

**WISHA'S SAMPLE RESPIRATORY PROTECTION  
PROGRAM**

**For Voluntary Use of Respirators**

This sample program is provided only as a guide to assist in complying with WISHA’s Respirators Rule – Chapter 296-842 WAC **for voluntary use of respirators**. (*Note: A sample program is not required for filtering facepieces - dust masks*). It is not intended to supersede the requirements detailed in the standard. Employers should review the standard for particular requirements that are applicable to their specific situation. Additional program requirements may be found in other health and safety standards that regulate specific chemical hazards to which the employee is exposed. Much of the information provided in this sample program was derived from the *OSHA Technical Manual, Section VIII: Chapter 2, Respiratory Protection* and *OSHA’s Small Entity Compliance Guide, Appendix IV, Sample Respiratory Protection Program*.

***To the User: Notes in grey boxes are intended to be instructional and to assist with development of the written program.***

## TABLE OF CONTENTS

### WISHA’S SAMPLE RESPIRATORY PROTECTION PROGRAM for Voluntary Respirator Use

Scope and Application .....	p. 1
Responsibilities .....	p. 1
Safe Use .....	p. 1
Selection .....	p. 2
Employee Advisory Information .....	p. 2
Medical Evaluation .....	p. 2
Information Provided to Health Care Professionals .....	p. 3
Medical Questionnaire Administration.....	p. 3
Results of Medical Evaluation.....	p. 4
Additional Medical Evaluations.....	p. 4
Maintenance and Care .....	p. 4
Cleaning & Disinfecting.....	p. 4
Storage.....	p. 5
Air Supplying Respirator Breathing Air Quality .....	p. 5
Recordkeeping .....	p. 5

#### Attachments

Advisory Information for Employees - Table 2

Employer Information to Licensed Health Care Professionals –Attachment A

Respirator Cleaning Procedures - Table 20

Air Supplying Respirator Air Quality – Attachment B

# WISHA'S SAMPLE RESPIRATORY PROTECTION PROGRAM for Voluntary Use of Respirators

**Company Name:** Fill in name here

The aim of the program is to give detailed instruction for elements that are required for voluntary use of respirators, as required in the Respirators Rule - WAC 296-842-11005. Voluntary use of *filtering facepiece respirators (dust masks)* are exempt from the written respiratory requirements, medical evaluations and cleaning, storage, and maintenance requirements listed below in item 3.

***Requirements for Voluntary Use of Employer or Employee provided Respirators :***

1. *Ensure that respirator use does not create a health hazard or interfere with employee's ability to work safely*
2. *Provide users with the advisory information in Table 2. (attached)*
3. *Develop and maintain a written respiratory program that includes the following:*
  - *Medical evaluations, as specified in WAC 296-842-140*
  - *Procedures for properly cleaning, disinfecting and storing respirators so they do not create a health hazard to the user,*
  - *Procedures to make sure there is a safe air supply when using airline respirators or tank-type respirators*
  - *Training when necessary to ensure respirator use itself does not create a hazard*

## **1.0 Scope and Application**

This program applies to all employees who voluntarily choose to use a respirator. It applies to both respirators supplied by employers or brought in by employees.

It will be determined that the use of respirator does not itself create a hazard, that the proper type of respirator has been selected for use, that the employee is medically able to use the respirator, and that the respirator is cleaned, stored and maintained so that it does not present a health hazard.

This program does not apply to the required use of respirators or to emergency or spill use of respirators.

## **2.0 Responsibilities**

The respirator program administrator is responsible for overseeing and implementing this voluntary use respiratory protection program.

The person designated as the Program Administrator is fill in name here

## **3.0 Safe Use**

The program administrator will determine if there are any factors of voluntary respirator use that will create a hazard for the user. These hazards will be eliminated before use of the respirator is permitted.

