

Respiratory Protection Program

604.1 POLICY STATEMENT

The purpose of this Respiratory Protection Program is to assure the safe use of respirators by The Probation Department (Department) employees in the course of their work assignments.

This Program describes the workplace conditions calling for the use of respirators, roles and responsibilities for implementing this Program, training requirements, medical evaluation process, and the proper selection, fit-testing, use, inspection, cleaning, maintenance, storage, and voluntary use of respiratory protection.

Respirators and filter cartridges must be approved by the National Institute for Occupational Safety and Health (NIOSH). Respiratory protection will be worn and maintained in accordance with the procedures outlined within this Respiratory Protection Policy (Program) and other documents as specifically referenced within. Every Probation employee who wears respiratory protection is covered by this Program.

The Department will provide education, procedures, tools, and personal protective equipment (PPE) necessary for employees to be able to work safely around respiratory hazards. It is the responsibility of each Probation employee to ensure they are knowledgeable of the respiratory hazards present in their workspaces and to implement proper procedures for conducting their work in a safe manner. Employees are not allowed to wear tight fitting respiratory protection unless they are medically cleared and qualified to do so.

It is intended that this Program meet the regulatory requirements applicable to respiratory protection (i.e. the California Code of Regulations Title 8 Section 5144) and recordkeeping (CCR Title 8 Section 3204), and any other applicable State, Federal and local requirements.

Non-sealing carbon Filter surgical style masks are available for voluntary use. These masks do not provide protection against ATDs and do not provide a seal to the user's face.

Carbon filter masks may provide some relief from the residual irritant effects after OC spray has been deployed. Carbon filter masks are for personal comfort only and are not considered a tight fitting negative pressure air purifying respirator.

Caution: Air purifying respirators are not to be used in conditions that are immediately dangerous to life and health, (IDLH).

The following principles will provide the basic means by which Probation employees will be protected during work on and around respiratory hazards:

- (a) Know roles & responsibilities (including required training),
- (b) Identify, evaluate, & control respiratory hazards,
- (c) Communicate hazards,
- (d) Inspect / maintain equipment, and
- (e) Adhere to procedures within this Program.

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POTENTIAL HAZARDS

Potential respiratory hazards will be assessed through the Department's Job Hazard Assessment process. Through this process, work activities that have been identified to have potentially hazardous conditions or have resulted in an injury or illness, are evaluated by a person competent in hazard evaluation. The purpose of these evaluations is to (1) identify potential hazards associated with a work activity, (2) assess the hazards present in order to determine potential outcomes, (3) identify pertinent controls for eliminating / minimizing potential for exposure, and (4) determine PPE required for personnel conducting the work activity.

604.2 SCOPE AND APPLICATION

SCOPE

This program applies to all employees who are **required** to wear respirators during normal operations and during some non-routine or emergency operations and any voluntary users of the full face respirators.

- Air purifying respirators (APRs): remove contaminants from the air through some purifying element (filter, gas/vapor absorbing sorbent). This includes filtering facepieces (also called dust masks).

After a review of work operations, the following tasks have been identified as requiring respirator use.

Position/Class	Task	Type Respirator	Required questionnaire	Change out frequency
Sworn managers, DPO, JCC, PICS/ PIFS, PA, LP/ SLP, Cooks/ Chefs, RSW, Camp Administrative Aide	Exposure to suspected/ confirmed ATD case	N95	Appendix A-1: Kaiser Alternate Respirator Medical Evaluation Questionnaire	Determined by serviceability
JCC (Juvenile Hall) and DPOs that work shifts in the Juvenile Hall	Room Extractions/ Housing unit operations where OC spray may be deployed	SEA Full Face Mask FP-C cartridge	Appendix A-2: Spirometry test questionnaire (initial) Appendix A-3: OSHA Respirator Medical Evaluation Questionnaire (initial and periodic)	Filter at end of task if OC spray has been deployed; or 3 years sealed in airtight bag (Note 1)

Note 1: Ensure shelf life of 3 years is not exceeded when stored in sealed air tight bag after removal from original manufacturing packaging. The date the cartridge was removed from the original packaging shall be written on the sealed air tight bag.

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Required respirator use involves complying with all aspects of the Program.

All respirators must be provided by the County (i.e., **employee-owned respirators are prohibited**).

APPLICATION: HAZARD ASSESSMENT

In order to evaluate the operations mentioned above and to determine the appropriate respirator, a hazard assessment must be performed. This assessment includes:

- (a) Evaluating operation factors such as the size and configuration of the workspace, ability of the worker to communicate, work rate, temperature and humidity, and employee mobility.
- (b) Evaluating the hazards by identifying the chemicals, the physical form (gas, mist, etc.), and making a reasonable estimate of exposure. This estimate will be made by the Administrator with input from County Risk Management staff or a contracted health and safety provider if requested. A reasonable estimate of employee exposure may be made by performing air monitoring during the operation. The Administrator should request that Risk Management or a contracted provider assist them in this monitoring. In some cases, monitoring is not necessary and data from the manufacturer and/or mathematical calculations can be used to estimate exposure.
- (c) Evaluating the risk of biological hazards is often based on information from authorities (e.g., Centers for Disease Control, Health Officer, et)
- (d) If a reasonable estimate of exposure to an atmospheric concentration of any toxic, corrosive or asphyxiant substance is not possible (e.g., an unknown environment, or emergency operation), the atmosphere must be considered immediately dangerous to life and health (IDLH). Staff should leave the area immediately and alert the appropriate emergency responders. Staff will not re-enter the area until informed it is safe to do so.
- (e) Based on the hazard assessment, a respirator certified by the National Institute for Occupational Safety and Health (NIOSH) will be selected.
- (f) A Hazard Assessment and Respirator Selection form must be completed for each specific operation. If assistance is needed, the Department will contact Sonoma County Risk Management for additional guidance.

604.3 PROCEDURES

604.3.1 ROLES AND RESPONSIBILITIES

1. The Probation Department will provide the training, medical evaluations, fit testing, procedures and respiratory protection equipment necessary in order for employees to work safely with and/or around respiratory hazards. The Department will also review and revise this Program as necessary to ensure it reflects current conditions, work practices and applicable Cal/OSHA regulatory guidelines. The Department will ensure there is a Program Administrator that will carry out the implementation of this Program.

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2. It is the responsibility of each Probation employee to ensure they are knowledgeable of the respiratory hazards present in their workspaces and implement proper procedures for conducting their work in a safe manner. Employees will have varying degrees of risk of exposure to airborne hazards, dependent upon their assigned work activities.
3. Specific responsibilities for proper implementation of this Program are detailed below:
 1. **Respiratory Program Administrator.** The Program Administrator, who is the Probation Department Safety Coordinator, is the individual who will oversee the implementation and maintenance of this Program. They will be the point of contact for any Probation Department employee or any other person who has questions regarding this Program. The Program Administrator is responsible for:
 - (a) Being knowledgeable on the content of this Program;
 - (b) Assuring that working conditions, as much as possible, are free from exposure to hazardous substances, including infectious diseases, so that the need for respirator use is minimized;
 - (c) Assuring that appropriate respirators are provided to staff for their work assignments;
 - (d) Development and maintenance of this Respiratory Protection Program, including annual review of workplace conditions that affect respirator use, and updating applicable task hazard assessments;
 - (e) Assuring that staff receive medical evaluations, fit testing, and training in compliance with regulatory requirements cited above in the Policy Statement Section;
 - (f) Assuring that job descriptions and Essential Functions Worksheets reflect the potential requirement of respirator use;
 - (g) Being the point of contact for all respiratory protection issues;
 - (h) Investigating malfunctions.
 2. **Supervisors.** Supervisors are responsible for working with the Program Administrator to ensure this Program is fully implemented and to ensure proper use, storage and maintenance of respiratory protection by the staff they supervise. Their roles also include:
 - (a) Ensuring that respirators are used in accordance with this Program;
 - (b) Ensuring that staff under their supervision, including new hires, have received and are in compliance with appropriate training, medical evaluation and fit testing as identified by the Department;
 - (c) Completing required training;
 - (d) Ensuring that appropriate respiratory protection is available for staff's immediate use; including spectacle frames (attaches securely to inside of visor) for those who wear corrected lenses and are required to wear full-face respirators;

