



RESPIRATORY PROTECTION PROGRAM

October 2019

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I. Purpose

District employees must occasionally work in surroundings where breathing hazards are present. Thorough knowledge of respiratory protection is necessary if employees are to do their jobs safely and effectively. Fumes, mists, gases, vapors, dust, and fibers are all types of respiratory hazards that can exist in District environments. The purpose of a respirator is to prevent the inhalation of harmful airborne substances and/or an oxygen-deficient atmosphere. Functionally, a respirator is designed as an enclosure that covers the nose and mouth or the entire face or head.

A. OSHA and Cal/OSHA Regulations

This Respiratory Protection Program complies with mandatory compliance and regulations to familiarize employees with the basics of protecting respiratory health through the proper use and maintenance of respirators.

Whenever respirators are required to be worn, a written Respiratory Protection Program must be developed and implemented in accordance with the Occupational Safety and Health Act of 1970 (OSHA)'s respirator standard, [29 CFR 1910.134](#). OSHA issues regulations that help ensure safe procedures in workplaces including college campuses. This program is also in compliance with Cal/OSHA and Title 8, California Code of Regulations, General Industry Safety Order §5144 Respiratory Protection. [8 CCR § 5144](#) (see Page 13 for all links)

B. The National Institute for Occupational Safety and Health (NIOSH)

NIOSH publishes standards for safety equipment, including respirators [NIOSH approval labels— key information to protect yourself](#)

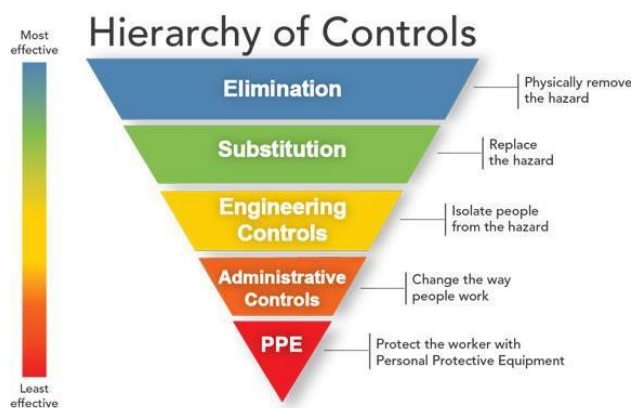
C. Occupational Exposure Controls vs Personal Protective Equipment

The primary means to control occupational diseases caused by breathing contaminated air is through the use of feasible engineering controls, such as enclosures, confinement of operations, ventilation, or substitution with less toxic materials. In the interim:

1. When effective engineering controls are not feasible, or while they are being instituted, used in accordance with the District Respiratory Protection Program;
2. The District shall provide respirators, when necessary, which are applicable and suitable for the purpose intended; and,
3. The District shall be responsible for establishment and maintenance of a respirator program which includes the requirements in the Respiratory Protection Program

The hierarchy or desired order of control measures are:

1. Elimination – process modification to eliminate the hazardous material(s) where possible.
2. Substitution – process modification to substitute for a less hazardous material(s) where possible.
3. Engineering – measures that reduce or eliminate workers' exposures to chemical and physical hazards through the use of equipment or devices, such as mechanical ventilation, enclosure or isolation of the process or work equipment.
4. Administrative – procedures that limit workers' exposures by scheduling reduced work times in contaminant areas or by implementing other such work rules. Note that this type of control does not remove the hazard.
5. PPE – personal protective equipment includes respirators, safety glasses, head, face, hand and body protection.



II. Scope

This program applies to all areas within the MiraCosta Community College District (District) where employees who work with hazardous substances would benefit from the use of a respirator.

III. Program Evaluation

To ensure that the written Respiratory Protection Program remains a viable working document that reflects the current needs and status of the District, this program will be reviewed annually by Risk Management.

IV. Responsibility of the District, Supervisor and Employee

A. District

The District has certain responsibilities regarding employees' respiratory health. These must include:

1. Provide respirators and other related items when necessary to protect employee health at no cost to employees.
2. Identify and evaluate respiratory hazards in the workplace.
3. Select and provide appropriate respirators.
4. Provide training on proper selection, use and maintenance.
5. Develop and make available a written respiratory protection program that must be posted on the District's Department website online, worksite bulletin board and distributed to all District employees working in designated areas and support staff.