*The following questions are suggested for consideration in determining whether use of the respirator presents a hazard to the user:*

- *Would the respirator significantly hinder vision, communication, hearing or movement in a way that would present a safety hazard?*

- *Can work situations or changes occur, such as emergency spills or chemical leaks where the respirator in use would not provide enough protection?*

#### 4.0 Selection

The Program Administrator, **fill in name here** will ensure that the respirator selection is appropriate for its intended use and contaminant.

#### 5.0 Mandatory Information

Each employee that voluntarily uses a respirator, including filter facepieces – dust masks, will be given a copy of the advisory information contained in Table 2. If other non-English speaking employees need to be included, an interpreter will read the document to the workers.

#### 6.0 Medical Evaluation

Employees who voluntarily use respirators must be physically able to perform the work while using the respirator. Accordingly, the company has the responsibility of ensuring that employees are medically fit and able to tolerate the physical and psychological stress imposed by respirator use, as well as the physical stress originating from job and workplace conditions. Employees will not be allowed to wear respirators (*except filtering facepieces – dust masks*) until a licensed health care professional (LHCP) has determined that they are medically able to do so.

Any employee refusing the medical evaluation cannot use a respirator.

*The purpose of a medical evaluation program is to determine if employees can tolerate the physiological burden associated with respirator use, including:*

- *The cardio-pulmonary or other burdens imposed by the respirator itself (e.g., its weight, breathing resistance during both normal operation and under conditions of filter, canister, or cartridge overload and increased carbon dioxide levels inside the respirator facepiece due to re-breathing of expired air).*
- *Musculoskeletal stress (i.e., when a heavy supplied air respirator with tanks is worn).*
- *Limitations on auditory, visual, and olfactory sensations.*
- *Isolation from the workplace environment.*
- *Psychological limitations such as claustrophobia*

*Since certain jobs and workplace conditions in which a respirator is used can also impose a physiological burden on the user, the medical evaluation must also consider the following factors:*

- *Type and weight of the respirator to be worn.*
- *Duration and frequency of respirator use.*
- *Expected physical work effort.*
- *Use of other protective clothing and equipment to be worn.*
- *Temperature and humidity extremes that may be encountered.*

*The above information must be provided to the licensed health care professional (LHCP) before the LHCP can make a recommendation regarding an employee's ability to use a respirator. **In Washington State, physicians, physicians assistants or nurse practitioners, and possibly other health care professionals are qualified by the scope of their***

***license to perform some or all of the tasks necessary for medical evaluations. These individuals are designated as “LHCPs”.***

*The medical evaluation is designed to identify medical conditions that may place employees who use respirators at risk of serious medical consequences. The LHCP, using the medical questionnaire provided in WAC 296-842-22005 or an initial exam, will determine which medical conditions are relevant to a particular employee’s respirator use situation and if/when further follow up is necessary.*

**name of clinic or LHCP here** will provide initial and any follow-up medical evaluations.

## **6.1 Information Provided to the LHCP**

The program administrator will provide the LHCP the following general information before evaluations begin (*not required for filter facepieces – dust masks*):

- A blank “WISHA Respirator Medical Evaluation Questionnaire”,
- A copy of this written respiratory protection program,
- A copy of the Respirator Rule -WAC 296-842.

In addition, the following specific respirator use information will be provided to the LHCP:

- The type and weight of the respirator to be used by the employee.
- The frequency (how often) and duration (how long) of respirator use (e.g., for routine, rescue and escape tasks).
- The expected physical work effort (e.g., “low”, “medium” or “high”).
- Additional protective clothing and equipment to be worn.
- Temperature and humidity extremes expected during use.

*Attachment A may be used by the employer to provide the information above to the physician or licensed health care provider (LHCP) for employees that are required to have medical evaluations for respirator use. There is not a form for this information provided in WISHA’s Rrespirators Rule.*

## **6.2 Medical Questionnaire Administration**

Employees who voluntarily use respirators (*except filtering facepieces – dust masks*) will be required to complete the “WISHA Respirator Medical Evaluation Questionnaire” ([WAC 296-842-22005 – Table 10](#)). The Program Administrator will make available a copy of the questionnaire to all employees requiring medical evaluations. The medical questionnaire will be administered confidentially and during working hours in a place on site that is convenient to employees.