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- (e) Being aware of tasks that require respiratory protection and tasks for which use is voluntary;
 - (f) Ensuring that respirators are properly cleaned, maintained and stored according to the Program;
 - (g) Ensuring that respiratory protection is in good working condition;
 - (h) Responding to staff concerns regarding problems with respirators and identified hazards;
 - (i) Coordinating with the Administrator on issues relating to the effectiveness of this respiratory protection program.
3. **Employees.** Employees are responsible for properly wearing respiratory protection whenever it is required to be worn or is used on a voluntary basis. If they have questions, they should contact their Supervisor or Program Administrator immediately. The responsibilities of employees also include:
- (a) Attending and participating in all required training;
 - (b) Complete annual fit testing;
 - 1. Maintain compliance with annual fit testing requirements including the limitation of facial hair in areas where the mask seal contacts the skin or that interferes with valve function.
 - (c) Using respirators in accordance with instructions and training received;
 - (d) Always performing a user seal check after donning a respirator;
 - (e) Maintaining, cleaning, inspecting and storing respiratory protection as instructed;
 - (f) Discontinuing use of respiratory protection immediately if a malfunction is identified, and going to an area with fresh air;
 - (g) Reporting any respirator malfunction to a Supervisor;
 - (h) Not wearing tight fitting respiratory protection unless medically cleared to do so, and
 - (i) Encouraging the reporting of any work activities that may require a Job Hazard Assessment to be conducted in order to assess potential hazards and the need for respiratory protection.

604.3.2 TRAINING

- A. The Department will provide training (classroom and/or on-the-job) to all employees who may wear tight fitting respiratory protection so that they may have the knowledge necessary in order to work safely around potential respiratory hazards associated with their respective job or task assignments. Employees are required to attend all training necessary to satisfy the requirements of their job classification. Documentation of training will be maintained as part of this Program. Training will include:
 - i. Identification of respiratory hazards,

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- ii. When respiratory protection must be worn,
 - iii. Proper maintenance and storage of respiratory protection,
 - iv. What to do in an emergency or when a respirator malfunctions,
 - v. Proper fit-testing procedures,
 - vi. How to properly don and doff their respirator,
 - vii. How to properly perform a user seal check on their respirator,
 - viii. How to properly use respiratory protection,
 - ix. How to properly select canisters, cartridges, and filters,
 - x. Limitations and capabilities of respiratory protection being worn,
 - xi. How to properly inspect and maintain their respirator,
 - xii. Recognition of medical signs/symptoms that may limit the use of respiratory protection,
 - xiii. Content of The Probation Department's Respiratory Protection Policy, and
 - xiv. Roles and responsibilities of this Program.
- B. Training will be provided when the employee is initially assigned to the job for which respiratory protection is required. Annual refresher training will also be provided for every employee that is required to wear respiratory protection and to voluntary users of full face respirators.
- C. Retraining may be done if:
- i. there are changes in the workplace, work task, or type of respiratory protection being used or
 - ii. an employee does not show they have the knowledge and skill necessary to properly use or maintain the required respiratory protection.
- D. Proper use of loose fitting non-sealing carbon filter masks is printed on the outer package of the mask.

604.3.3 MEDICAL EVALUATION

- A. Before any employee can wear respiratory protection (required or voluntary use of full face respirator), they must first obtain clearance from a physician or other licensed healthcare professional (PLHCP). The County's current provider is Kaiser Occupational Health. Clearance is obtained through a detailed medical evaluation. The purpose of the evaluation is to make sure the individual can physically withstand the demands of wearing respiratory protection without risk of adverse health effects. A certificate or note stating that the individual is medically approved to wear respiratory protection must be signed by the PLHCP and be on file with the Program Administrator or his/her designee before any employee can be fit-tested and allowed to wear respiratory protection.
- B. Content of an Evaluation

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- i. Every employee who is required to wear respiratory protection or who voluntarily wears full-faced respirators must complete one of two Respirator Medical Questionnaires, based on required task and respirator type, (Appendix A, B) to be submitted to the County's contracted provider (PLHCP) for review.

Position/Class	Task	Type Respirator	Required Questionnaire	Change out frequency
Sworn managers, DPO, JCC, PICS/ PIFS, PA, LP/ SLP, Cooks/ Chefs, RSW, Camp Administrative Aide	Exposure to suspected/ confirmed ATD case	N95	Appendix A: Kaiser Alternate Respirator Medical Evaluation Questionnaire	Determined by serviceability
JCC (Juvenile Hall) and DPOs that work shifts in Juvenile Hall	Room Extractions/ Housing Unit operations where OC spray may be deployed	SEA Full Face Mask FP-C	Appendix A-2: Spirometry test questionnaire (initial) Appendix A-3: OSHA Respirator Medical Evaluation Questionnaire (initial and periodic)	Filter at end of task if OC spray has been deployed; or 3 years sealed in air tight bag (Note 1)

Note 1: Ensure shelf life of 3 years is not exceeded when stored in sealed air tight bag after removal from original manufacturing packaging. The date the cartridge was removed from the original packaging shall be written on the sealed air tight bag.

- ii. Depending on the information provided in the questionnaire, the employee may or may not need a follow-up medical examination. A follow-up examination is an in person medical exam that may include any medical test, consultation, or diagnostic procedure that the PLHCP deems necessary to make a determination as to whether an individual is capable of wearing respiratory protection.
- iii. Both the medical questionnaire and follow-up exam will be done during the employee's normal working hours or at a time convenient to the employee, if they work night or weekend shifts. All results will be kept confidential. Any employee that desires to discuss the questionnaire or exam results with the PLHCP will be provided an opportunity to do so.
- iv. If the PLHCP determines that an employee is qualified to wear respiratory protection, they will provide a signed, written recommendation stating:
 - (a) any limitations on respirator use;
 - (b) need for any follow-up medical evaluations, and
 - (c) a statement that the PLHCP has provided the employee with a copy of the written recommendation.

C. Submittals to PLHCP

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- i. In order to be able to make an accurate determination, the Department shall provide the following information to the PLHCP:
 - (a) A copy of this program;
 - (b) Name of the employee and job title/work area;
 - (c) The list of hazardous substances in their work area;
 - (d) The proposed respirator type and weight;
 - (e) Duration and frequency of use;
 - (f) Expected workload (light, moderate, heavy);
 - (g) Temperature and humidity extremes;
 - (h) Personal protective equipment worn.
- ii. This information will only be provided for an employee's initial evaluation, provided the information remains the same. If changes occur, the PLHCP will be informed of them.

D. Frequency of Evaluations

- i. All Probation employees who are required to wear respiratory protection or voluntarily wear a full-face respirator must have a medical evaluation prior to using respirator protection. Additional evaluations are needed when:
 - (a) an employee reports medical symptoms that are related to using a respirator;
 - (b) the PLHCP requests that an employee be re-evaluated;
 - (c) there is a change in workplace conditions.
 - (d) Evaluations will be conducted at least annually until an employee is no longer required to use a respirator.