In addition, the respirator standard requires that the respiratory protection program be administered by one qualified individual to ensure that the integrity of the respiratory protection program is maintained through the continuous oversight of one responsible person. The program administrator must be qualified by appropriate training and/or experience in the proper selection, use, and maintenance of respirators, be responsible for implementing the respiratory protection program, and conduct regular evaluations of the program's effectiveness.

The District has designated the Qualified Program Administrator of the Respiratory Protection Program as;

Joseph J. Mazza, ARM-P / District Risk Management Officer
jmazza@miracosta.edu / 760-795-6866.

He is responsible for this program, its' work areas, all District locations and has the authority to make decisions to ensure the success of the program.

The Program Administrator's duties include the following:

1. Identifying work areas, processes, or tasks that require employees to wear respirators, and evaluating the associated hazards;
2. Selecting appropriate, approved respiratory protection options;
3. Monitoring respirator use to ensure that respirators are used in accordance with their certifications;
4. Arranging for and or conducting training;
5. Ensuring proper storage and maintenance of respiratory protection equipment;
6. Conducting qualitative fit testing;
7. Administering the medical surveillance program;
8. Maintaining required program records;
9. Evaluating the respiratory protection program;
10. Updating the written program, as necessary, and,
11. Monitoring work areas and operations to identify respiratory hazards.

B. Dean/Supervisor

The Dean/Supervisor or their designee has the responsibility to halt any operation where danger is perceived to any employees in a location or work area in the District where respirators may be used and notify the Administrator above immediately to take corrective action. Ensuring that employees under their supervision have received appropriate training, fit testing, annual medical evaluations and:

1. Ensuring the availability of appropriate respirators and accessories.
2. Being aware of tasks requiring the use of respiratory protection.
3. Enforcing the proper use of respiratory protection when necessary.
4. Ensuring that respirators are properly cleaned, maintained and stored according to the respiratory protection plan.
5. Ensuring that respirators fit well and do not cause discomfort.

C. Employees

Each employee has the responsibility to wear his or her respirator when and where required and, in the way, they were trained. Employees are required to:

1. Care for and maintain their respirators as instructed and store them in a clean sanitary location.
2. Inform the supervisor if the respirator no longer fits well and request a new one.
3. Inform the supervisor or program administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

V. Kinds of Respiratory Hazards & Hierarchy of Controls

A. Kinds of Respiratory Hazards

1. Dusts and fibers are solid particles that are formed or generated from solid materials through mechanical processes such as crushing, grinding, drilling, abrading or blasting. Examples are lead, silica, and asbestos.
2. Fumes are solid particles in the air that result when a metal or other solid vaporizes and the molecules condense (or solidify) in cool air. Examples are metal fumes from smelting or welding. Fumes also may be formed from processes such as soldering.
3. Mists are tiny droplets of liquid suspended in the air. Examples are oil mist produced from lubricants used in metal cutting operations, acid mists from electroplating, and paint spray mist from spraying operations.
4. Gases are individual molecules in the air. Examples are welding gases, such as acetylene, nitrogen, and carbon monoxide produced from internal combustion engines.
5. Vapors are the gaseous forms of materials or substances that are usually solid or liquid state at room temperature and pressure. They are formed by evaporation. Most solvents like toluene and methylene chloride, for instance, will evaporate and form vapors.
6. Biological hazards include bacteria, viruses, fungi, and other living organisms that can cause acute and chronic infections or disease. Examples include Legionnaire's Disease, which grows in air conditioning units and animal waste products (e.g. feces).

B. IDLH Environments & Requirements

What does Immediately Dangerous to Life and Health (IDLH) mean? IDLH refers to environments with low oxygen content or unknown contaminants. Air supplied respirators must be used for environment that are IDLH. If the District cannot identify the contaminants or reasonably estimate employee exposure, they must assume the atmosphere is IDLH. IDLH environments are not common in college facilities, but it's still best to be prepared.

IDLH areas require one of the following respirator types:

1. a full face-piece pressure-demand Self-Contained Breathing Apparatus (SCBA)
2. a full face-piece pressure-demand supplied-air respirator with auxiliary self-contained air supply

At least one employee who is trained and equipped for rescue must remain outside the IDLH in case of emergency.

C. Eliminating Respiratory Hazards

The best way to protect District employees' respiratory health is to eliminate any atmospheric hazards. The District shall do this before requiring employees to use respirators.

Eliminating hazards may require:

1. Adding or changing ventilation
2. Enclosing operations that emit hazards
3. Substituting with less toxic materials

D. Respirators should only be used:

1. When following the hierarchy of control is not possible.
2. While engineering controls are being installed or repaired.
3. When emergencies or other temporary situations arise (e.g. maintenance operations or spill cleanup).

