

U.S. Department of LaborOccupational Safety and Health Administration
Washington, D.C. 20210

Reply to the Attention of:



SEP - 5 2002

Francis J. Roth, MS, CSP
Supervisor, Loss Prevention
Princeton Insurance
746 Alexander Road
Princeton, NJ 08540

Dear Mr. Roth:

Thank you for your November 6, 2001 letter to Occupational Safety and Health Administration's (OSHA's) Directorate of Compliance Programs (DCP). Please excuse the delay in our response. Due to the closing of the Brentwood postal facility, there were significant delays in our receipt of mail.

This letter constitutes OSHA's interpretation only of the requirements discussed and may not apply to any question not delineated within your original correspondence. You had specific questions about 29 CFR 1910.120, the Hazardous Waste Operations and Emergency Response (HAZWOPER) standard and the level of respiratory protection that would be required for a hospital staff member decontaminating a chemically contaminated patient. Your questions and our responses are listed below.

Background: Under 1910 Subpart I, the employer must perform a hazard assessment to select appropriate personal protective equipment for the hazards that are present, or likely to be present, including foreseeable emergencies. The hazard assessment must be in the form of a written certification as described in 29 CFR 1910.132(d)(2). In addition, the employer must include procedures for selecting respirators in the written respiratory protection program as described in 29 CFR 1910.134(c). First responders at the operations level must be trained to know how to select and use proper personal protective equipment that is provided to them.

Question 1: When hospital staff do not know the airborne concentration of a hazardous substance created by a chemically contaminated patient or do not know specifically what the contaminant is, would staff members decontaminating the patient be required to wear a positive pressure self-contained breathing apparatus in compliance with 1910.120(q)(3)(iv)?

Response: Paragraph (q)(3)(iv) of HAZWOPER applies to employees under the Incident Command System who are engaged in emergency response with the intent of handling or controlling the release. For these employees, possible close approach to the point of release and exposure to inhalation hazards is anticipated. Therefore, the highest level of respiratory

protection is required until the Incident Commander has sufficient air monitoring data to determine that a lower level of protection is acceptable.

By contrast, hospital staff members who decontaminate a chemically contaminated patient at the hospital are removed from the site of the emergency and the point of release. As we indicated in our March 31, 1992 letter to Mr. Randy Ross, such personnel do not need to be trained – or equipped – for control, containment, or confinement operations as is required for the hazardous materials (HAZMAT) team. Their potential exposures result from proximity to or contact with a patient whose skin and/or clothing may be chemically contaminated. Therefore, the personal protective equipment they need must be sufficient for the type and level of exposure the hospital anticipates under those conditions (e.g., what airborne or absorption hazards can be anticipated from a patient whose skin or clothing is wetted with hazardous liquids or contaminated with hazardous particles?).

If you need help in determining the types of hazardous substance emergencies that may occur in your area, we recommend that you contact your local emergency planning committee (LEPC). You can find the contact for your area by searching the LEPC database at <http://www.epa.gov/ceppo/lepclist.htm>. If you need information on methods for estimating employee exposure for the purpose of choosing respiratory protection, please see the Preamble to OSHA's Respiratory Protection Final Rule at the OSHA web page www.osha.gov. (Go to *P* on the index to *Preambles*, choose *Respiratory Protection*, then *VII. Summary and Explanation*. A keyword search on "estimating" will locate the relevant text.)

Question 2: Would a hospital meet the intent of the HAZWOPER standard if it provided a positive pressure supplied air respirator with a 5-minute escape bottle hooked up to an air bottle cascade system for employees to use during decontamination?

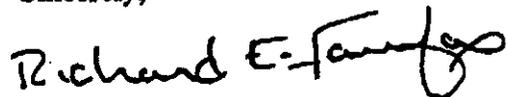
Response: Please see the preceding response.

Since you are an insurer who may do business in multiple states, please be aware that our reply addresses federal OSHA standards and applies to employers under federal OSHA's jurisdiction. Twenty-six states, including New Jersey, administer their own occupational safety and health programs under plans approved by OSHA. These states adopt and enforce their own occupational safety and health standards, which must be "at least as effective" as Federal OSHA's although they may also be more stringent. For the particular requirements of a State Plan state, you will need to contact the appropriate state agency. For a more complete discussion of federal OSHA's coverage of state and local government employees, such as the employees of a state-owned hospital, please see the OSHA website at http://www.osha.gov/fso/osp/Public_Sector.html.

Thank you for your interest in occupational safety and health. We hope you find this information helpful. OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to

OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprized of such developments, you can consult OSHA's website at <http://www.osha.gov>. If you have any further questions, please feel free to contact the Office of Health Compliance Assistance at (202) 693-2190.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Fairfax". The signature is written in a cursive style with a large, stylized "F" and "X".

Richard E. Fairfax, Director
Directorate of Compliance Programs