604.3.4 SELECTION OF RESPIRATORY PROTECTION

- A. The Department will provide respiratory protection that is adequate to protect the health and safety of employees working with respiratory hazards. Efforts will be made to provide a sufficient number of respirator models and sizes so that employees have a comfortable and correct fit. The following criteria will also be considered in the selection of respiratory protection:
 - i. NIOSH Certification: All respiratory protection components required to be used at the Department will be certified by the National Institute for Occupational Safety and Health (NIOSH). The NIOSH label will be clearly identified on the facepiece and cartridge, canister, and/or filter being used.
 - ii. Hazard Identification: The types of hazards that could potentially be present at Probation are discussed in the above section "Potential Hazards." The Department will conduct hazard evaluations as necessary in order to identify and assess hazards present. Respiratory protection will be selected in order

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to protect each individual employee from the type of hazard(s) present in their workplace. (See Appendix B).

- iii. Cartridge/Canister/Filter Change-Out: Air purifying cartridges, canisters, and filters may be exhausted at varying rates depending on (1) airborne concentration, (2) environmental conditions, (3) inhalation rate of the employee, and other factors. Probation will assess the use of respiratory protection for various job tasks to ensure that the cartridges, canisters, and filters are changed out before the end of their service life. (See Table 1).
- iv. Emergency and IDLH Conditions: Under normal operating conditions, it is not expected that Probation employees will be exposed to airborne hazards that are immediately dangerous to life and health (IDLH). In the event of an emergency, including oxygen deficiency, Probation employees are to evacuate the area.

604.3.5 FIT TESTING

- A. Fit testing of the respirator will determine whether a respirator provides a sufficient protective seal to the user. Employees are not allowed to use a tight fitting respirator without completing a fit test. The Probation Department will document all fit tests using the Respirator Certification Form (Appendix C). All fit test documents will be maintained in accordance with section 11, "Record Keeping." Fit tests will be done using the employee's respirator, or a respirator that is the same make, model, style, and size that the employee is expected to use.
- B. Facial hair that interferes with the sealing surface between the respirator and skin, or interferes with valve function is not permitted. This includes stubble beard growth, beard, mustache, sideburns or any other hair that interferes with the seal.
- C. Fit tests can be coordinated with the Program Administrator, the employee's supervisor, or the Site Safety Coordinator.
- D. Frequency of Fit Testing: Half and/or full-face respirators will be fit tested prior to first use and at least annually thereafter. Employees are not allowed to use respiratory protection if it has been more than twelve (12) months since their last fit test. Fit tests must also be conducted in the event of the following:
 - i. there is a change in the employee's physical condition that could affect the seal (i.e., facial scarring, dental changes, cosmetic surgery, change in body weight, etc.), or
 - ii. the employee reports the fit is not comfortable.
- E. Fit Testing Procedures are described in detail in Appendix D.

604.3.6 PROPER USE OF RESPIRATOR

- A. Employees are responsible for properly using respirators. Respirators will be worn at all times they are required. Any other required protective eyewear or other equipment will be worn in a manner that doesn't interfere with the seal of the respirator.
- B. Employees are not allowed to wear anything that prevents them from achieving a good seal between the respirator and skin, or interferes with valve function. This

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includes facial hair in the area of the sealing surface, facial scars, missing dentures, etc. Employees may not wear headphones, jewelry, glasses or other articles that may interfere with the facepiece to face seal.

- C. Hazardous conditions are only expected in the event of a chemical spill or other emergency. In such events, everyone present is required to evacuate the area (and possibly the building) immediately, and the appropriate emergency response agency will be notified. Air purifying respirators are NOT allowed in IDLH atmospheres or in situations where concentration of airborne hazard(s) is unknown.
- D. The work area in which respiratory protection is required to be worn is considered the Respirator Use Area. Employees must wear their respiratory protection in this area at all times the airborne hazard(s) may be present. Employees must leave the respirator use area:
 - i. to wash their faces and/or respirator;
 - ii. if they detect a vapor or gas breakthrough;
 - iii. if there is a change in breathing resistance of the respirator;
 - iv. to replace the canister, cartridge, or filter.
- E. Detailed procedures for properly donning and doffing respirators are described in Appendix E.

604.3.7 INSPECTION

- A. Respiratory protection that is damaged will not protect employees from inhalation hazards. Therefore, it is paramount that employees inspect their respirator prior to use in order to make sure it is in proper working condition. Inspection should also be conducted during cleaning (see Appendix F). If replacement parts or repairs are needed, employees should notify their supervisor or the Program Administrator. Employees should never wear a respirator that is not in proper working condition. Inspection will be slightly different depending on the type of respiratory protection, as detailed below.
- B. Disposable respirators are designed for temporary use. They can be easily damaged if not stored in an area where they won't be impacted. These respirators will be inspected for:
 - i. Holes in filter;
 - ii. Elasticity of straps;
 - iii. Deterioration of straps and metal nose clip.

If there are holes, the straps have lost their elasticity, or there is other damage to the disposable respirator, it should be disposed of and a new one should be worn.

- C. Tight Fitting, Air-purifying Respirators (½ or full face) are more durable than disposable respirators, but require detailed inspections in order to ensure there are no tears in the facepiece and valves are functional. These respirators will be inspected for:
 - i. Rips, cracks, tears, and holes in the facepiece,

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- ii. Distortion to the facepiece,
- iii. Dirt in the facepiece,
- iv. Faceshield or lens is cracked, scratched or loose (full face only),
- v. Loss of elasticity or tears in the straps,
- vi. Broken buckles or adjustment attachments,
- vii. Cracks or breaks in the head harness,
- viii. Inhalation/exhalation valves for dirt and debris, cracks, tears, distortion or defectiveness,
- ix. Missing components,
- x. Cartridges, canisters, and/or filters are intact and securely fastened, and
- xi. Cartridges, canisters, and/or filters are appropriate for the hazards present.
- xii. Cartridges removed from original packaging are dated.

Any respirator that is found to have any of the conditions above, or any other damage must not be worn until it is replaced or repaired.

All respirators (including voluntary use respirators) must be provided by the County (i.e., **employee-owned respirators are prohibited**).

604.3.8 CLEANING, MAINTENANCE AND STORAGE

- A. Respiratory protection must be properly cleaned, maintained, and stored in order for it to work properly and protect employees as it is intended to do. Employees are required to adhere to the procedures described in "Appendix F: Cleaning, Maintenance and Storage of Respirators" to ensure proper care and functionality of their respirators.

604.3.9 VOLUNTARY USE

- i. Respiratory protection is not required for all operations conducted at Probation. However, there may be times when employees may desire to wear respiratory protection even when the amount of hazardous substance does not exceed limits set by OSHA standards or result in a hazard as determined during a process hazard evaluation. Respiratory protection is considered to be voluntary use when each of the following conditions are met:
 - i. An exposure assessment has been conducted;
 - ii. The Permissible Exposure Limit (PEL) is not exceeded;
 - iii. No OSHA regulation requires that respirators be provided by the employer;
 - iv. The Department does not believe it is necessary to reduce exposures below their current levels (i.e., there is no perceived hazard);
 - v. The Department does not require or recommend that respirators be used;
 - vi. Workers ask to wear respirators, and

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- vii. Respirators will not be used for emergency response or escape.
- ii. The Department may provide respirators at the request of employees if it is determined that such respirator use will not in itself create a hazard. If the Department determines that voluntary respirator use is permissible, the employee must:
 - i. Have a medical evaluation as necessary in accordance to Section 3 of this Policy;
 - ii. Wear a respirator provided by the department
 - iii. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning, storage and care, and warnings regarding the respirators limitations;
 - iv. Not wear the 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.
- iii. Non-sealing carbon Filter surgical style masks are available for voluntary use. These masks **do not** provide protection against ATDs and do not provide a seal to the users face. Carbon filter masks may provide some relief from the residual irritant effects after OC spray has been deployed. Carbon filter masks are for personal comfort only.
 - i. Medical evaluations and fit testing are not required for the use of non-sealing carbon filter masks.
 - ii. Proper use is printed on the mask outer packaging, by the mask manufacturer.
 - iii. Non-sealing carbon filter masks do not provide protection against ATDs.
 - iv. Non-sealing carbon filter masks do not provide protection against dust particles gases, vapors, very small solid particles of fumes or smoke.
 - v. Use of Non-sealing carbon filter masks is voluntary and for personal comfort only.