E. When to Leave the Work Area

Employees must leave the respirator work area:

1. To wash their faces and respirators as necessary.
2. If they detect vapor or gas breakthrough, changes in breathing resistance or face-piece leakage.
3. To replace cartridges or filters

F. Respirator Training

District employees must be **trained on respirator** safety before using a respirator and should be retrained at least every year. The District must select a knowledgeable and qualified person to do the respirator training.

Employees should also be **retrained** when the type of respirator is changed or when a staff member demonstrates poor understanding of safe work practices.

G. Proper air quality testing

The Program Administrator must monitor the work area for changing conditions and degree of employee exposure or stress utilizing proper air quality testing and share the results with Faculty and staff. If there is a change in conditions, the Program Administrator must reevaluate the effectiveness of the respirator and the respiratory protection plan for the workspace. Retraining may be needed.

VI. Respirator Selection

A. Procedures for selecting respirators

1. The respirators that the District supply must be NIOSH-certified and selected to protect against the specific hazards of the work environment. NIOSH-certified products will be identified by a NIOSH sticker or label.
2. Various sizes and models must be available so that all employees have respirators with proper fit.

B. Air-Purifying Respirators

These remove contaminants from the air by passing the air through a filter before it reaches the wearer. There are three kinds of air-purifying respirators:

1. **Particulate Respirators** protect against particles in the air such as dust, but do not protect against gases or vapors
2. **Combination Respirators** protect against both particles and gases
3. **Gas and Vapor Respirators** protect against gases only-not against particulates

C. Atmosphere-Supplying Respirators

These provide breathable air to the user from a supply of clean air that's not drawn from the surrounding atmosphere. There are three kinds of atmosphere-supplying respirators:

1. **Air-Supplied Respirators**, which are also called airline respirators, supply clean air through a hose. They are **not** designed for use in IDLH environments

2. **Combination Air-Supplied Respirators** have an extra self-contained air supply for emergencies when the regular supply fails. They may be used in IDLH environments.
3. **Self-Contained Breathing Apparatus** is much like SCUBA equipment. It's used in case of short exposures (30 minutes to four hours) in an IDLH environment.

D. Assigned Protection Factors

Respirators are rated by their **Assigned Protection Factor (APF)**. A respirator with an APF of 10 will reduce the airborne particulates by a factor of 10. The APF multiplied by the Permissible Exposure Limit (PEL) determines whether an employee can work in a contaminated area. For example, if an air contaminant has a PEL of 5 mg/m³, and the respirator has an APF of 10, the maximum concentration that an employee can work in is 50 mg/m³.

E. Cartridge Types

Air-purifying respirators have different types of cartridges for different hazards. The proper cartridge must be selected in order to provide protection from atmospheric hazards. Cartridges are color-coded by the types of contaminants they filter. For example:

1. Black cartridges protect employees from organic vapors.
2. Purple cartridges protect employees from particulates.

If a respirator cartridge doesn't have an "end of Life" indicator, there must be a set use schedule for the cartridge change-out.

VII. Medical Evaluation and Examination

Employees must be evaluated by a physician to determine their ability to wear a respirator.

Employees may not use respirators until they are cleared by a medical professional.

First, the employees must complete a medical screening questionnaire (see Appendix C page 13), which must be reviewed by a licensed healthcare professional. The healthcare professional will conduct follow-up exams as necessary. Both the questionnaire and the medical exams are confidential.

A. Medical Questionnaire

The medical questionnaire will address various issues that may affect respirator use, including:

1. Whether the employee has seizures, claustrophobia or allergies that interfere with breathing.
2. Whether the employee has ever had pneumonia, tuberculosis or a heart attack or stroke.
3. Whether the employee suffers from conditions such as coughing or wheezing.
4. What medications the employee takes.

B. Respirator Use Requirements

Respirators will not be used when conditions prevent a good face seal. Such conditions include facial hair or temple pieces on eyeglasses that prevents or breaks the face-to-face piece seal.

Facial hair which interferes with the sealing surface of a respirator renders the respirator ineffective and will not provide protection from harmful air contaminants. Therefore, the District will not permit any employee to be fit tested or wear a respirator if that employee has facial or any other hair which contacts or interferes with the respirator sealing surface.

To assure proper protection, the wearer will check the face piece fit each time it is in use by performing negative and positive fit checks prior to each use.