[Click here](#) for a copy of required medical questionnaire.

A stamped and addressed envelope for mailing the questionnaire to the LHCP will be provided. Employees will be paid normal wages during questionnaire administration.

To the extent feasible for maintaining confidentiality, the Program Administrator or his/her designee will aid employees who are unable to read the questionnaire by providing reading assistance. To ensure confidentiality, the questionnaire will not be reviewed at anytime by the Program Administrator or his/her designee. The Program Administrator or designee will not review completed questions and there will be no

employee/employer interaction that could be considered a breach of confidentiality. Where confidentiality cannot be maintained during administration of the questionnaire, the employee will be sent to the LHCP for medical evaluation.

If needed, employees will have the opportunity to discuss the questionnaire content and/or examination results with the LHCP via telephone call. During questionnaire administration, the LHCP's phone number will be given to employees and access to a phone will be provided at no charge to the employee. All records from medical evaluations, including completed questionnaires, will remain confidential between the employee and the LHCP.

### **6.3 Results of the Medical Evaluation-The LHCP's Written Recommendation**

The company will obtain a written recommendation from the LHCP on whether/or not the employee is medically able to wear a respirator. The recommendation must identify any limitations on the employee's use of the respirator, as well as specifying whether or not periodic or future medical evaluations are required by the LHCP.

The employee will receive a copy of the LHCP's written recommendations directly from the LHCP. Information concerning diagnosis, test results, or other confidential medical information will not be disclosed to the company by the LHCP.

### **6.4 Additional Medical Evaluations**

In addition to periodic reevaluations that may be specified by the LHCP, the company will provide a medical reevaluation for any employee when:

- The employee reports medical signs or symptoms that are related to the employee's ability to use a respirator.
- A LHCP, supervisor, or the respirator program administrator observes that the employee is having a medical problem during workplace respirator use.
- Changes occur in workplace conditions (e.g., physical work effort, type of respirator used, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

The content of such additional medical evaluations will be determined by the LHCP.

### **7.0 Maintenance and Care**

*Respirator used should be clean, sanitary, and in good working order. Clean and sanitary respirators are essential in the prevention of dermatitis, skin irritation and communicable respiratory diseases. These requirements are a vital part of any successful respiratory protection program.*

*To ensure that the respirator does not create a health hazard (i.e., skin irritation) for users, a maintenance program must be in place prior to respirator use and must address:*

- *Cleaning and disinfecting procedures.*
- *Proper storage.*

*In addition to the above, the manufacturer's instructions for inspection, cleaning, and maintenance of respirators should be consulted.*

fill in name here will oversee the maintenance and care program.

## **7.1 Cleaning and Disinfecting**

Respirators (*except filtering facepieces – dust masks*) will be cleaned and disinfected by fill in name here or by the employee using the procedures in Table 20 – “Respirator Cleaning Procedures.” The respirator manufacturer’s cleaning procedures may be used if they are equivalent in effectiveness as Table 20.

Respirators will be cleaned and disinfected as follows:

- Respirators that are issued for the exclusive use of an employee will be cleaned and disinfected 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.

## **7.2 Storage**

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

## **8.0 Air Supplying Respirator Breathing Air Quality**

*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 described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989. This must be addressed in your written program.*

*See Attachment B for a sample program supplement when supplied air respirators are used voluntarily.*

## **9.0 Recordkeeping**

The Program Administrator will retain a copy of the LHCP’s written recommendation for each employee subject to medical evaluation. (*not required for filtering facepieces - dust masks*) 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.