604.3.10 PROGRAM EVALUATION

- A. The Probation Department will conduct evaluations of the workplace to ensure that this Program is being properly implemented and to consult with employees to ensure that they are using the respirators properly.
- B. Supervisors and other Probation personnel will occasionally observe staff wearing respiratory protection in order to verify proper selection, use, maintenance and storage of respiratory protection. In the event the respiratory protection is not being used, maintained or stored properly, the employee's supervisor and/or Probation Administration will determine the most appropriate action.
- C. The Department will periodically review this Program to ensure it is accurate and that current respiratory protection practices are sufficient in protecting employees from respiratory hazards. If improper use, maintenance, and storage become a frequent occurrence (as reported by supervisors), the Department will determine and implement an appropriate plan of action.

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604.3.11 RECORDKEEPING

- A. The Department will retain all medical evaluations, fit-testing documents, and a current written copy of this Program. This information will facilitate employee involvement in the Program, assist with auditing the adequacy of the Program, and provide a record for compliance determination by OSHA. Documents will be maintained as follows:
- i. Medical Evaluations and Exposure Records: Medical records will be maintained and made accessible in accordance with California Code of Regulations Title 8 Section 3204. This includes maintaining medical records for the duration of employment plus 30 years and employee exposure records for 30 years. Employees will have access to their personnel records upon receipt of written request. If an employee desires that a designated representative has access to their personnel records, they will be provided upon receipt of written consent to release the records to the designated representative.
 - ii. Fit-Testing Documents: Respiratory protection fit-test records will be maintained for each employee who is qualified and fitted for a respirator. Each record will have the:
 - (a) name of the employee,
 - (b) type of fit-test performed,
 - (c) make, model, style, and size of the respirator being tested,
 - (d) date of the test,
 - (e) pass/fail results for a QLFT.

These records will be retained only until the next fit-test is administered.

- iii. Respiratory Protection Policy and Related Documents: The Department will keep a written copy of this Program at each Division location where respirators are used. Electronic documents will be available on the Department's sharepoint site. All documents and materials required as part of this Program are available upon request.
- iv. Employee Notification: The Department will inform employees covered by this Program of:
 - (a) The existence, location, and availability of records;
 - (b) Person responsible for maintaining and providing access to records;
 - (c) Employee's rights of access to these records.

See attachment: [Appendix A-1 Kaiser Alternate Respirator Medical Evaluation Questionnaire.pdf](#)

See attachment: [Appendix A-2 Spirometry Test Questionnaire.pdf](#)

See attachment: [Appendix A-3 OSHA Respirator Medical Evaluation Questionnaire.pdf](#)

See attachment: [Appendix B Hazard Assessment Form.pdf](#)

See attachment: [Appendix C Respirator Certification Form.pdf](#)

See attachment: [Appendix D Fit Test Procedures.pdf](#)

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[See attachment: Appendix E Donning and Doffing Procedures.pdf](#)

[See attachment: Appendix F Cleaning Respirators.pdf](#)

[See attachment: Appendix G Definitions.pdf](#)

Attachments

Appendix D Fit Test Procedures.pdf

RESPIRATORY PROTECTION PROGRAM

APPENDIX D

FIT TESTING PROCEDURES

Fit testing of the respirator will determine whether a respirator provides a sufficient protective seal to the user. Respiratory protective equipment will not be issued without a fit test. The Probation Department will document all fit tests using the Respirator Certification Form (Appendix C). All fit test documents will be maintained in accordance with Section 11, Record Keeping. Fit tests will be done using the employee's respirator, or a respirator that is the same make, model, style, and size that the employee is expected to use. [Exception: Employees whose only use of respirators involves the voluntary use of a filtering facepiece (dust mask)]

Fit tests can be coordinated with the Program Administrator, the employee's supervisor, or the Site Safety Coordinator.

a. Frequency of Fit Testing

Half and/or full-face respirators will be fit tested prior to first use and at least annually thereafter. Employees are not allowed to use respiratory protection if it has been more than twelve (12) months since their last fit test. Fit tests must also be conducted in the event of the following:

- There is a change in the employee's physical condition that could affect the seal (i.e. facial scarring, dental changes, cosmetic surgery, change in body weight, etc.), or
- The employee reports the fit is not comfortable.

b. Fit Testing Procedure

Probation currently conducts only qualitative fit tests (QLFT). This is a non-numerical pass/fail test that relies on the respirator wearer's response to a test agent (irritant smoke, saccharin, isoamyl acetate, or Bitrex). The employee wearing the respirator is subjected to the test agent. If the employee can detect the test agent, the respirator has failed the QLFT. If the employee cannot detect the test agent, the respirator has passed the QLFT.

The Department uses a fit test kit and will adhere to the manufacturer's written procedure for using the test agent. Should the Department implement quantitative procedures in the future, this Program will be revised as deemed appropriate. All fit tests will be conducted in accordance with this procedure:

1. Pick the most comfortable respirator model and size so that the respirator fits correctly.
2. The test subject will demonstrate how to put on the respirator; positioning it properly on the face with proper strap tension.
3. Wear the selected respirator for at least five minutes prior to the test in order to assess comfort. Factors impacting comfort include: (a) position of the mask on the nose, (b) room for eye protection, (c) ability to talk, and (d) position of the mask on the face and cheeks.
4. Assess whether the respirator properly fits using the following criteria: (a) chin is properly placed, (b) proper strap tension, (c) fit across the bridge of the nose, (d) respirator is the proper size to span the distance from nose to chin, (e) slipping of the respirator, and (f) self-observation in mirror to evaluate fit and respirator position.

5. Conduct a user seal check (negative and positive pressure seal checks – see Appendix E). A different respirator will be selected if the test respirator fails the user seal check tests.
 - Facial hair that interferes with the sealing surface between the respirator and skin, or interferes with valve function is not permitted. This includes stubble beard growth, beard, mustache, sideburns or any other hair that interferes with the seal or valve function.
6. Conduct each of the following test exercises for a duration of 1 minute while administering the test agent per the manufacturer's instructions:
 - Normal breathing: done in a normal standing position, without talking.
 - Deep breathing: breathe slowly and deeply while in a normal standing position.
 - Turn head side to side: slowly turn head between the extreme positions to the left & right. Hold each extreme momentarily so the subject can inhale at each side.
 - Move head up & down: slowly move head up & down, inhale while looking at the ceiling.
 - Talk: talk out loud slowly and loud enough so as to be heard clearly.
 - Bend over: bend at the waist. Jog in place if the QLFT doesn't permit bending over.
 - Normal breathing: same as (a).

If an employee is not able to talk on their own for the duration of the 1-minute exercise (e), they can recite the "Rainbow Passage:"

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

If an employee experiences difficulty breathing during the fit test, they will be referred to the PLHCP for a follow-up medical evaluation in order to determine whether they are able to wear respiratory protection.