A. Fit Testing Procedure

A properly fitting respirator is essential if employees are to receive maximum protection against airborne contaminants. Employees must be fit-tested with the same make, model, style and size of respirator that they will use in the workplace. If an employee can't obtain a satisfactory fit with a respirator, the District must take steps to correct the problem. Respirator fit testing will be performed after completing the medical questionnaire and receiving a medical release. The Respirator Fit Test form (see Appendix A page 13) shall be filled out and signed to document fit testing.

1. Positive Pressure Check

To perform a **positive pressure seal check**, close off the exhalation valve and exhale gently into the face piece. The face piece fit is considered satisfactory if a slight positive pressure can be built up inside the face piece without any evidence of outward leakage of air at the seal.

For most respirators, this method of seal testing requires the wearer to first remove the exhalation value cover before closing off the exhalation valve and then carefully replace it after the test. (see Appendix B page 13)

2. Negative Pressure Check

To perform a **negative pressure seal check**, close off the inlet opening of the canister or cartridge by covering with the palm of your hand or by replacing the filter seal. Inhale gently so that your face piece collapses slightly and hold your breath for 10 seconds. If the face piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory. (See Appendix B page 13)

The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove.

B. Voluntary Respirator Usage

If exposure levels don't require respirator use, the District may still provide the required respirators at no cost to employees. The District requires employee to read and understand [Appendix D § 5144](#).

Employees who decide to use respirators voluntarily must:

1. Read and obey all instructions provide by the manufacturer.
2. Choose respirators certified to protect against the contaminant in question.

Employees who decide to use respirators must NOT:

1. Wear respirators in atmospheres containing contaminants for which the respirators are not designed. For example, a respirator designed to filter dust particles will not protect against gases or vapors.
2. Use someone else's respirator.

C. Respirator Care

1. Inspection

All respirators must be **inspected** before each use and during cleaning. Emergency respirators must be inspected monthly and after each use. Defective respirators must be removed from service. Respirators must be inspected for:

- a. Proper function
- b. Tightness of connections
- c. Proper condition of components
- d. Signs of deterioration on elastomeric parts such as those made from rubber or silicone

2. Cleaning Procedure

Respirators must be **cleaned and disinfected** as often as necessary to maintain sanitation. They must be cleaned after each use and before use by another employee. Respirators used in fit testing or training must also be cleaned and disinfected after each use. There are key steps when cleaning respirators: (see Appendix B-2 page 13)

- a. Remove cartridges, filters and canisters.
- b. Disassemble face piece by removing the diaphragm, valves and other components.
- c. Wash in warm water with a disinfecting cleaner. Use a stiff bristle brush to remove dirt. (Don't use a wire brush, however.)
- d. Rinse thoroughly in warm water.
- e. Dry with a lint-free cloth or allow to air dry.
- f. Reassemble the respirator.
- g. Test to make sure all components work properly.

3. Maintenance & Repair

For proper respiratory protection, the **seals on the face piece must be maintained**. Therefore:

- a. Employees may not have facial hair under the sealing surfaces of the face piece. Facial hair is not allowed to interfere with valve function.
- b. If employees wear glasses or personal protective equipment while using respirators, they must not interfere with maintaining the seals.

Respirator malfunctions should be reported at once to your supervisor. The department's supervisor should have replacement parts – such as fresh cartridges – on hand. Respirator repairs may be performed only by appropriated trained persons, and all repair parts must be NIOSH-approved. Valves, regulators and alarms should be repaired only by the manufacturer, where applicable.

4. Storage

Everyone should know where their respirators are located, in an area accessible to the worksite. Respirators must be stored in a Ziploc® bag or equivalent that protects them from damage, including damage from chemicals, contamination and excessive moisture. Storage must not cause the face piece or valves to become deformed or distorted. Respirators should never be hung on nails.

IX. Recordkeeping

This section requires the District to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the District in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

A. Medical Evaluation

Records of medical evaluations required by this section must be retained and made available in accordance with section 3204.

B. Fit Testing

The District shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

1. The name or identification of the employee tested;
2. Type of fit test performed;
3. Specific make, model, style, and size of respirator tested;
4. Date of test; and
5. The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

C. Fit Test Records

Fit test records shall be retained for respirator users until the next fit test is administered.

D. Written Respirator Program

A written copy of the current respirator program shall be retained by the District.

E. Other Written Materials

Written materials required to be retained under the Cal/OSHA Respiratory Protection Program shall be made available upon request to affected employees and designated OSHA staff for examination and copying.

X. Definitions

Air-Purifying Respirator (APR) A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying.

