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City Clerk's Office
Hiawatha City Hall
101 Emmons Street
Hiawatha, Iowa 52233

Memo

To: Mayor and City Council

From: Kelly Kornegor, City Clerk

Date: February 21, 2018

Re: Amending Safety Policies and Safety Manual

The safety committee reviewed and recommends approval of amending the following internal safety policies and procedures:

1. **Respiratory Protection Program**
   Overview of changes made: Fire Department made changes throughout the policy; all are highlighted in yellow in the attached Respiratory Protection Program. The changes that were made will bring the program up to date with current internal procedures and OSHA regulations.

2. **Emergency Action Plans**
   Overview of changes made: All three Emergency Action Plans for the Public Library, Maintenance Facility, and City Hall were updated to add lightning safety procedures to the severe weather policy. OSHA views lightning as an occupational hazard and recommends employers provide written lightning safety protocol as well as awareness training for outdoor workers.

   Changes are shown in yellow in the attached Emergency Action Plans. The Fire Department will be conducting severe weather training including lightning safety with employees each spring.

3. **Safety Manual**
   Overview of changes made: manual was updated by adding lightning safety procedures to the severe weather policy. Changes are shown in yellow in the attached Safety Manual.

   If you have any questions in your review of this material, please don't hesitate to ask.

   Thank you!

City of Hiawatha, Iowa

Respiratory Protection Program

Purpose

This program was created to provide our employees with procedures and policies to properly and safely perform tasks requiring the use of respiratory protection devices. The program was prepared in accordance with OSHA regulation Section 1910.134 Respiratory Protection.

Copies of this program shall be located at each work site where the use of respiratory protection devices have been identified including use by the fire service.

Program Administrator

The program administrator shall be responsible for annual review of the program, coordination of employee respiratory protection training, purchase of equipment, the fitting and maintenance of respiratory protection equipment and incident review of injuries or illnesses that result when respiratory equipment is used.

Employees should refer their questions or comments about this program to the administrator.

The program administrator is the **Hiawatha Fire Chief**.

Annual Review

The program shall be evaluated each year to determine the effectiveness of the program.

See evaluation form, page 7

Definitions

The following definitions are important terms used in the respiratory protection standard.

- "Air Purifying Respirator" means a respirator with an air-purifying filter, cartridge or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

- "Atmosphere-Supplying Respirator" means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

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

- "Emergency Situation" means 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 significant release of an airborne contaminant.

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

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

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

- "Immediately Dangerous to Life or Health (IDLH)" means 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.

- "Negative Pressure Respirator (tight fitting)" means 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" means an atmosphere with oxygen content below 19.5% by volume.

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

- "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.

- "Pressure Demand Respirator" means 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)" means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

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

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

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

Other definitions are found in 1910.134(b)

Hazard Identification and Evaluation

The employer will identify and evaluate all workplaces for respiratory hazards. The evaluation will include as estimate of employee potential exposure to the hazards and the identify of each hazard's chemical state and physical form.

The program administrator will arrange these evaluations, and the information will be used to select and assign the proper respirators to employees.

Selection of Respirators

The selection process must include a team comprised of employees who will use the respirator, and supervisors who will help the employee select the proper respirator for the task to be performed.

The selection team will select respirators by determining whether there is a potential for employees to be exposed to contaminants above the permissible exposure limits (PEL) or there is a specific reason an employee needs such protection. Only filters and/ or chemical cartridges matched to expected atmospheric contaminants known to be present will be used. A variety of respirator sizes will be kept in stock to ensure proper fits for all employees.

The selection team is also responsible for selecting appropriate respirator type, respirator filters and/or cartridges based on a review of safety data sheets (SDS) or other relevant air contaminant data.

Where the team cannot identify or reasonably estimate the risk, the atmosphere shall be considered to be immediately dangerous to life of health (IDLH).

The selection team must select a respirator certified by the National Institute for Occupational Safety and Health (NIOSH).

Respirators for IDLH Atmospheres and for non-IDLH Atmospheres

See CFR 1910.134 ~~Appendix B~~ for the procedure to determine the proper choice of respirator.

Medical Evaluation

All employees and volunteers that are exposed to hazards requiring respirator use shall be required to have a medical evaluation to determine an employee's ability to use a respirator *before fit testing and/or use.*

The following physician or other licensed health care professional (PLHCP) has been selected to perform medical evaluations using the medical questionnaire and ~~or to~~ conduct an initial medical examination:

Name of PLHCP Clinic	Telephone #	Address
Mercy Care Occupational Health	319-558-0303	5264 Council St NE, Cedar Rapids

Employees will be provided with the medical questionnaire (pages 8 through 13) annually. The employee will complete the questionnaire and it will be delivered by staff to the PLCHP as soon as possible.

The PLHCP must provide *written recommendation* regarding the employee's ability to use a respirator. The recommendation will be kept in the employee's medical file.

- Additional medical evaluations may be required if an employee reports medical signs or symptoms related to the ability to use a respirator; if the PLHCP or supervisor recommends a reevaluation; if information when fitting or using a respirator indicates more testing is needed; and, if changes occur in the workplace that cause an increase in the physiological burden on the employee.

- Annual medical evaluation is not required unless recommended by the PLHCP.

Face Hair

- Employees covered under this program that wear respirators as part of their job will be required to remove all facial hair such as beards, sideburns and mustaches that interfere with the proper seal of the respirator **for fit testing and whenever respirator use is required.**

Fit Testing

All employees using a tight-fitting face-piece respirator must pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT). The program administrator will determine which test is appropriate for each type of respirator. Qualitative and quantitative fit tests will be administrated with appropriate protocol from 29 CFR 1910.134, Appendix A. A QLFT will be used only to pit test negative pressure air-purifying respirators that achieve a fit factor of 100 or less.