The test subject will be questioned by the test conductor regarding the comfort of the respirator upon completion of the fit test. If it has become uncomfortable, another model or size of respirator will be tried. The respirator should not be adjusted once the fit test exercises begin. Any adjustment made during the test voids the fit test, and the test must be repeated.

c. Facial Hair

A fit test will NOT be issued if there is any facial hair growth between the skin and the facepiece of the respirator. This includes stubble beard growth, beard, mustache, sideburns or any other hair that interferes with the seal of the facepiece or interferes with internal valve function.

Appendix A-1 Kaiser Alternate Respirator Medical Evaluation Questionnaire.pdf



Kaiser Permanente
Occupational Health Department
3975 Old Redwood Highway, MOB 5, Suite 152 Santa Rosa, CA 95403

Phone: 707-566-5550
Fax: 707-566-5536



Kaiser On-the-Job®

Employee Information

Alternate Respirator Medical Evaluation Questionnaire

To the employee: Can you read and understand this questionnaire (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it [Kaiser Occ. Health can be reached at (707) 566-5550].

Section 1. The following information must be provided by every employee who has been selected to use any type of respirator (please print).

COMPANY NAME: _____

EMPLOYEE NAME: _____ KAISER # _____

MAIDEN NAME or PREVIOUS NAMES: _____

DOB: _____ SEX: M F SS# _____

HOME ADDRESS: _____

PHONE # where we can leave message: _____

The best time to phone you at this number: _____

Today's date: _____

Name: _____ Job Title: _____

Your age (to nearest year): _____ Sex (circle one): Male Female

Height: _____ ft. _____ in. Weight: _____ lbs.

Phone number where you can be reached (include the Area Code): (____) _____

The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

Check the type of respirator you will use (you can check more than one category):

___ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

___ Other type (ex, half- or full-facepiece type, PAPR, supplied-air, SCBA). (fill in type here) _____

Have you worn a respirator (circle one): Yes No

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

Section 2. Questions 1 through 6 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Have you ever had any of the following conditions?

Allergic reactions that interfere with your breathing:

Yes No What did you react to? _____

Claustrophobia (fear of closed-in places): Yes No

2. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath when walking fast on level ground or walking up a slight hill or incline:

Yes No Coughing up blood in the last month: Yes No

Have to stop for breath when walking at your own pace on level ground:

Yes No Wheezing that interferes with your job: Yes No

Shortness of breath that interferes with your job:

Yes No Chest pain when you breathe deeply: Yes No

Coughing that produces phlegm (thick sputum):

Yes No Any other symptoms that you think may be related to lung problems: Yes No

3. Do you currently have any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest:

Yes No Pain or tightness in your chest that interferes with your job: Yes No

Pain or tightness in your chest during physical activity:

Yes No Any other symptoms that you think may be related to heart or circulation problems: Yes No

4. Do you currently take medication for any of the following problems?

Breathing or lung problems:

Yes No Nose, throat or sinuses: Yes No

Heart trouble:

Yes No Are your problems under control with these medications? Yes No

5. If you've used a respirator, have you ever had any of the following problems while respirator is being used?

(If you've never used a respirator, check the following space and go to question 6:) _____

Skin allergies or rashes:

Yes No General weakness or fatigue: Yes No

Anxiety:

Yes No Any other problem that interferes with your use of a respirator: Yes No

6. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Employee Signature

Date

PLHCP Signature

Date

NOTICE

MEDICAL INFORMATION ABOUT YOU WILL BE DISCLOSED TO YOUR EMPLOYER.

Information about your health is personal. We are committed to protecting that information. When we treat you or evaluate your health at Kaiser Permanente Occupational Health Centers, we create a record of the services. We need this record to provide you with quality care and to comply with certain legal requirements.

However, your employer requested that we provide you with the services you are receiving today for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries. Your employer needs this information to comply with OSHA, the Mine Safety and Health Administration. (MSHA), or the requirements of State laws having a similar purpose. Federal and State law permit us to disclose the results of our examination to your employer. The medical information disclosed will be limited to the clinician's findings regarding the medical surveillance or the work-related illness or injury. Some examples of employer requested services that we perform include:

- Under Federal Title 29 (CFR) parts 1904 through 1928, 30 CFR parts 50 through 90, and California Title 8 and other statutes, employers must provide various regulated/surveillance evaluations which include the following:
 - Respirator Evaluations
 - Asbestos Evaluations
 - Hazardous Waste Work Evaluations
 - Hearing Conservation Evaluations
 - Beryllium Evaluations
 - Pesticide Evaluations
 - Lead Evaluations
 - Diver Evaluations
 - Department of Energy Evaluations
 - Mine Safety Evaluations
 - Evaluation and treatment of workers' compensation injuries and illnesses

I received a copy of this notice: _____ Date: _____

EXAMINEE'S SIGNATURE

Appendix A-3 OSHA Respirator Medical Evaluation Questionnaire.pdf



Kaiser On-the-Job®

OSHA Respirator Medical Evaluation Questionnaire

To the employee: Can you read? (check one)

Yes ☐ No ☐ ? ☐

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

Part A Section 1. The following information must be provided by every employee who has been selected to use **any type of respirator** (please print).

1. Today's date: _____ Your medical record number: _____
2. If you do not have a medical record number please provide SS# XXX-XX- (last 4)
3. Your employer: _____ Your job: _____
4. Your name: _____ Maiden Name: _____
5. Your age (to nearest year): _____ DOB _____
6. Sex : (check one) ☐ MALE ☐ FEMALE
7. Your height: _____ ft, _____ in
8. Your weight: _____ lbs.
9. Your job title: _____
10. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
11. The best time to phone you at this number: _____
12. Has your employer told you how to contact the health care professional who will review this questionnaire (check one)? Yes ☐ No ☐ ? ☐
13. Check the type of respirator you will use (you can check more than one category):
 - a. ___ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. ___ SCBA (self-contained breathing apparatus).
 - c. ___ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air).
14. Have you worn a respirator (check one)? Yes ☐ No ☐ ? ☐ If YES, what type(s):

Part A. Section 2. Questions 1 through 14 below must be answered by every employee who has been selected to use any type of respirator. (Please check YES or NO. If unsure check ?).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes ☐ No ☐ ? ☐
2. Have you ever had any of the following conditions?
 - a. Seizures (fits)? Yes ☐ No ☐ ? ☐
 - b. Diabetes (Sugar disease)? Yes ☐ No ☐ ? ☐
 - c. Allergic reactions that interfere with your breathing? Yes ☐ No ☐ ? ☐
 - d. Claustrophobia (fear of closed-in places)? Yes ☐ No ☐ ? ☐
 - e. Trouble smelling odors? Yes ☐ No ☐ ? ☐
 - f. High cholesterol? Yes ☐ No ☐ ? ☐
3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis? Yes ☐ No ☐ ? ☐
 - b. Asthma? Yes ☐ No ☐ ? ☐
 - c. Chronic bronchitis? Yes ☐ No ☐ ? ☐
 - d. Emphysema? Yes ☐ No ☐ ? ☐
 - e. Pneumonia? Yes ☐ No ☐ ? ☐
 - i) How long ago did you have pneumonia? _____
 - ii) Has the pneumonia completely resolved? 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 ☐ ? ☐
 - i) How many ribs did you break? _____
 - ii) Do you currently have any rib pain? Yes ☐ No ☐ ? ☐
 - iii) Did your rib fracture result in any shortness of breath? Yes ☐ No ☐ ? ☐
 - k. Any chest injuries or surgeries? Yes ☐ No ☐ ? ☐
 - l. Any other lung problem that you've been told about? Yes ☐ No ☐ ? ☐
 - i) Describe _____
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath? Yes ☐ No ☐ ? ☐
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline? Yes ☐ No ☐ ? ☐
 - c. Shortness of breath when walking with other people at

