

COMMENTS FOR NIOSH INFORMAL PUBLIC MEETING (June 23 & 24, 1994)

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I would like to thank NIOSH for the opportunity to present the views of the ICWU CENTER FOR WORKER HEALTH & SAFETY EDUCATION relative to proposed revisions to the existing requirements of 30 CFR part 11. We feel that input at this stage of proposed rulemaking is vital and we welcome the opportunity to comment. Mine shall not be a scientific presentation but rather some form of attempt at linking that work which takes place in the laboratories in Morgantown to what occurs once respirators are in use on the shop floor.

We are one of the NIEHS grantees, established and operated by the International Chemical Workers Union Center for Worker Health and Safety Education. In 1987 we were awarded grant monies to train union members in accordance with 29 CFR 1910.120. The CENTER is a cooperative effort involving the United Steelworkers of America, the International Association of Machinists, Aluminum

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Brick and Glass International Union, Aluminum Flint Glass Workers, United Rubber Workers, The University of Cincinnati, Department of Environmental Health, and the Greater Cincinnati Occupational Health Center. Our participatory approach to training has been well received by both our members and management. As a result we have been invited to conduct a great deal of on-site, facility specific training. We have had over 90 corporations pay tuition for us to train both salary and hourly employees. All of these site visits have afforded us the opportunity to observe up close and personal a wide variety of monitoring programs.

I would like first to make comment on the modular approach that NIOSH is utilizing in this attempt at revision of 30 Part 11. Given the history of attempted changes to 30 CFR part 11 this approach is both welcome and refreshing. I'm quite sure that you would be hard pressed to find anyone specializing in respiratory protection who would not agree that revision is long overdue. At the same time I am also quite sure that you would be equally hard pressed to find many within this same community who would be in agreement on specific changes. The modular approach just makes good common sense. I'm not sure it's permissible to use the term common sense when referencing a regulatory document but I'm hopeful that this approach will be a step in the direction of getting necessary changes implemented. We wish NIOSH all the luck in the world in moving forward with this approach.

Since August of 1988 we have trained over 17,000 workers from all over the country. We have conducted 168 training sessions at the Center in Cincinnati and over 400 sessions in the field at plants where we represent the workers. We consistently hear from the workers we train that they are not aware of any monitoring that is being done in their work area. I am convinced that a large percentage of respirator selection is done based on knowledge of what the contaminant is without knowledge of levels or particle size. It is our opinion that even when attempted that it is very difficult to get precise particulate classification according to particle size when taking samples in the workplace. Using just a few examples such as Metallurgical Dusts & Fumes, Carbon Black,

Zinc Oxide Fumes, and Sulfuric Acid Mists it becomes obvious that potential occupational exposures may be very small size particulate. When particulate size may be as small as .001 Micron there exists a need to challenge respirators accordingly prior to certification. We support NIOSH's effort to reduce the particle size to the size which will most easily penetrate the filter. In addition to filter efficiency classification we feel there is further need to identify respirators according to breathing resistance. Perhaps NIOSH could consider this for future modules.

There is an argument to be made for a select few larger corporations that have both the resources and expertise to do a good job monitoring. Regrettably I have found that to be more the exception than the rule. Smaller employers and especially those with less than 50 employees are not likely to have the resources or the expertise to do adequate monitoring.

Another area I would like to comment on is Fit Testing. I'm aware that this is outside the subject matter of today's informal meeting but I would still like to give the subject quick mention. It doesn't matter how well a filter performs if there is not a good face to facepiece seal. While I don't pretend to have answers on how to address this concern within the certification stage I would like to take this opportunity to plant seeds for future consideration. While we have fit test protocol spelled out in a few specific OSHA Standards (ie 29 CFR 1910.1028, 29 CFR 1910.1001 etc.) they apply to a very small percentage of

respirator users. Before being approved for use it should be demonstrated that a respirator can attain adequate fit factors on human faces. It is the opinion of many that this is difficult to demonstrate using any non-elastomeric facepiece material. The current qualitative test using isoamyl acetate requires that certain facepieces be modified by impregnating charcoal into the filter media. The end result is that the respirator that is approved is not the same respirator that is used in the field. We would like to see a module added that addresses Fit Testing.