

54-251



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**CITGO Petroleum Corporation**

April 13, 1995

OSHA  
DOCKET OFFICER  
DATE APR 18 1995

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

Re: Notice of Proposed Rulemaking on Respiratory Protection, Federal Register, Nov. 15, 1994, Vol. 59, No. 219, pg 58884.

Dear Sir or Madam:

CITGO Petroleum Corporation appreciates the opportunity to comment on the subject proposal. CITGO is a major refining, marketing and transportation company with 4,800 employees, 6 major manufacturing facilities, ownership of 52 marketing terminals and a product supplier to more than 12,000 branded gasoline stations. Annually, CITGO conducts well over 1000 respirator physical examinations, fit tests and respirator training events. CITGO will be affected by this proposal.

We do not believe that the agency has provided sufficient evidence to revise the standard. However, should promulgation proceed, our comments on the proposal are attached.

Thank you for this opportunity to comment. If staff would like to discuss any aspect of these comments in further detail, please do not hesitate to contact me at 918/495-5230.

Sincerely,

Antonio S. Tepedino  
Vice President Resource Protection, Risk  
Management & CITGO Asphalt Refining Co.

attachment

**Comments on Proposed Standard for Respiratory Protection**  
**29 CFR 1910.134**  
**4/14/95**

**Scope**

OSHA has requested comment on the applicability of the proposed respiratory protection standard to voluntary respiratory use.

CITGO strongly recommends that the proposed standard be applicable only to those situations where respiratory protection is required to meet an OSHA exposure limit, or where respiratory protection is required by the employer to reduce unnecessary employee exposure to a hazardous air contaminant.

**Definitions**

Hazardous Exposure Level

OSHA has defined Hazardous Exposure Level to include airborne concentrations above the OSHA PEL. If there is no PEL, then the employer is to use the ACGIH TLV. If there is then no TLV, the NIOSH REL is to be used.

OSHA should allow employers flexibility in selection which exposure limits they will use, rather than requiring the use of the TLV or REL. If no PEL exists, the employer should be allowed to use professional judgment regarding hazardous exposure levels, based on all available hazard information.

Quantitative Fit Test

OSHA defines Quantitative Fit Test in such a way that it precludes fit testing devices that do not use a "challenge agent". At least two manufacturers make quantitative fit test equipment that does not use "challenge agents". OSHA should not restrict the development or use of equipment that can objectively and numerically evaluate the performance of respirator fit.

Specifically, CITGO recommends that condensation nuclei quantitative fit testing methodology, as used in the TSI Portacount, be recognized as a approved quantitative fit test method and included in Appendix A of the standard.

IDLH

CITGO urges OSHA to follow ANSI Z88.2-1992 closely with respect to the definition of "IDLH" atmospheres and respirator fit factors. The ANSI standard is a comprehensive guide to respiratory protection that has been used successfully by employers who use respiratory protection.

Specifically, OSHA should define "IDLH" as follows:

"Immediately dangerous to life or health (IDLH): Any atmosphere that poses an immediate hazard to life or poses immediate irreversible debilitating effects on health."

Instead of relying upon NIOSH's Respirator Decision Logic, OSHA should use the protection factors listed in ANSI Z88.2-1992.

### **Selection of Respirators**

#### Requirement for three sizes and two manufacturers of facepieces

OSHA has proposed that where elastomeric facepiece respirators are to be used, the employer shall provide a selection of respirators from an assortment of a least three sizes for each facepiece type, and from at least two manufacturers.

CITGO believes that this proposed requirement be modified to require the employer to provide sufficient sizes and models necessary to provide an acceptable fit for respirator wearers. Improvements in respirator design and availability of several facepiece sizes from one manufacturer should allow most employers to provide effective respiratory protection for employees. Certain types of respirator facepieces are not available in three sizes. OSHA should not require employers to stock two manufacturer's respirators when one brand will suffice.

