

EBBE

RESPIRATORY PROTECTION POLICY

The Muskogee School District is acknowledged as the employer, and as outlined under current Federal regulations, is assigned the responsibility to provide safe and healthful working conditions for employees. In compliance with these Federal regulations, the Muskogee School District will delegate the responsibility for developing and implementing a respiratory protection to a respirator program administrator.

I. Respiratory Program Administrator

The respiratory program administrator will have the responsibility and authority for administering the entire respiratory protection program. The program administrator will meet the definition of "competent person" used in 29 CFR 1926.58 and shall be one who is capable of identifying existing asbestos, tremolite, anthophyllite, or actinolite hazards in the workplace and who will have the authority to take prompt corrective measures to eliminate them. The designated program administrator for the Muskogee School District is the Director of Maintenance, 570 North 6th St., Muskogee, Oklahoma 74401. The designee holds a certificate of completion from the Moore-Norman AVTS Asbestos Abatement Program certifying the completion of the Inspector-Management Planner course of instruction.

In addition to the responsibility for managing the elements of the respiratory protection program, he/she will be responsible for:

- A) Purchasing approved respirators
- B) Issuing respirators
- C) Controlling Inventory, to include:
 - 1) a list of employees who are trained in respirator use
 - 2) medical records of each respiratory user
 - 3) results of any pre- or post- training of employees' knowledge and hands-on skill
 - 4) documentation of respirator care and maintenance
 - 5) verification that respirators have been inspected for defects
 - 6) airborne concentrations of asbestos
 - 7) descriptions of any problems encountered during abatement
- D) Establishing a storage program to maintain records of employees' exposure, medical data, air monitoring results, and bulk sample results for a minimum of thirty years.

II. Standard Operating Procedure

- A) Any individual who has the potential to become involved as an employee in the asbestos program will be given instruction in the health hazards of asbestos and the restrictive environment brought about by the use of protective clothing and the use of a respirator. Each individual must sign a statement that they have received this instruction before they will be permitted to proceed to the next step in the selection process.
- B) Any individual selected in part II-A will be provided a medical examination by a licensed medical examiner who will determine if the individual is capable of wearing and using a respirator.

The initial examination, in addition to the existing regulatory requirements, will include a study of the history of respiratory disease, work history (previous fiber or dust exposure or problems associated with breathing or respirator use), any other medical information which might offer evidence of the employee's ability or inability to wear or use respirators such as psychological problems or symptoms including claustrophobia. Any known physical deformities or abnormalities, including those which may interfere with respirator use. Past and current use of medication and the tolerance to increased heart rate, which can be produced by the extra weight, increased work load, and heat stress associated with wearing respirators and protective clothing.

Following the initial examination, if the individual is certified to wear a respirator, he or she will advance to the next level in the process of qualification.

- C) Any individual selected in part II-B will be placed in an approved training program and become certified by the Department of Labor before being permitted to work with asbestos containing materials. Formal instruction in the use of respiratory protective equipment will be an integral part of the curriculum of this training.

The basic respirator training program should include:

- 1) Instruction in the nature of hazards of asbestos and its potential health effects;
- 2) How asbestos enters the body and what happens when it does;
- 3) How cigarette smoking increases risk of adverse health effects;
- 4) Explanation of why respirators are needed;
- 5) Discussion of the consequences of not wearing respirators in exposure situations from the legal, health, and disciplinary perspectives;
- 6) Discussion of why the respirator selected is the proper type of respirator for use in asbestos abatement operations

- 7) Instruction, training and actual hands-on use of the respirator to include proper fitting practice wearing and adjusting the respirator, testing the facepiece-to-face seal, performing job functions, and limitations of respirator use;
- 8) Inspection and maintenance of the respirator;
- 9) Classroom and field or simulated field training in recognizing and coping with medical and other emergencies;
- 10) Respirator cleaning decontamination procedures;
- 11) The purpose of medical evaluation.

The training of supervisors who oversee the daily activities of employees wearing respirators and other personal protective equipment should include the basic employee training and the following:

- 1) Basic respiratory protection practices;
- 2) The selection and use of respirators to protect employees against airborne asbestos fibers;
- 3) The structure and operation of the respirator program;
- 4) The legal requirements pertaining to the use of the respirator.

Supervisors will be required to become certified by an approved training institution and the Department of Labor before they will be permitted to supervise employees.

III. Selection, Assignment, Use and Maintenance of Respiratory Protection Equipment

- A) Selection of respiratory protective equipment shall be from those approved by the Mine Safety and Health Administration (MSHA) or the National Institute for Occupational Safety and Health (NIOSH) for use in atmosphere containing asbestos fibers. A NIOSH approved respirator contains the following: an assigned identification number placed on each unit; a label identifying the type of hazard the respirator is designed to protect against; additional information on the label which indicated limitations and identifies the component parts approved for use with the basic unit. Where practicable, respirators should be assigned to individual employees for their exclusive use.

