/09, effective 12/01/09. Statutory Authority: RCW 49.17.010, .040, .050, and .060. 07-05-072 (Order 06-39), § 296-842-22005, filed 02/20/07, effective 04/01/07. Statutory Authority: RCW 49.17.010, .040, .050, and .060. 03-20-114 (Order 02-12), § 296-842-22005, filed 10/01/03, effective 01/01/04.]

**WAC 296-842-22010 Follow these fit-testing procedures for tight-fitting respirators.**

**IMPORTANT:**

- This section contains procedural requirements that apply during actual fit testing.
- See WAC 296-842-15005 of this chapter for fit-testing requirements that apply to your overall program.

*Exemptions:* *This section does NOT apply to employees who:*

- *Voluntarily use respirators;*
- *OR*
- *Are required to use mouthpiece respirators.*

(1) Follow the procedure in Table 11 to choose a respirator for fit testing:

- (a) Prior to conducting fit tests;  
**AND**
- (b) Any time your employee must select a different respirator such as when a previously selected respirator fails a test.

Bainbridge Island Metropolitan Park & Recreation District

**ASSIGNED PROTECTION FACTORS**

**FOR DIFFERENT RESPIRATORS**

**Assigned Protection Factor** is the level of respiratory protection expected from a respirator that is properly functioning, has been properly fitted, and is worn by a worker trained in its use. The number is used to help provide an estimate of the maximum concentrations of a contaminant in which a particular respirator can be used.

<u>Respirator</u>	<u>Assigned Protection Factor</u>
SCBA (Self-Contained Breathing Apparatus)	
Pressure demand	50
Positive pressure	>1,000
Full-Face	
Supplied air	>1,000
Pressure Demand	
Half face	1,000
Full face	1,000
Continuous flow	
Half face	50
Air purifying	
Full face	50
Half face	10

## Bainbridge Island Metropolitan Park & Recreation District

### VOLUNTARY USE OF RESPIRATORS

#### **For Park District employees who opt to voluntarily use respirators:**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Sometimes, workers opt to wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limit set by DOSH standards. To provide an additional level of comfort and protection for workers, voluntary respirator use when exposures are below the exposure limit is understandable and is not discouraged by the Park District.

However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker.

If you as an employee opt to voluntarily use a respirator, regardless of whether it is provided by the Park District or whether you provide your own, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

- Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
- Choose respirators certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services (NIOSH) 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.
- 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.

Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I have read the above information and to avoid possible exposure hazards am opting to voluntarily use a respirator even when exposure hazards are below the limit requiring their mandatory use.

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Employee Name (Print)

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Department

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Employee Signature

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Date

3/11/15