- an ordinary pace on level ground? Yes ☐ No ☐ ? ☐
- d. 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 ☐ ? ☐
- 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 ever had any of the following cardiovascular or heart problems?
- a. Heart attack? Yes ☐ No ☐ ? ☐
- b. Stroke? Yes ☐ No ☐ ? ☐
- c. Angina? Yes ☐ No ☐ ? ☐
- d. Heart failure? Yes ☐ No ☐ ? ☐
- e. Swelling in your legs or feet (not caused by walking) Yes ☐ No ☐ ? ☐
- f. Heart arrhythmia (heart beating irregularly)? Yes ☐ No ☐ ? ☐
- g. High blood pressure? Yes ☐ No ☐ ? ☐
- h. Any other heart problem that you've been told about Yes ☐ No ☐ ? ☐
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest? Yes ☐ No ☐ ? ☐
- b. Pain or tightness in your chest during physical activity? Yes ☐ No ☐ ? ☐
- c. Pain or tightness in your chest that interferes with your job? Yes ☐ No ☐ ? ☐
- d. In the past two years, have you noticed your heart skipping or missing a beat? Yes ☐ No ☐ ? ☐
- e. Heartburn or indigestion that is not related to eating? Yes ☐ No ☐ ? ☐
- f. Any other symptoms that you think may be related to heart or circulation problems? Yes ☐ No ☐ ? ☐
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems? Yes ☐ No ☐ ? ☐
- b. Heart trouble? Yes ☐ No ☐ ? ☐
- c. Blood pressure? Yes ☐ No ☐ ? ☐
- d. Seizures (fits)? Yes ☐ No ☐ ? ☐

8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, check the following space ☐ and go question 9)
- | | | | | |
|----|--|------------------------------|-----------------------------|----------------------------|
| a. | Eye irritation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| b. | Skin allergies or rashes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| c. | Anxiety or Claustrophobia? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| d. | General weakness or fatigue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| e. | Any other problem that interferes with your use of a respirator. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
9. How often are you expected to use the respirator(s)
(check YES or NO for all answers that apply to you)?
- | | | | | |
|----|-----------------------------|------------------------------|-----------------------------|----------------------------|
| a. | Escape only (no rescue): | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| b. | Emergency rescue only: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| c. | Less than 5 hours per week: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| d. | Less than 2 hours per day: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| e. | 2 to 4 hours per day: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
| f. | Over 4 hours per day: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ? <input type="checkbox"/> |
10. Work requiring respirator use is (check all that apply):
- | | | | |
|--|-------|----------|-------|
| | LIGHT | MODERATE | HEAVY |
|--|-------|----------|-------|
- Examples of **light** work are: sitting while writing, performing light assembly work, and controlling machines.
Examples of **moderate** work are: standing while nailing, transferring a moderate load (about 35 lbs.) at trunk level, and walking on a level surface about 2 mph.
Examples of **heavy** work are: lifting a heavy load (about 50 lbs) from the floor to your waist, shoveling, and standing while bricklaying.
11. Do you normally have a beard, goatee, mustache, or other facial hair growth? Yes ☐ No ☐ ? ☐
- a) Does your facial hair come in contact the seal of the respirator? Yes ☐ No ☐ ? ☐
12. How much exercise (outside of work) do you get in a typical week?
Please explain
13. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Yes ☐ No ☐ ? ☐

Questions 14 to 19 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

14. Have you ever lost vision in either eye

- (temporarily or permanently)? Yes ☐ No ☐ ? ☐
15. Do you currently have any of the following vision problems? Yes ☐ No ☐ ? ☐
- a. Wear contact lenses? Yes ☐ No ☐ ? ☐
 - b. Wear glasses? Yes ☐ No ☐ ? ☐
 - c. Color blind? Yes ☐ No ☐ ? ☐
 - d. Any other eye or vision problem? Yes ☐ No ☐ ? ☐
16. Have you ever had an injury to your ears, including a broken eardrum? Yes ☐ No ☐ ? ☐
17. Do you currently have any of the following hearing problems? Yes ☐ No ☐ ? ☐
- a. Difficulty hearing? Yes ☐ No ☐ ? ☐
 - b. Wear a hearing aid? Yes ☐ No ☐ ? ☐
 - c. Any other hearing or ear problem? Yes ☐ No ☐ ? ☐
18. Have you ever had a back injury? Yes ☐ No ☐ ? ☐
- a. Has your back injury completely resolved? Yes ☐ No ☐ ? ☐
 - i) As of what date did the back injury resolve? _____
 - b. Do you have any current restrictions regards lifting, carrying, bending, or twisting? Yes ☐ No ☐ ? ☐
19. Do you currently have any of the following musculoskeletal problems? Yes ☐ No ☐ ? ☐
- 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 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. Difficulty 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 ☐ ? ☐

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

MR #: _____

Name: _____

YOUR PROTECTED HEALTH INFORMATION

IMPRINT AREA

NOTICE

RESULTS OF YOUR EVALUATION MUST BE DISCLOSED TO YOUR EMPLOYER.

Information about your health is personal. We are committed to protecting that information. When we evaluate your health at Kaiser Permanente Occupational Health Centers, we create a record of the services. We need this record to comply with certain legal requirements and to provide you with quality care.

Your employer requested that we provide you with the evaluation you are receiving today for the purposes of workplace medical surveillance. Your employer needs this information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. Federal and State law requires us to disclose certain results of our examination to your employer. **The medical information disclosed will be limited to the clinician's findings regarding the medical surveillance, as required by Federal and State law.** Employer requested services that we perform include, but are not limited to, the following:

Under Federal Title 29 (CFR) parts 1904 through 1928, 30 CFR parts 50 through 90, and California Title 8 and other statutes, employers must provide various regulated/surveillance evaluations which include the following:

- Respirator Evaluations
- Asbestos Evaluations
- Hazardous Waste Work Evaluations
- Hearing Conservation Evaluations
- Beryllium Evaluations
- Pesticide Evaluations
- Lead Evaluations
- Diver Evaluations
- Department of Energy Evaluations
- Mine Safety Evaluations

I received a copy of this notice: _____ Date: _____

EXAMINEE'S SIGNATURE

Appendix B Hazard Assessment Form.pdf

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CERTIFICATION FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin

Name of workplace: Sonoma County Juvenile Hall Work areas(s): Housing Units, Intake, Visitation
 Workplace address: 7425 Rancho Los Guilicos Rd. Dept A
Santa Rosa, CA 95409-65 Job/task(s): Deployment of Fog OC Spray
 Assessment conducted by: _____ Signature: _____ Date of assessment: _____

EYES			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Abrasive blasting <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering	<input type="checkbox"/> Janitorial <input type="checkbox"/> Landscape maintenance <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles <input type="checkbox"/> Blood splashes <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Intense light <input checked="" type="checkbox"/> Other <u>Known Eye Irritant</u>	<div>Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>If no, use:</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/filter # _____ </div> <div> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust tight goggles <input type="checkbox"/> Welding shield </div> </div> <div><input checked="" type="checkbox"/> Other <u>Full Face Respirator</u></div>
FACE			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Food prep <input type="checkbox"/> Janitorial <input type="checkbox"/> Mixing <input type="checkbox"/> Painting	<input type="checkbox"/> Solvent cleaning <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Potential irritants <input checked="" type="checkbox"/> Other <u>Known dermal irritant</u>	<div>Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>If no, use:</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/filter # _____ </div> <div> <input type="checkbox"/> Welding shield </div> </div> <div><input checked="" type="checkbox"/> Other <u>Full Face Respirator</u></div>

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CERTIFICATION FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin

