HO-CHUNK NATION CODE (HCC)
TITLE 6 – PERSONNEL, EMPLOYMENT AND LABOR CODE
SECTION 8 – OCCUPATIONAL SAFETY AND HEALTH PROGRAM AT OF 2002
SUBSECTION 18 – RESPIRATORY PROTECTION

ENACTED BY LEGISLATURE: MAY 20, 2002

RESTATED: NOVEMBER 4, 2004

CITE AS: 6 HCC § 8-18

1. **Authority**. See basic document (Occupational Safety and Health Program Act).

2. **Purpose**. This subsection of the Occupational Safety and Health Program Act provides for the minimum requirements for respiratory protection. It is used to manage the use of hazardous chemicals, establish practical engineering and work methods, and provide employees with effective respiratory protection equipment. As outlined in paragraph 3, below, voluntary respirator use is subject to certain requirements of this program.

3. **Scope and Application**.

a. This program applies to all employees who are required to wear respirators during normal work operations and during non-routine or emergency operations such as a spill of a hazardous substance.

b. In addition, any employee who voluntarily wears a respirator when a respirator is not required (i.e., certain maintenance work) is subject to the medical evaluation, cleaning, maintenance, and storage provisions of this program, and must be provided with certain information in this section of the program.

c. Employees participating in the respiratory protection program do so at no cost, the expense associated with training, medical evaluation and respiratory protection equipment will be borne by the Ho-Chunk Nation through its individual facilities.

4. **Definitions**. See basic document (Occupational Safety and Health Program Act). In addition, the following definitions apply to this subsection.

a. "Air-Purifying Respirator (APR)" means a respirator with an air-purifying filter.

b. "Atmosphere-Supplying Respirator" mans a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere.

c. "Canister or Cartridge" means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

d. "Emergency Situation" means any occurrence such as, but not limited to, equipment failure, rupture of container, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

e. "Employee Exposure" means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

f. "End-of-Service-Life Indicator (ESLI)" means a system that warns the respirator user of the approach of the end of adequate respiratory protection.

g. "Escape-Only Respirator" means a respirator intended to be used only for emergency exit.

h. "Filter or Air-Purifying Element" means a component used in respirators to remove solid or liquid aerosols from the inspired air.

i. "Filtering Facepiece (Dust Mask)" means a negative pressure particulate respirator with a filter as an integral; part of the facepiece or with entire facepiece composed of filtering medium.

j. "Fit Factor" means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of concentration of a substance in the ambient air to its concentration inside he respirator when worn.

k. "Fit Test" means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See QLFT & QNFT, below.)

l. "High Efficiency Particulate Air (HEPA) Filter" means a filter that is at least 99.97% efficient in removing mondisperse particles of 0.3 micrometers in diameter. (See NIOSH 42 C.F.R. § 84 particulate filter N100, R100 and P100)

m. "Immediately Dangerous to Life and Health" means an atmosphere that poses and immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous situation.

n. "Loose-Fitting Facepiece" means a respiratory inlet covering that is designed to form a partial seal with the face.

o. "Negative Pressure Respirator" (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside of the respirator.

p. "Oxygen-Deficient Atmosphere" means an atmosphere with an oxygen content below 19.5% by volume.

q. "Physician or Other Licensed Health Care Professional (PLHCP)" means an individual whose legally permitted to scope of practice (e.g., license, registration, or certification) allow him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this program.

r. "Positive Pressure Respirator" means a respirator in which the pressure inside the respirator inlet covering exceeds the ambient air pressure outside of the respirator.

s. "Powered Air-Purifying Respirator (PAPR)" means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

t. "Qualitative Fit Test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

u. "Quantitative Fit Test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

v. "Self-Contained Breathing Apparatus (SCBA)" means an atmosphere-supplying respirator for which there the breathing air source is designed to be carried by the user.

w. "Service Life" means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

x. "Supplied Air Respirator (SAR)" means an atmosphere supplying respirator for which the source of breathing air is not designed to be carried by the user.

y. "Tight-Fitting Facepiece" means a respiratory inlet covering that forms a complete seal with the face.

z. "User Seal Check" means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

5. **Procedures**. The provision of the respiratory protection program will be administered by the Occupational Health and Safety Director (Program Administrator) who will ensure that each facility fulfills the requirements of this policy.

a. Chemical Inventory. Each department and facility will maintain a Material Safety Data Sheet (MSDS) for each product in use. This system may be computer based if the product user is systems proficient or can quickly get help in accessing the information. Each September 1, a master inventory will be updated at each facility listing product name, physical and health hazards, and department of use. A copy of each yearly inventory will be forwarded to the OSHD where it will be retained for thirty (30) years.

b. Engineering systems, work methods, and chemical product selection will be the preferred methods of controlling atmospheric hazards. Respirators will be used if these methods are not practical.

c. Each facility will evaluate its operation and chemical inventory list to determine what respiratory hazards may be present. Product characteristics, physical form, volume, handling methods, area characteristics, and ventilation systems will be considered and industrial hygiene sampling will be used as necessary to provide reasonable estimate of exposure.

6. **Fit Testing**. Fit testing is required for employees wearing half-masks, APR's and tight-fitting SAR. Employees voluntarily wearing half-facepiece APRs may also be fit tested upon request.

a. Employees who are required to wear half-facepiece APRs will be fit tested as follows:

(1) Prior to being allowed to wear any respirator with a tight fitting facepiece.

(2) Annually.