### **Medical Evaluation**

#### Medical Evaluation

Where respiratory protection is required to control unacceptable exposures to hazardous airborne contaminants, CITGO supports "Alternative three", and recommends that OSHA modify the text of its medical surveillance requirements as follows:

1. Health Screening: Before respirator use starts, for each employee required to wear a respirator, the employer shall provide a health screening, and if needed, a medical evaluation, to determine whether an employee has a health problem that may interfere with his/her ability to wear a respirator. This determination shall be reviewed periodically.

I. At the time of respirator fit-testing, the employee shall be required to complete a health screening questionnaire.

ii. The questionnaire shall be administered by a person trained in its administration by a licensed health professional, and it shall be reviewed by, or under the direction of, a licensed health professional.

2. Medical Evaluation The licensed health care professional shall determine if a medical examination will be required, as indicated by the questionnaire evaluation.

- i. Employees who are assigned to emergency or rescue operations while wearing an SCBA, shall receive a medical evaluation.
- ii. Medical examinations shall be performed by licensed physician, or by a health professional under the direction of a physician.
- iii. If a medical examination is given, the employer shall obtain from the examining physician, a written opinion which states whether the employee has any detected medical condition which would place the employee's health at increased risk of material impairment for respirator use and any recommended limitations upon the use of respirators. A copy of this written opinion shall be provided to the examined employee.
- iv. The individual performing the medical evaluation shall be informed of the nature of the employee's work environment, the types of respirators that are required to protect the employee from exposure to potentially hazardous substances, and the physical demands of the job.
- v. The procedures used in the medical evaluation shall be left to the judgment of the individual performing the evaluation.
- vi. The employee and the employer shall be notified of any restrictions on respirator wear.

3. In the case of new employees, employers may accept an already existing medical examination or written opinion from a physician provided it was conducted within a year of the date of employment, covered the same type of respirator under similar use conditions, and meets the requirements of (e) (1).

4. The employer shall have the employee's medical status reviewed periodically by, or under the supervision of, a licensed physician, and at any time the employee experiences unusual difficulty breathing while being fitted for or while using a respirator. The employer shall have the responsible licensed physician provide a written opinion resulting from the review as required under (e) (1).

#### Validation of Questionnaire Use

CITGO performed 1634 respiratory physicals in 1994. There was only one abnormal after referral and follow-up. This demonstrates that respiratory exams are not necessarily the most efficient way to screen individuals for respiratory fitness on a routine basis.

### Other Health Professionals

CITGO supports OSHA's proposals to allow many portions of the medical evaluation to be performed by non-physician health professionals such as occupational health nurses, nurses, nurse practitioner, physicians' assistant, and others, working under the direction of a physician who determines the necessary procedures.

### New Definitions

CITGO suggests that OSHA place in Paragraph (b) Definitions, of its proposed standard for Respiratory Protection, new definitions addressing medical evaluations. Suggested language is as follows:

**"Health Screening** means the administration of a written health questionnaire by a health professional, or someone trained by a health professional, to determine the ability of an individual to safely wear respiratory protective equipment as part of their normal job related duties, or whether a medical evaluation is necessary.

**"Medical Evaluation** means a review of the screening questionnaire and additional history, and/or a focused examination, and/or tests as appropriate, done by or under the direction of a licensed physician".

### MVV.25

CITGO does not believe the MVV.25 test to be either useful or predictive of an individuals potential to have problems associated with the wearing of a respirator under normal conditions of employment.

### Tympanic Membrane Defects

CITGO agrees with OSHA that there is no remaining basis for concern over the potential for the intake of toxic fumes or gases through a hole in the tympanic membrane.

### Endocrine System Assessment

OSHA should not require specific consideration of endocrine problems as part of respirator related medical surveillance.