Assigned protection factor (APF) means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the District implements a continuing, effective respiratory protection program.

Atmosphere-supplying respirator a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SAR's) and self-contained breathing apparatus (SCBA) units.

Canister or cartridge a container with a filter, sorbent, or catalyst, or a combination of these items, that removes specific contaminants from the air passed through the container.

Demand respirator an atmosphere-supplying respirator that admits breathing air to the face piece only when a negative pressure is created inside the face piece by inhalation.

Emergency situation any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled substantial release of an airborne contaminant.

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

End-of-service-life indicator (ESLI) a system that warns the respirator user of the approach of the end of adequate respiratory protection; for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator a respirator intended to be used only for emergency exit.

Filter A component used in respirators to remove solid or liquid aerosols from the inspired air. Also called air purifying element

Filtering Face piece (Dust Mask) A negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium.

Filter or air purifying element a component used in respirators to remove solid or liquid aerosols from the inspired air.

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

Fit test the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See also "Qualitative fit test (QLFT)" and "Quantitative fit test (QNFT)."

Helmet a rigid respiratory inlet covering that also provides head protection against impact and penetration.

High efficiency particulate air (HEPA) filter a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter and larger. The equivalent NIOSH 42 CFR part 84 particulate filters are the N100, R100, and P100 filters.

Hood a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH) 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.

Interior structural firefighting the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures that are involved in a fire situation beyond the incipient stage.

Loose-fitting face piece a respiratory inlet covering that is designed to form a partial seal with the face.

Maximum use concentration (MUC) means the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC usually can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the permissible exposure limit (PEL), short-term exposure limit, ceiling limit, peak limit, or any other exposure limit used for the hazardous substance.

Negative pressure respirator (tight fitting) a respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Oxygen deficient atmosphere an atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP) an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by [CCR Title 8 § 5144 \(e\)](#), "Medical evaluation."

Positive-pressure a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Pressure demand respirator a positive pressure atmosphere-supplying respirator that admits breathing air to the face piece when the positive pressure is reduced inside the face piece by inhalation.

Qualitative fit test (QLFT) a pass/fail fit test to assess the adequacy of respiratory fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT) an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respiratory inlet covering the portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a face piece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

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

Supplied-air respirator (SAR) or airline respirator an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

Tight-fitting face piece a respiratory inlet covering that forms a complete seal with the face.

User seal check an action conducted by the respirator user to determine if the respirator is properly seated to the face.

Title 8, California Code of Regulations, General Industry Safety Order §5144 Respiratory Protection. §5144. Respiratory Protection. (Click on URL below)

<https://www.dir.ca.gov/title8/5144.html>

Appendix A to Section 5144: Fit Testing Procedures (Mandatory)

<https://www.dir.ca.gov/title8/5144a.html>

Appendix B-1. to Section 5144: User Seal Check Procedures (Mandatory)

https://www.dir.ca.gov/title8/5144b_1.html

Appendix B-2. to Section 5144: Respirator Cleaning Procedures (Mandatory)

https://www.dir.ca.gov/title8/5144b_2.html

Appendix C to Section 5144 OSHA Respirator Medical Evaluation Questionnaire(Mandatory)

<https://www.dir.ca.gov/title8/5144c.html>

Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

<https://www.dir.ca.gov/title8/5144d.html>

XI. Major Types of Respirators & Common Uses

Respirator Type

Common Uses

Example

Disposable or Filtering Face piece Respirator (e.g. N95). Includes all disposables with N, R, or P and 95, 99 or 100 combination ratings (e.g., R99).

Animal Care (DLAM)
Nursing
EMTs
Most Infectious Agents
Nuisance Particulates
Non-Toxic Dusts /Powder
Wood & Metal Shops
Mold
Custodial Services



Half-Face Air Purifying Respirator. Requires Chemical-Specific Cartridges and/or Filters.

Organic Vapors & Solvents
Toxic Dusts / Powders
Asbestos, Lead, Mold
Acid Gases
Formaldehyde
Radionuclides
Mercury
Most Infectious Agents
Nanoparticles
Welding Fumes



Full-Face Air Purifying Respirator. Requires Chemical-Specific Cartridges and/or Filters.

Same uses as Half-Face with added eye protection and increased assigned protection factor.
NOTE: Requires additional assessment and approval prior to issuance.



Self-Contained Breathing Apparatus (SCBA) or Other Supplied Air Respirator

HazMat Team and other Special Users.
NOTE: Requires additional assessment and approval prior to issuance.