HEAD			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance	<input type="checkbox"/> Walking/working under catwalk	<input type="checkbox"/> Beams <input type="checkbox"/> Pipes <input type="checkbox"/> Exposed electrical wiring or components	<div style="display: flex; justify-content: space-between;"> <div> Can hazard be eliminated without the use of PPE? If no, use: </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <u>Protective helmet</u> <input type="checkbox"/> Flying/falling objects, no electrical contact <input type="checkbox"/> Electrical contact (<600 V) <input type="checkbox"/> Electrical contact (>600V) <input type="checkbox"/> Bump cap <i>(not ANSI approved)</i> </div> <div> <u>Other PPE</u> <input type="checkbox"/> Hair net <input type="checkbox"/> Soft cap <input type="checkbox"/> Other _____ </div> </div>
<input type="checkbox"/> Confined space operations	<input type="checkbox"/> Walking/working under crane loads	<input type="checkbox"/> Falling objects <input type="checkbox"/> Machine parts <input type="checkbox"/> Other _____	
<input type="checkbox"/> Construction	<input type="checkbox"/> Utility work		
<input type="checkbox"/> Road work	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Electrical wiring			

HANDS - ARMS			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance	<input type="checkbox"/> Knife use <input type="checkbox"/> Landscape	<input type="checkbox"/> Biological hazards (poison oak, insects, etc.)	<div style="display: flex; justify-content: space-between;"> <div> Can hazard be eliminated without the use of PPE? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CERTIFICATION FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin

<input type="checkbox"/> Computer use <input type="checkbox"/> Food preparation <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering <input type="checkbox"/> Health care services <input type="checkbox"/> Janitorial	maintenance <input type="checkbox"/> Material handling <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Welding <input type="checkbox"/> Working with glass <input type="checkbox"/> Other _____	<input type="checkbox"/> Blood <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Irritating chemicals <input type="checkbox"/> Scrape, bruise, or cut by tools or materials <input type="checkbox"/> Other _____	If no, use: <u>Gloves</u> <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <u>Other PPE</u> <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other _____
---	---	--	---

FEET - LEGS			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Road work <input type="checkbox"/> Demolition <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscape maintenance	<input type="checkbox"/> Plumbing <input type="checkbox"/> Trenching <input type="checkbox"/> Use of flammable materials <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Explosive atmospheres <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Slippery surfaces <input type="checkbox"/> Tools <input type="checkbox"/> Other _____	<div style="display: flex; justify-content: space-between;"> <div> Can hazard be eliminated without the use of PPE? If no, use: <u>Safety shoes or boots</u> <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Toe Protection </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Other PPE</u> <input type="checkbox"/> Leggings <input type="checkbox"/> Chaps <input type="checkbox"/> Foot-leg guards <input type="checkbox"/> Other _____ </div> </div>

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CERTIFICATION FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin

BODY - SKIN			
Work Activities		Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Food preparation <input type="checkbox"/> Battery charging	<input type="checkbox"/> Solvent cleaning <input type="checkbox"/> Sawing <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemical splashes <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Sharp or rough edges <input type="checkbox"/> Other _____	<div style="display: flex; justify-content: space-between;"> <div> Can hazard be eliminated without the use of PPE? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> If no, use: </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Apron <input type="checkbox"/> Body suit <input type="checkbox"/> Coveralls <input type="checkbox"/> Vest, jacket </div> <div> <input type="checkbox"/> Rain gear <input type="checkbox"/> Welding leathers <input type="checkbox"/> Other _____ </div> </div>

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT CERTIFICATION FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin

Comments

OC spray is a known eye irritant. Exposure while wearing contact lenses can increase affects of exposure on the eye tissues. Soft contact lenses that have been exposed to OC should be disposed of.

In addition, following the NIOSH approval provisions (provided in the document "NIOSH Respirator Selection Logic, 2004"), a full-face respirator would be the correct choice. (<http://www.cdc.gov/niosh/docs/2005-100/pdfs/2005-100.pdf>). Here is the wording:

"Eye protection in the form of respirators with full facepieces, helmets, or hoods is required for routine exposures to airborne contaminants that cause any irritation to the mucous membranes of the conjunctivae or the cornea or cause any reflex tearing. Eye protection is required for contaminants that cause minor subjective effects as well as for those that cause any damage, including disintegration and sloughing of conjunctival or corneal epithelium, edema, or ulceration. NIOSH is not aware of any standards for gastight goggles that would permit NIOSH to recommend such goggles as providing adequate eye protection.

Appendix F Cleaning Respirators.pdf

RESPIRATORY PROTECTION PROGRAM
APPENDIX F
CLEANING, MAINTENANCE AND STORAGE OF RESPIRATORS

Respiratory protection must be properly cleaned, maintained, and stored in order for it to work properly and protect employees as it is intended to do. Employees are required to adhere to the procedures of this Section to ensure proper care and functionality of their respirators.

a. Cleaning Interval

Respirators that are issued to an employee for their personal use (not shared) should be wiped and cleaned after each use. They should be disinfected as often as necessary to be kept in a sanitary condition. Shared respirators should be cleaned per the procedure below after each use. These procedures do not apply to disposable respirators.

b. Cleaning / Disinfecting Procedure

The following procedure will be adhered to whenever a respirator is cleaned / disinfected:

1. Cleaning/Disinfecting of respirators is to take place in the Property Room.
2. Remove canisters, cartridges, and filters.
 - a. Filter cartridges are to be discarded after exposure to OC spray.
 - b. Filter cartridges are not to be washed or rinsed with water.
3. Disassemble facepieces by removing diaphragms, valves, hoses, and other components.
4. Remove elastic straps from the facepiece.
5. Wash all components in warm water with a mild detergent.
6. Rinse all components in clean, warm water.
7. Dry all components by air or hand.
 - a. If respirators are to be air dried, they are to be hung on the designated rack in the Property Room.
 - b. If by hand use a clean, lint-free cloth.
8. Reassemble the facepiece and all components; replace/repair any damaged components.
9. Once dry, clean/disinfected respirators are to be placed in a new zip-seal bag and returned to the Armory.
10. Respirator and all components must be completely dry prior to being placed in the new zip-seal bag (Damp components placed in a sealed bag are susceptible to mold growth).

c. Repairs

Any respirator that fails an inspection or is found to be defective will be removed from service immediately and will not be used until it is sufficiently repaired. If repairs can't be made, the respirator will be discarded and replaced with a new respirator. Repairs will be made in accordance with the manufacturer's specifications and by employees who have been trained on how to make the necessary repairs.

d. Storage

Respirators will be stored in a manner in which they are protected from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and chemicals. Care will be taken to prevent deformation of the face-piece and valves.

1. Full-face respirators are to be stored in clean-dry zip-seal bags in the Armory until needed.
2. Filter cartridges should be stored in their original sealed manufacture packaging until needed.
3. Filter cartridges may be kept until the date or expiration at which time they are to be disposed of.
4. When a filter cartridge is removed from the original sealed manufacturer packaging the date of removal is to be clearly written on the filter cartridge with a permanent marker.

5. Opened filter cartridges that have not been exposed to OC spray may be kept for up to 3 years from the date that they are removed from their original packaging or the manufacturer expiration date of the filter cartridge. After 3 years, cartridges are to be disposed of.
6. Filter cartridges that have been opened, removed from their original sealed packaging and have not been exposed to OC spray are to be kept in a zip-sealed bag until needed. Opened filter cartridges that have been attached to respirator, but have not been exposed to OC spray, should remain attached to the respirator and stored in a sealed bag.