Medical surveillance requirements require for OSHA's Respiratory Protection should be directed toward assuring that every worker required to wear a respirator as a condition of employment can do so safely. Endocrine system problems have not been reported to be a major problem among respirator wearers. Whether or not a particular individual receives a general medical examination should be of no concern to OSHA where the requirements of this standard are concerned. This is a standard for respiratory protection, and is not intended to be a medical surveillance standard. OSHA should not make an attempt to address all medical problems that may affect an employee.

### Exercise Stress Tests

OSHA should not include stress tests as a required part of the medical surveillance for those required to wear SCBA's.

This is a basic fitness for duty question, not properly addressed in this standard. Further, the exercise stress test while useful as a diagnostic tool in individual cases, is not of use as a general predictive tool for risk or ability to perform under highly stressful conditions.

### Mandatory Appendices

OSHA should not address specific tests in mandatory requirements of its Respiratory Protection Standard.

OSHA should leave the issue of specific tests for a particular condition or problem to the discretion of the attending physician. If OSHA wishes to bring attention to specific tests their discussion in a non-mandatory appendix should be sufficient.

### Disabling Medical Conditions

OSHA should not attempt to compile a listing of medical conditions and diseases that may preclude the use of respirators.

Whether a particular condition or disease is disabling in a particular individual depends on a large number of variables. Any such list could not account for all the variables that might apply in an individual situation, and would therefore be of limited practical value.

### Annual Review of Medical Status

OSHA should not require an annual review of employee medical status. A review of medical status is appropriate when an employee reports difficulty while using a respiratory during normally assigned duties.

The medical status of all employees wearing respirators should be reviewed periodically. The proper interval for such a medical review may vary, and should be determined by the employer. The ANSI and NIOSH guidelines are just that, and their use should be at the discretion of the employer.

### Other Health Professionals

CITGO supports OSHA's position on the use of other health professionals such as occupational health nurses, nurse practitioners and physicians' assistants, under the direction of a licensed physician.

## **Fit Testing**

### Fit testing of tight fitting, atmosphere-supplying respirators

OSHA should delete the proposed requirement to require fit testing of pressure demand and continuous flow atmosphere supplying respirators. By design atmosphere-supplying respirators are positive with respect to air outside the facepiece so that any small leaks will be outward rather than inward. Proper

training of the respirator wearer will prevent gross leaks caused by improper donning of the respirator.

#### **Requirement for annual fit testing of respirators**

OSHA has proposed to require annual fit testing of all types of respirators. CITGO believes that fit testing is appropriate only for tight-fitting, air-purifying respirators. OSHA has justified the requirement for annual fit testing as a means to reinforce respirator training. CITGO believes this is insufficient to justify the additional direct costs and loss of productivity resulting from required annual fit tests for all employees using respirators.

#### **Requirement for three fit tests**

OSHA has proposed that three quantitative fit tests be performed in its Quantitative Fit Test Protocol. CITGO strongly urges OSHA to accept a single fit test. If that single fit test results in a fit factor greater than 10 times the assigned protection factor, the fit test should be considered successful. Additional repetitions of the quantitative fit test results in unnecessary costs and loss of productivity.

### **Use of Respirators**

#### **Use of air purifying respirators with substances having poor warning properties**

OSHA has proposed to prohibit the use of air purifying respirators for a hazardous chemical with poor warning properties. CITGO urges OSHA to allow the use of air purifying respirators in these circumstances provided that either:

1. Their use is permitted under the provisions of a substance specific OSHA standard,
2. The respirator has an end of service life indicator, or
3. A change schedule has been implemented to assure that air-purifying elements are replaced before an estimated 80% of the useful service life has expired, based upon documented break-through data, airborne concentration of the chemical and duration of exposure.

#### **Use of eyeglasses with full facepiece respirators**

Current regulations prohibit the use of eyeglasses with temple bars that interfere with the fit of full facepiece respirators. CITGO urges OSHA to allow use of certain types of eye glasses that are held in place by a thin elastomeric band, whenever an adequate fit can be established and documented through quantitative fit tests. This will greatly simplify respiratory protection programs, and provide additional safety for the employee who wears corrective lens.