**Table 2**  
**Advisory Information for Employees**  
**Who Voluntarily Use Respirators**

**[To be given to employees voluntarily wearing respirators including filtering facepieces]**

• Respirators protect against airborne hazards when properly selected and used. Respirator usage that is required by DOSH or your employer is not voluntary use. With required use, your employer will need to provide further training and meet additional requirements in this chapter. DOSH recommends voluntary use of respirators when exposure to substances is below DOSH permissible exposure limits (PELs) because respirators can provide you an additional level of comfort and protection..

• If you choose to voluntarily use a respirator (whether it's provided by you or your employer) be aware that **respirators can create hazards for you**, the user. You can avoid these hazards if you know how to use your respirator properly **and** how to keep it clean. Take these steps:

- Read and follow all instructions provided by the manufacturer about use, maintenance (cleaning and care), and warnings regarding the respirator's limitations.

- Choose respirators that have been certified for use to protect against the substance of concern. The National Institute for Occupational Safety and Health (NIOSH) certifies respirators. If a respirator is not certified by NIOSH, you have no guarantee that it meets minimum design and performance standards for workplace use.

- A NIOSH approval label will appear on or in the respirator packaging. It will tell you what protection the respirator provides.

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

- Do **not** wear your respirator into:

- Required use situations when you are only allowed voluntary use.
- Atmospheres containing hazards that your respirator is not designed to protect against.

For example, a respirator designed to filter dust particles won't protect you against solvent vapor, smoke, or oxygen deficiency.

## Attachment A - Employer Provided Information for Medical Evaluations

The WISHA Respirators Rule (WAC 296-842) requires that certain information regarding respirator use be provided by the employer to the licensed health care provider (LHCP).

The following *general information* must be provided to the LHCP by the employer:

- A copy of our written respiratory protection program;
- A copy of the Respirators Rule WAC 296-842.

In addition, certain *respirator user specific information* must be provided.

This form may be used by the employer to provide the respirator user *specific information* to the LHCP, but is not a required form.

### **Specific Respirator Use Information For Respirator Use Medical Evaluation**

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

Company name:

Employee job title: \_\_\_\_\_  
\_\_\_\_\_

Company Address:

Company contact person and phone #:  
\_\_\_\_\_

1. Will the employee be wearing protective clothing and/or equipment (other than the respirator) when using the respirator?

Yes/No \_\_\_\_\_. If "yes," describe this protective clothing and/or equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will employee be working under hot conditions (temperature exceeding 77 deg.F)?

Yes/No \_\_\_\_\_. If yes, describe temperature and duration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment A - Specific Respirator Use Information, (Continued)**

Check appropriate Box	Respirator Type	Face / Head Cover Type (i.e. 1/2 or full face, helmet, hood)	Frequency of Use (i.e. hours / day, week, month)	Work Effort Light, Moderate, Heavy (see descriptions below)	Respirator Weight
	Disposable facepiece particulate filter (N, R or P series)	1/2 facepiece			
	Mask with replaceable filter or cartridge				
	Mask with canister				
	Powered air-purifying respirator (PAPR)				
	Air line, continuous flow				
	Air line, negative pressure demand				
	Air line, positive pressure demand				
	SCBA, negative pressure demand	Full facepiece			
	SCBA, positive pressure demand	Full facepiece			

**Work Effort Descriptions**

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.

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.

Examples of **heavy work effort** are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lb.).

