## A Respiratory Protection Program for the Voluntary Use of Respirators

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## Scope and application

This program was developed by **[name of your company]** and applies when we allow employees to use respirators in situations where we have determined through an evaluation of the hazards that respirator use is not required. In these situations, employees may ask to use respiratory protection for comfort or for additional protection.

Whether supplied by the company or by the employee, respirators used on a voluntary basis must not create a health hazard. Our program administrator – the knowledgeable person who manages the requirements of our respiratory protection program – will authorize employees to use respirators voluntarily on a case-by-case basis, depending on workplace conditions and, if necessary, the results of a medical evaluation.

Any employee who wants to wear a respirator – other than a dust mask – on a voluntary basis is subject to the medical evaluation requirement; all voluntary users are subject to the cleaning, maintenance, and storage elements of this program.

## Program administrator's responsibilities

The respiratory protection program administrator is the knowledgeable person at our workplace who is responsible for overseeing this program for the voluntary use of respiratory protection. Our program administrator is **[name, or job title]**.

The program administrator has the following duties:

- Evaluate the workplace for respiratory hazards.
- Coordinate the medical evaluation program to ensure that employees who wish to use a tight-fitting respirator are medically able to do so without adverse health effects.
- Ensure that the respirators being used voluntary are appropriate for the employee's job and intended function.
- Ensure that employees maintain and store their respirators in a sanitary condition.
- Provided voluntary users with the information contained in OAR 437-004-1041 Appendix D, Information for employees using respirators when not required under the standard.
- Maintain records such as the employee's acknowledgement for receiving Appendix D and the physician release forms provided to employers by the physician or other licensed health care professional (PLHCP).

### **Medical evaluation**

Using a respirator may place a physiological burden on employees that depends on the type of respirator, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Employees who wish to voluntarily wear a respirator must be physically able to do so without risking adverse health effects. Employees will not be permitted to wear tight-fitting respirators in the workplace 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 medical provider] will conduct our medical evaluations.

- The medical evaluation is based on the information provided in the questionnaire in Appendix C, OAR 437-004-1041. The program administrator will provide a copy of the appropriate sections of this questionnaire to each employee who requires a medical evaluation.
- Employees will be permitted to fill out the questionnaire on company time. However, the employer is not allowed to see the answers or review the completed form. 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.
- If the employee is not able to read or understand the questionnaire and does not have a trusted person to help them, the company will send the employee directly to the PLHCP for medical evaluation.
- 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 to consider as part of the evaluation:
  - A copy of this respiratory protection program and a copy of *OAR 437-004-1041*, including *Appendix C*.
  - The employee's name, work area, or job title.
  - The employee's proposed respirator type and weight.
  - The amount of time the employee will typically wear the respirator.
  - The employee's expected physical work load (light, moderate, or heavy), potential workplace temperature and humidity extremes, and a description of other protective clothing or equipment the employee must wear.

Follow-up medical exams will be granted to employees as required in OAR 437-004-1041(5)(g).

## Cleaning, maintaining, and storing the respirators

#### Cleaning

Reusable respirators must be cleaned as often as necessary to keep them sanitary. A respirator cleaning station is available at [identify location].

Recommended cleaning procedures for reusable, air-purifying respirators:

- 1. Disassemble respirator. (Remove filters, canisters, or cartridges.)
- 2. Wash the face piece and parts in warm water with mild detergent. (Do not use organic solvents.)
- 3. Rinse completely in clean warm water.
- 4. Air-dry the respirator in a clean area or dry it manually with a clean towel.
- 5. Reassemble the respirator, inspect it, and replace any defective parts.
- 6. Put the respirator in a clean, dry, plastic bag or other airtight container. (Store used filters, canisters, or cartridges that may be reused in their own separate plastic bag.)

The program administrator will ensure an adequate supply of appropriate cleaning and disinfectant materials at the cleaning station.

Replace dust-masks or filtering face piece respirators regularly and when the surface is torn or dirty or the straps break.

Employees should contact their supervisor or the program administrator when supplies are low.

#### Maintenance

Reusable respirators must be properly maintained. Maintenance includes a thorough visual inspection for cleanliness and defects. Employees must replace defective or worn respirator components using parts made especially for that make and model.

If the employee notices that it's harder to breath or smells an odor inside the respirator they must replace the filters or cartridge. Likewise, if they notice contamination or damage to the filter or cartridge surface, replace the part.

Note to users of this program: Replacement indicators for protection against gases and vapor on air-purifying respirators are more complex because odor and irritation are not considered adequate warning properties. Users must follow a regular change schedule to ensure that filters, canisters and cartridges are replaced before chemical breakthrough occurs.

Use the following checklist to ensure proper	respirator function:
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F	Respirator inspection checklist	
Face piece	No cracks, tears, or holes	
	No facemask distortion	
	No cracked or loose lenses or face shield	
Head straps	No breaks or tears	
	No broken buckles	
Valves	No residue or dirt, cracks, or tears in valve material	
Filters and cartridges	NIOSH approved	
	Gaskets seat properly	
	No cracks or dents in housing	
	Proper filter or cartridge for type of hazard	

#### Respirator storage

Respirators must be stored in a clean, dry area according to the manufacturer's recommendations. Store respirators so that the face piece and exhalation valves are not bent or distorted. Each employee must have their name on the bag or other approved container and use it only to store the respirator.

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

#### Program review

The program administer 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 OAR 437-004-1041 – Information for employees using respirators when not required under the standard

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, of 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.

## **Fill-in forms**

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

Note: the first row below is an example.

Respirator	Area affected	<b>Employees affected</b>	Hazard
Filtering facepiece- N95	Hay press		Hay press is dusty. Ventilation is blown in to the barn. Employee exposures are less that 3 mg/m <sup>3</sup> (8-hour time- weighted average (TWA). OR-OSHA PEL, 10 mg/m <sup>3</sup> . Respirators are not required, but dust masks are available for employee use.

Respirators for voluntary use at [name of your company]

#### 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				
If YES, 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:				