(3) When there are changes in the employee's physical condition that could affect respiratory fit (e.g., change in body weight, facial scarring, etc.).

b. Employees will be fit tested with make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of PAPRs is to be conducted in the negative pressure mode.

c. The Program Administrator will ensure that fit tests are conducted using Bitrex Solution Aerosol, Saccharin Solution Aerosol, or irritant smoke following approved protocols as outlined in OSHA 29 C.F.R. § 1910.134, Appendix B.

d. Any employee, outside contractor, or visitor who performs work in an area that requires the use of a respirator must have passed a fit test and have no facial hair where the sealing surface of the respirator contacts the wearer's skin. Facial hair includes whiskers, stubble, and beards. Sideburns and moustaches that are long enough to interfere with the seal, or foul the respirator's exhalation valve, are also prohibited.

7. **Medical Surveillance**. A medical evaluation shall be provided to determine an employee's ability to use a respirator before the person is fit tested or required to wear a respirator.

a. The medical evaluation will conducted using the questionnaire provided in Annex C of OSHA 29 C.F.R. § 1910.134. The Program Administrator, through each appropriate

facility supervisor, will provide a copy of this questionnaire to all employees requiring medical evaluation.

b. Follow-up medical exams will be granted to employees as required by this program and/or as deemed necessary by the PLHCP.

c. Each facility will provide to its PLHCP a copy of this program, a list of hazardous substances by work area, and for each employee requiring evaluation: his or her work area or job title, proposed respirator type and weight, estimated length of time required to wear, expected physical work load (light, moderate or heavy), potential temperature and humidity extremes, and any additional protective clothing required.

d. The PLHCP shall provide written recommendation regarding the employee's ability to use the respirator, which shall include the following information:

(1) Any limitation on respirator use related to medical conditions or relating to workplace conditions in which the respirator will be used.

(2) The need for follow-up medical evaluation, if any.

(3) A statement that the employee has been provided a copy of the PLHCP's written recommendation.

e. All examinations and questionnaires are to remain confidential between the employee and the physician.

f. Each facility shall keep a chart or log of personnel required to wear respiratory protection. Chart below maybe copied and expanded for facility use.

Personnel in Respiratory Protection Program			
Name of Employee	Department	Job Description or Work Procedure	Respirator

8. **Training.** The Program Administrator will provide training to respirator users and their supervisors on the contents of this subsection and their responsibilities under it. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employee training or employee wearing of respirators.

a. Training will cover the following areas:

(1) The Respiratory Protection Program.

(2) Respiratory hazards encountered at each facility and their health effects.

(3) Proper selection and use of respirators.

(4) Limitations of respirators.

(5) Respirator donning and user seal (fit) checks.

(6) Fit testing.

(7) Emergency use procedures.

(8) Maintenance and storage.

(9) Medical signs and symptoms limiting the effective use of respirators.

b. Employees will be retrained annually or as needed. Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test.

c. Respirator training will be conducted and documented by the facility trainer, documentation will include type, model and size of respirator for which the employee has been trained and fit tested.

9. **Cleaning, Maintenance, Change Schedules, and Storage.** Respirators are to properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a through visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer.

a. Inspections. The following checklist will be used when inspecting respirators:

(1) Facepiece.

(a) Cracks, tears, or holes.
(b) Facemask distortion.
(c) Cracked or loose lenses/faceshield.

(2) Headstraps.

(a) Breaks or tears.
(b) Broken buckles.

(3) Valves.

(a) Residue or dirt.
(b) Cracks or tears in valve material.

(4) Filters/Cartridges.

(a) Approval designation.
(b) Gaskets.
(c) Cracks or dents in housing.
(d) Proper cartridge for hazard.

b. Cleaning. Respirators are to be regularly cleaned and disinfected. The following procedure is to be used when cleaning and disinfecting respirators:

(1) Disassemble respirator, removing any filters, canisters, or cartridges.

(2) Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.

(3) Rinse completely in clean warm water.

(4) Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.

(5) Air dry in a clean area.

(6) Reassemble the respirator and replace any defective parts.

(7) Place in clean, dry plastic bag or other air tight container.

c. Storage. Respirators shall be stored in a clean, dry area, and in accordance with the manufacture's recommendations. For personal respirators each employee shall have his/her name on the bag and that bag will only be use to store that employee's respirator.

d. Change Schedule. Employees wearing dust masks or APR's will replace mask properly disposing of mask being replaced. For tight fitting air purifying respirators the following procedure shall be used:

(1) For cartridges or canisters with ESLI dates, shall change filters when the expiration date occurs or before if breakthrough occurs.

(2) For cartridges or canisters without ESLI;

(a) When breakthrough occurs.

(b) When chemical can be detected in the facepiece.

(c) When exposed to known or unknown concentration.

(d) After use in a known or unknown concentration.

10. **Program Evaluation**.

a. The Program Administrator will conduct periodic evaluations of the facilities and workplaces to ensure that provisions of this subsection are being implemented.

b. Problems identified will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to each facility manager and the Executive Director of the Department of Labor, and the report will list recommendations to correct deficiencies in the program and target dates for the implementation of those corrections.

11. **Documentation and Recordkeeping**.

a. A copy of this program will be kept in each affected supervisor's office and the office of Occupational Safety and Health and will made available to all employees who wish to review it.

b. Each facility shall maintain the originals of training and fit records and have them readily available for inspection purposes. These records will be updated as new employees are trained, as existing employees receive refresher training, as new fit tests are conducted and as employees separate from employment.

12. **Administrative and Enforcement.** See paragraph 12 of basic document (Occupational Safety and Health Program Act).

Legislative History:

12/6/01	Reviewed by Administration Committee.
1/9/02	Legislature posts for 45-day Public Review.
5/20/02	Enacted as Respiratory Protection (6 HCC § 8-18) by Legislative Resolution 5/20/02E.
11/4/04	Restated to correct numbering of Sections 2, 3 and 4.