University of Illinois
at Urbana-Champaign

Division of Environmental Health and Safety

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December 19, 1994

The Docket Office
Docket H-049
U.S. Department of Labor
Occupational Safety and Health Administration
Room N2625
200 Constitution Avenue, N.W.
Washington, D.C. 20210

OSHA
DOCKET OFFICER
DATE JAN 25 1995
TIME

Re: Comments on the OSHA Respirator Standard; Proposed Rule

To whom it may concern:

The University of Illinois at Urbana-Champaign (UIUC) submits the following comments on the OSHA Respirator Protection; Proposed Rule:

1.Part (A) Scope and Application.

VOLUNTARY RESPIRATOR USE SITUATION

The UIUC supports the "voluntary respirator use situation" exemption for all air-purifying respirators based on the following:

The University has experienced situations where air monitoring has been conducted to ascertain that exposure levels are below OSHA PELs, but employees still wish to wear a respirator. This situation has arisen because of a contaminant's offensive odor (e.g., exposures to formaldehyde below the STEL) or because of perceived risk to health (e.g., asbestos exposures well below OSHA PELs). Due to the requirements of the current OSHA Respirator Standard and the associated cost implications (estimated at approximately $150 per year) the University has discussed not allowing these employees to wear respirators. The voluntary use exemption will give these employees the freedom to choose to wear a respirator even though it is not required. Training and fit testing will still be available for those who wish to receive it.

The University does not support the voluntary use exemption for supplied-air respirators due to the fact that these respirators are much more complicated than air-purifying respirators and could cause physical harm to employees if used improperly.

OCCASIONAL USE SITUATION

In addition to supporting the voluntary use exemption, the University supports the "occasional use" exemption for wearers of respirators. Experience at the UIUC has shown us that the majority of our workers do not have problems wearing respirators. In our business, the occasional use exemption would primarily be taken advantage of by student/employees under the age of 30; generally a healthy class of individuals who have no problem wearing respirators.

2. Part B Definitions.

IMMEDIATELY DANGEROUS TO LIFE OR HEALTH (IDLH)

The University feels that the definition of "immediately dangerous to life or health (IDLH)" is too broad such that it might encompass chronic health effects in its meaning. In the definition, the phrase "delayed adverse health effects" could be interpreted to include delayed chronic health effects, though this should not be the intent of the definition. Perhaps the phrase "delayed adverse health effects" could be replaced with "delayed *acute* adverse health effects". The addition of the word *acute* eliminates the inclusion of chronic health effects.

3. Part (E) Medical evaluations.

SLIDING SCALE

The UIUC feels that annual medical exams are not always necessary and that they are financially burdensome on the employer. The University supports the concept of a sliding scale for medical evaluations based on age. This sliding scale should be published in a non- mandatory appendix and recommended for use by the examining physician.

MEDICAL EVALUATION ALTERNATIVES

With respect to which medical evaluation alternative should be used, it is the University's opinion that the first or third alternative would provide the best service to both the employee and the employer. These two alternatives allow the physician the most flexibility in deciding when and what should be included in a medical evaluation. The problem that we foresee is that the University and many other businesses do not have in-house medical care and will be relying on consulting physicians to make some of these decisions for us. This could lead to conflicts of interest on the part of the medical community. In addition to the potential conflict of interest problem, access to Board Certified Occupational Medicine Physicians is extremely limited, and most general practitioners are not well-versed in the medical needs of respirator wearers. To this regard, we request that the non-mandatory appendix covering medical evaluations be very complete and include references which the University and the licensed physician can utilize in the medical evaluation decision making process.

4.Part (F) Fit testing.

QUANTITATIVE FIT TESTING

The University does not agree with the requirement for quantitative fit testing, particularly for tight-fitting positive pressure respirators, because the cost of such equipment is unduly burdensome on the employer and the need does not justify this expense. Qualitative fit testing, especially the irritant smoke protocol, is sufficient to ensure that the fit of the tight fitting face piece is adequate. In addition, unless there is a typographical error on page 58893 of the November 15, 1994 Federal Register, costs for Quantitative Fit Testing were not included in Table A - Annualized Costs of Proposed Revisions to Respirator Standard. The cost to business for this type of equipment is subtantial.

5.Part (H) Maintenance and Care.

CLEANING RESPIRATORS

The University agrees with the requirement that shared and emergency use respirators be cleaned and disinfected after each use. However, we feel that daily cleaning and disinfecting of respirators which are dedicated to one user is burdensome and unnecessary for the safety and health of the employee. The reasons for this daily requirement which are given in the Preamble (build up of contaminant on the facepiece such that the respirator seal is affected or contamination of the inside of the mask; deterioration of the facepiece from contaminants;and, visual interference from contaminants building up on the lense) are extremely weak arguments. The preamble suggests that the real reason for the added requirement is that "periodic" cleaning/disinfecting would be difficult to enforce and that poor cleaning practices have been a compliance problem according to OSHA historical data. We suggest a compromise that routinely worn respirators (those worn more than once per week) be cleaned and disinfected at least on a weekly basis and cleaned (for example, with wet wipes) daily. All other respirator usages should be cleaned and disinfected after each use. This defines the frequency of cleaning and disinfecting, is a reasonable time frame, and is not unduly burdensome on the employer.

6.Part (M) Recordkeeping.

TRAINING RECORDS

The proposed rule fails to indicate how long training records should be maintained. As fit testing records are maintained until the next fit test is administered, is this an appropriate recordkeeping policy for training records? In addition, does OSHA plan to specify the time period these records be maintained after an employee is no longer employed by a company?

Thank you for your consideration of the above comments.

Sincerely,

Kendall L. Page
Assistant Director