Appendix G Definitions.pdf

RESPIRATORY PROTECTION PROGRAM
APPENDIX G
DEFINITIONS

<i>Air Purifying Respirator</i>	A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.
<i>Assigned Protection Factor (APF)</i>	The level of respiratory protection that a respirator or class of respirators is expected to provide to employees.
<i>Canister / Cartridge</i>	A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passing through the container.
<i>Dust</i>	Small particles that are capable of being temporarily suspended in air, even after settling onto horizontal surfaces.
<i>Filter</i>	A component used in respirators to remove solid or liquid aerosols from the inspired air.
<i>Filtering Facepiece (Dust Mask)</i>	A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.
<i>Fit Test</i>	A protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.
<i>Fumes</i>	Very small, airborne particles typically formed by condensing vapors from burning or melting metals. They are most commonly formed during welding and other similar work.
<i>High Efficiency Particulate Air (HEPA)</i>	A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. This includes the particulate filters N100, R100, and P100.
<i>Immediately Dangerous to Life and Health (IDLH)</i>	OSHA regulation (1910.134(b)) defines IDLH as “an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual’s ability to escape from a dangerous atmosphere.”

<i>Loose-fitting facepiece</i>	A covering that is designed to form a partial seal with the face (surgical mask)
<i>Mist</i>	Liquid particles that are suspended in air.
<i>Negative Pressure Respirator</i>	A tight fitting respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.
<i>Oxygen Deficient Atmosphere</i>	An atmosphere with oxygen content below 19.5% by volume.
<i>Permissible Exposure Limit (PEL)</i>	The permissible exposure limit (PEL) is the time-weighted average threshold limit a person working an 8 hour shift can be exposed to a chemical without suffering ill effects. This value is used in the United States by OSHA to protect workers in hazardous conditions.
<i>Qualitative Fit Test (QLFT)</i>	A pass / fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
<i>Respirator</i>	A device designed to protect the wearer from inhaling harmful dusts, particulate, mists, fumes, vapors, and/or gases.
<i>Tight-fitting facepiece</i>	A covering that is designed to form a complete seal with the face.
<i>User Seal Check</i>	An action conducted by the respirator user to determine if the respirator is properly sealed to the face before each use.
<i>Vapor</i>	Gaseous phase of a substance caused typically by the evaporation of a liquid.

Appendix E Donning and Doffing Procedures.pdf

RESPIRATORY PROTECTION PROGRAM

APPENDIX E

DONNING AND DOFFING PROCEDURES

Employees are responsible for properly using respirators. Respirators will be worn at all times they are required. For employees in positions that require the use of a respirator, facial hair may not come between the sealing periphery of the face piece and the face or interfere with valve function. Any protective eyewear or other equipment that must also be worn will be worn in a manner that doesn't interfere with the seal of the respirator. Spectacle frames (attaches securely to inside of visor) will be provided to those who wear corrected lenses in eyeglass frames and are required to wear full face respirators. The following will also be strictly adhered to.

a. Don / Doffing

Employees must properly put on (don) and take off (doff) their respirator.

1. Extend the head strap
2. Pull the head strap over your head & situate
3. Pull the neck strap behind the neck
4. Connect the neck strap
5. Grab pull-tabs and tighten
6. Conduct the User Seal Check (see below)

b. Facial Hair

Employees are not allowed to wear tight-fitting respirators if they have facial hair that (1) comes between the sealing surface of the respiratory and skin, or (2) interferes with valve function.

c. Hazardous Conditions

Hazardous conditions are only expected in the event of a chemical spill or other emergency. In such events everyone present is required to evacuate the area (and possibly the building) immediately and the appropriate emergency response agency will be notified. Air purifying respirators are NOT allowed in IDLH atmospheres or in situations where concentration of a hazardous airborne chemical or physical agent is unknown.

d. Respirator Use Area

The work area in which respiratory protection is required to be worn is considered the respirator use area. Employees must wear their respiratory protection in this area at all times the airborne hazard(s) are present. Employees must leave the respirator use area (1) to wash their faces and/or respirator, (2) if they detect a vapor or gas breakthrough, (3) if there is a change in breathing resistance of the respirator, and (4) to replace the canister, cartridge, or filter.

e. User Seal Check

Employees are required to conduct a user seal check every time they put on the respirator. The procedure for conducting the user seal check is:

i. Negative pressure leak test - Close off both inlet connections (open end of cartridge) with the palm of the hands, inhale slowly, and hold breath momentarily. The facepiece should be drawn tightly to the face and no leakage should be detected. If a leak is detected, adjust head straps and/or facepiece and recheck. If a leak is detected a second time, immediately notify your supervisor.

ii. Positive pressure leak test – Close the opening in the exhalation valve guard (front of mask) by placing the palm of the hand over the valve. Gently exhale, maintaining a slight positive pressure. No leakage should be detected. If a leak is detected, adjust the head straps and/or facepiece and recheck. If a leak is detected a second time, immediately notify your supervisor.

Appendix C Respirator Certification Form.pdf

Sonoma County Probation Department Respirator Certification Form

Completion of this form indicates that the employee listed has completed the required Medical Evaluation, Fit Testing and has been trained in the proper use of Department issued respirator(s) required for their specific work assignment. Medical Evaluations and Fit Test/Training must be completed at least annually.

Employee Name: _____ Employee ID: _____

Soc. Sec. No: ____ - ____ - ____

Medical Evaluation:

Is medically cleared to wear respiratory protection

Medical Evaluation Expires on (Date): _____

Physician of Other Licensed Healthcare Professional (PLHCP)

Hazard Evaluation:

Job Title: _____

Employee's work assignment requires the use of the following respirator(s):

___ N95 Respirator ___ Full Face Respirator

Fit Test and Training:

___ N95 Brand/Model: _____ Size: S M L

Fit Test/Training Date: _____ **QLFT Result:** Pass ___ Fail ___

___ Full Face Brand/Model: _____ Size: S M L Filter/Cartridge: _____

Fit Test/Training Date: _____ **QLFT Result:** Pass ___ Fail ___

Trainer (Print): _____

Trainer Signature: _____

Employee Signature: _____

Appendix A-2 Spirometry Test Questionnaire.pdf



SPIROMETRY TEST QUESTIONNAIRE

LAST NAME	FIRST	MIDDLE	MR#
EXAM DATE	BIRTHDATE	WORK PHONE	HOME PHONE
EMPLOYER		POSITION TITLE	

Please answer the following questions by circling **Yes** or **No**.

- Y N 1. Have you had surgery involving the eye, ear, chest, or abdomen in the past 6 weeks?
- Y N 2. Have you been hospitalized for a heart condition in the past 6 weeks?
- Y N 3. Have you ever been treated for pneumothorax?
- Y N 4. Do you have a thoracic, abdominal, or cerebral aneurysm?
- Y N 5. Are you currently ill, or have you suffered from respiratory infection (chest cold, flu, or bronchitis) in the past 3 weeks?
- Y N 6. Are you under a physician's care for high blood pressure?
- Y N 7. Have you smoked tobacco or eaten a large meal in the past hour?
- Y N 8. Have you used an inhaled bronchodilator (Primatene Mist, Ventolin, etc) in the past 4 hours?
- Y N 9. Have you used an oral bronchodilator medication at anytime today?

Height: _____ft. _____inches Weight: _____ BP: ____/____

Instructions:

- For Yes answers to questions 1-5, defer testing pending approval by supervising Occupational Medicine physician or treating physician.
- For BP>180/110, defer testing pending referral to PCP for treatment
- Other questions do not mandate deferral of testing, but may influence interpretation.
- **STOP** test for dizziness, chest pain, severe wheezing, or severe coughing.

Patient Signature: _____ Date: _____

Spirometry Technician Signature: _____ Date: _____