**Table 20**  
**Respirator Cleaning Procedure**

Step	Task
1.  2.	<p>Remove filters, cartridges, canisters, speaking diaphragms, demand and pressure valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.</p> <p>Wash components in warm (43°C [110°F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer</p> <ul style="list-style-type: none"> <li>● A stiff bristle (not wire) brush may be used to help remove the dirt</li> <li>● If the detergent or cleaner does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following: <ul style="list-style-type: none"> <li>– A bleach solution (concentration of 50 parts per million of chlorine). Make this by adding approximately one milliliter of laundry bleach to one liter of water at 43°C (110°F)</li> <li>– A solution of iodine (50 parts per million iodine). Make this in two steps: <ul style="list-style-type: none"> <li>◆ First, make a tincture of iodine by adding 6-8 grams of solid ammonium iodide and/or potassium iodide to 100 cc of 45% alcohol approximately</li> <li>◆ Second, add 0.8 milliliters of the tincture to one liter of water at 43°C (110°F) to get the final solution</li> </ul> </li> <li>– Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.</li> </ul> </li> </ul>
3.	<p>Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably, running water.</p> <p><b>Note:</b> The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces could cause dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts, if not completely removed.</p>
4.	Drain components.
5.	Air-dry components or hand dry components with a clean, lint-free cloth.
6.	Reassemble the facepiece components.
7.	<p>Replace filters, cartridges and canisters, if necessary (for testing)</p> <p>Test the respirator to make sure all components work properly.</p>

## Attachment B

### Supplement - Breathing Air Quality for Air Supplying Respirators

#### 8.0 Breathing Air Quality for Air Supplying Respirators

**fill in name here** will ensure that breathing air for atmosphere-supplying respirators will be of high purity, meets quality levels for content, and does not exceed certain contaminant levels and moisture requirements.

Compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration must be in accordance with the specifications found in WAC 296-842-2005.

#### 8.1 Air Supplied by Vendors

For supplied-air respirators (SARs), only Grade D breathing air shall be used in cylinders. The Program Administrator will coordinate deliveries of compressed air with the company's vendor, **fill in name here** and require their certification that the air in the cylinders meets the specifications of Grade D breathing air. Moisture content in the cylinders will not exceed a dew point of  $-50^{\circ}$  F ( $-45.6^{\circ}$  C) at 1 atmosphere pressure. *Note: This requirement will prevent respirator valves from freezing, which can occur when excess moisture accumulates on the valves.* All breathing gas containers must be marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.

The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit.

#### 8.1 Air Supplied by Compressors

Compressors used for supplying breathing air will be constructed and situated so contaminated air cannot enter the air-supply system. The location of the air intake will be in an uncontaminated area where exhaust gases from nearby vehicles, the internal combustion engine that is powering the compressor itself (*if applicable*), or other exhaust contaminants being ventilated will not be picked up by the compressor air intake.

Compressors will be equipped with suitable in-line, air-purifying sorbent beds and filters to further ensure breathing air quality and to minimize moisture content so that the dew point at 1 atmosphere pressure is  $10^{\circ}$ F ( $5.56^{\circ}$ C) below the ambient temperature. Sorbent beds and filters will be maintained and replaced or refurbished periodically according to the manufacturer's recommendations. An inspection tag will be kept at the compressor indicating the most recent change date and the signature of the Program Administrator or his/her designee authorized to perform the maintenance.

The Program Administrator will ensure that the compressor intake will not allow the introduction of carbon monoxide greater than 10 parts per million (ppm) into the system. *Note: This could be from sources other than the compressor such as forklifts or other gas powered equipment.* Where this is not possible or feasible, it may be necessary to combine the use of a carbon monoxide alarm with a carbon monoxide sorbent bed when conditions are such that a reliable carbon monoxide-free area for air intake cannot be found.

Where possible, non-oil-lubricated compressors will be used at our facilities or worksites. If an oil-lubricated compressors are used, a high-temperature alarm or carbon monoxide alarm, or both, will be used to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply will be monitored at intervals sufficient to make sure the concentration of carbon monoxide in the breathing air does not exceed 10 ppm. Oil-lubricated compressors are used at the following locations: **name location here**

Breathing air couplings will be incompatible with outlets for non-respirable plant air or other gas systems to prevent accidental servicing of airline respirators with non-respirable gases or pure oxygen. No asphyxiating substance (*e.g., nitrogen, argon*) will be allowed in the breathing airlines.