



## *Just the Facts...*

### *Recent OSHA Respiratory Protection Standard Changes Regarding the Use of Respirators Against Tuberculosis*

**WHAT HAPPENED??** Effective 31 December 2003, OSHA revoked its "Respiratory Protection for M. Tuberculosis" (29 Code of Federal Regulations 1910.139) standard [which was simply a redesignation of OSHA's 1971 General Industry Respiratory Protection standard]. OSHA revised the General Industry Standard in 1998. At the time of the revision of the 1971 standard, OSHA decided that, because its proposed standard for occupational exposure to TB (published three months earlier) included a comprehensive respiratory protection provision, the Agency would allow compliance with the previous respirator standard for TB protection until completion of the TB rulemaking. Thus, pending conclusion of the TB rulemaking, OSHA redesignated the old Respiratory Protection Standard into a new section entitled "Respiratory Protection for M. tuberculosis." However, in a recent domino effect, OSHA chose to withdraw its proposed TB standard (thus ending its TB rulemaking effort), revoke 29 CFR 1910.139, and begin applying the 1998 General Industry Respiratory Protection Standard (29 CFR 1910.134) to respiratory protection against TB.

**HOW DOES THIS AFFECT THE ARMY??** There should be minimal impact on the Army, provided all activities that use respiratory protection against TB have been following AR 11-34, "The Army Respiratory Protection Program." Even though this AR is under revision, the February 1990 version is still in effect until revised or rescinded.

#### **SO WHAT ARE THE DIFFERENCES BETWEEN 29 CFR 1910.139 and 29 CFR 1910.134?? WHAT ABOUT AR 11-34??**

The key differences between the two standards are in the areas of the written respiratory protection program, medical clearance, fit-testing, training and recordkeeping.

#### **Written Program:**

- **1910.139:** With regard to updating each facility's respiratory protection program, the old rule provided the skeletal requirements for such a program, but did not elaborate on what would be required in each element.
- **1910.134:** The revised respiratory protection rule provides employers with additional guidance on what constitutes an appropriate and effective program, which requires a systematic approach to evaluating workplace conditions, selecting the appropriate respirator, ensuring the respirator fits, and maintaining the respirator properly. The revised standard specifies how this systematic approach is to be implemented in the workplace.
- **AR 11-34:** Also requires the preparation of a local implementing regulation that prescribes the installation respiratory protection program, to include all information and guidance necessary for proper respirator selection, use, care, and maintenance.

#### **Medical Clearance**

- **1910.139:** Required medical evaluation, but did not set forth the components of the evaluation, or how it was to be accomplished.
- **1910.134:** The medical evaluation provisions of the revised standard set forth the minimum requirements employers must implement to determine if employees are medically qualified to wear respirators in their places of work. The employer must provide a medical evaluation for each covered employee, performed by either a physician or another licensed health care professional. Information from the

medical evaluation is to be used to determine the employee's eligibility to wear the respirator proposed for the employee. The employer must base the determination on the recommendation of the health care professional. Administration of the medical questionnaire in 1910.134, Appendix C, is a further requirement. However, 1910.134 does not specify how often the medical evaluation needs to be done (it is up to the health care professional conducting the evaluation).

- **AR 11-34:** Requires that workers' medical status not only be evaluated, but reviewed annually.

### ***Fit-testing***

- **1910.139:** Required initial fit-testing, but did not specify when the respirator fit-test had to be repeated.
- **1910.134:** As OSHA explained when it promulgated the annual retesting requirement in 29 CFR 1910.134, waiting more than a year between fit tests can compromise the quality of the fit for a substantial fraction of wearers. Additionally, this fact is just as important for respirators that are used for TB protection as it is for devices used for protection against other hazards. Respirator fit can be affected by a number of factors, including the size and shape of a person's face, dental changes, changes in the types of movements required to perform work when wearing the respirator, and the presence of facial hair.
- **AR 11-34:** The regulation has always required fit-testing when respirators are issued and annually thereafter, or after any model change.

### ***Training***

- **1910.139:** With regard to employee training, 1910.139 stated only that employees must be "instructed and trained in the proper use of respirators and their limitations," with no provision for annual retraining.
- **1910.134:** Requires employers to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable and recur at least annually. Employers must provide the training before their employees

are required to use the respirator. Topics to be covered include why the respirator is necessary, what the limitations of the equipment are, how to use the respirator in emergencies, how to use and care for the equipment, and how to recognize the medical signs and symptoms that may limit or prevent the use of respirators.

- **AR 11-34:** Basically requires the same scope of training as 1910.134.

### ***Recordkeeping***

- **1910.139:** Gives very little guidance on what records should be kept.
- **1910.134:** Requires more recordkeeping than 1910.139, and consolidates recordkeeping requirements with respect to medical evaluations, fit testing and the respirator program into one section of the standard.
- **AR 11-34:** Specifies that the installation respirator specialist will maintain records such as the date of issue and return of respirators; training provided on use, maintenance, fit and leak testing, and limitations of respirators; inventory of respirators and repair parts; respirator inspections; and other pertinent records as necessary. The installation medical authority maintains the medical records.

### ***Conclusion***

Recent changes to the Federal OSHA law for use of respirators for protection against TB should have minimal impact on Army facilities, provided the elements contained in AR 11-34, "The Army Respiratory Protection Program," have been followed.