The following chart is based from 29 CFR 1926.58 using Oklahoma's minimum exposure level of 0.01 f/cc. Respirator selection will be based on this chart.

| MAXIMUM USE RESPIRATOR SELECTION | PROTECTION FACTOR | MAXIMUM USE CONCENTRATION |
|--|--------------------------|----------------------------------|
| Half mask air purifying with HEPA filter | 10 | 0.1 f/cc |
| Full Face air purifying with HEPA filter | 50 | 0.5 f/cc |
| Powered air purifying any tight fitting face piece, high efficiency filter | 50 | 0.5 f/cc |
| Any supplied air, continuous flow | 100 | 1.0 f/cc |
| Any supplied air, pressure demand | 1000 | 10.0 f/cc |
| Full face piece, supplied air pressure demand with aux. SCBA, pressure demand or continuous flow | 1000 | 10.0 f/cc |

- B) Any employee who is assigned a respirator must be given the opportunity to wear the respirator and be qualitatively fit-tested. The qualitative fit-test is used to determine the fit of the respirator to the face of the individual employee. One of the most important elements of effective respirator program is fit testing. The OSHA Asbestos Standards (29 CFR 1910.1001 and 1926.58) and the OSHA respirator standard (29 CFR 1910.134) require that the fit of respirators be determined when the respirators are issued, and that the employees check the fit each time they put the respirator on. This fit may be tested by the qualitative method using the following procedure:
- 1) Negative pressure test - the user closes off the inlet of the cartridges or filters by covering with the palms or squeezing the breathing tube so it does not allow air to pass; inhale gently so the facepiece collapses slightly; and holds his/her breath for about ten seconds. If the facepiece remains slightly collapsed and no inward leakage is detected, the respirator probably fits tightly enough.
 - 2) Positive pressure test - is conducted by closing off/covering the exhalation valve and exhaling gently into the facepiece. The respirator fit is considered okay if slight negative pressure can be built up inside the facepiece without any evidence of outward leakage around the facepiece.

- 3) Irritant smoke test - is performed after the visual, positive and negative pressure tests. The user enters the test enclosure (a clear suspended plastic bag with a test hole) and the irritant smoke is sprayed into the test hole. If the wearer has any irritant smoke inside the respirator, it means a defective fit, and adjustments or replacement of the respirator is required. (Note) The irritant smoke test must be performed with caution because the aerosol is highly irritating to the eyes, skin and mucous membranes. With half-mask facepieces, the eyes must be kept closed.
- C) Maintenance of respiratory protection equipment shall be the responsibility of the individual to whom the equipment is assigned. Respirators shall be regularly cleaned and disinfected. Those issued for the exclusive use of one employee shall be cleaned after each day's use, or more often, if necessary. Those used by more than one employee shall be thoroughly cleaned and disinfected after each use. This procedure is described as follows:
- 1) Respiratory equipment shall be washed with detergent in warm water using a brush. If possible, detergents containing a bactericide should be used. Organic solvents should not be used, it deteriorates the rubber facepiece. If bactericide is not available, the detergent wash should be followed with a disinfecting rinse.
 - 2) Respirator equipment should be thoroughly rinsed in warm clean water (120 degrees F maximum) to remove traces of detergent, cleaner and sanitizer, and disinfectant.
 - 3) Respiratory equipment should be allowed to air dry on a clean surface or hung from a horizontal wire. When not in use, respiratory equipment should be sealed in plastic bags and stored in a single layer with the facepiece and exhalation valve in a non-distorted position.
- D) Repair or replacement of component parts must be done by qualified individuals. Substitution of parts from a different brand or type of respirator will invalidate the approval of the respirator. Inspection for defects on respiratory equipment must be done after each use and during cleaning.
- E) The respirator program shall be evaluated at least annually with program adjustments, as appropriate, made to reflect air sampling or other evaluation results. Compliance to the aforementioned points of the program should be reviewed; respirator selection, purchase of approved equipment, medical screening of employees, fit testing, issuance of equipment and associated maintenance, storage, repair and inspection, appropriate surveillance of work area conditions.

- F) Attention should be given to proper recordkeeping. Records which should be kept include: employees who are trained in respirator use, documentation of the care and maintenance of respirators, medical reports of each respirator user, possible airborne concentrations of asbestos fibers during work, and with any problems encountered during abatement projects with regard to respiratory equipment.
- G) When leaving an inspection site or work site, the worker shall exercise care in removing protective clothing:
 - 1) HEPA vacuum off any debris accumulated on the worker's garment.
 - 2) Remove all protective garments and equipment (except respirator) in an isolated area.
 - 3) All disposable clothing should be placed in plastic bags and labeled as asbestos-containing waste.
 - 4) Once the waste bag is properly sealed respirators may be removed.