Employees must be fit tested before they use a respirator for the first time; whenever they use a different respirator face piece; and any changes in the physical condition that could affect respirator fit.

Fit tests will be administered using employees' assigned respirators (from previous fit-testing results) or from a selection of respirators set up for fit testing purposes (for and initial fit test).

Employees must be fit tested annually.

Fit testing protocols used and results are recorded on *Fit Testing Form,* see page 15.

Maintenance and Care of Respirators

Respirators must be cleaned and disinfected using the procedures recommended by the manufacturer **(or procedure in Appendix B-2 of CFR 1910.134)** at the following intervals:

- As often as necessary to maintain sanitary condition for exclusive use.
- Before being worn by a different individual when issued to more than one employee.
- After each use for emergency use respirators *and those used in fit testing and training.*
- ~~Monthly for emergency use respirators located near Chlorine rooms.~~

Breathing Air Quality and Use

All air must be approved Type 1-Grade D breathing air.

Identification of Filters, Cartridges and Canisters

- All filters, cartridges and canisters used in the workplace must be labeled and color-coded with the NIOSH approved label.
- The label must not be removed and must remain legible.

- Filters, cartridges and canisters not meeting the label requirements will be immediately removed from the workplace.

Training

Before any employee wears a respirator for the first time, they must receive training on and demonstrate comprehension of:

- Why a respirator is necessary
- How improper fit, use or maintenance can compromise the protective effect of a respirator
- A respirator's capabilities and limitations
- How to use a respirator in emergency situations, including ones in which the respirator malfunctions
- How to inspect, put on and remove a respirator and check the seals
- Proper maintenance and storage procedures
- How to recognize medical signs and symptoms that may limit or prevent effective respirator use

Training will be provided by our program administrator or other qualified person. The training will be fully documented, certifying the employees understand the concepts presented and have demonstrated how to use and wear the respirator.

The training must give each user an opportunity to handle the respirator; have it fitted properly; test its face-to-face seal; wear it in normal air for a trial period; and wear it in a test atmosphere.

Retraining must be performed annually or as deemed necessary by the program administrator.

Employees who are permitted to wear respirators must first read the information in 29 CFR 1910.134, Appendix D.

Record Keeping

The employer will maintain records of nonconfidential medical evaluation determinations, fit testing, training documentation and annual inspection audits and make them available to employees.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does

not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Annual Program Evaluation
Respiratory Protection Program

Evaluation Date: _____

Evaluation Team:

Name	Title
_____	_____
_____	_____
_____	_____

List injuries or near misses attributable to failure of program or failure to follow program:

_____

_____

_____

Recommendations for additions to procedures/policies with explanation for each:

_____

_____

_____

Recommendations for deletions of procedures/policies with explanation for each:

_____

_____

_____

Recommendations for modifications to procedures/policies with explanation for each:

_____

_____

_____

Description and date of actual modifications made:

_____

_____

_____

City of Hiawatha, Iowa

Employee Training for Respiratory Protection Program

Instructor's Name: _____ **Date:** _____

Address: _____

_____

_____

Qualifications: _____

_____

_____

_____

_____

Course Outline: _____

_____

_____

_____

List of employees receiving training:

Employee Name	Signature

Instructor's Signature: _____

City of Hiawatha, Iowa

Employee Test for Respiratory Protection Program

Employee: _____ Signature: _____

Score: _____ Date: _____

1. True False All compressed air is suitable for respirator use.

2. True False Annual respirator training is required for all respirator users.

3. True False Facial hair is not a concern when fit testing a respirator.

4. True False Medical testing is required before fit testing and using a respirator.

5. True False A physician or other licensed health care professional must provide a written recommendation before **respirator use.**

6. True False All respirators in the workplace must be NIOSH approved.

7. True False All atmospheres that cannot be tested for hazards must be considered to be immediately dangerous to life and health (IDLH) atmospheres.

8. True False Personal Protective Equipment may not interfere with the use of a respirator.

9. True False Filter cartridges must be used only for the purpose that the label says they are to be used for.

10. True False A filter cartridge with the label removed or defaced is all right to use.

11. True False An employee must pay for the cost of the respirator and the medical evaluation.

12. True False All respirators can be used in any hazardous environment.

13. True False Oxygen deficient atmospheres do not require the use of a respirator.

14. True False The employee must identify the situations at the workplace that require the use of a respirator.

15. True False Records of each employee's training must be kept by the employer.

MERCYCARE
OCCUPATIONAL HEALTH

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Name_____ Phone number:_____

Job Title _____Date_____

OSHA requires that the following information be provided by every employee who may be required to use a respirator or N 95 mask. This questionnaire is used in determining whether or not you have a medical condition which may affect your ability to wear a Powered Air Purifying Respirator (PAPR) or N 95 disposable filter mask.

PLEASE PRINT:

- Your Age (to the nearest year): _____ Sex (circle one): Male Female
- Your Height: _____ft. _____in. Your Weight: _____
- Check the type of respirator you will use (you can check more than one category):
  _____N,R, or P disposable respirator (filter-masks, non-cartridge type only)
  _____Other type (for example, half or full-facepiece, powered-air purifying, supplied-air, Self-contained breathing apparatus).
- Have you worn a respirator (circle one): Yes No
- If Yes what type(s):_____

Please circle "yes" or "no" to the following questions:

1. Do you **currently** smoke tobacco or have smoked tobacco in the last month? Yes No
2. Have you **ever** had any of the following conditions?
   a. Seizures Yes No
   b. Diabetes (sugar disease) Yes No
   c. Allergic reactions that interfere with your breathing: Yes No
   d. Claustrophobia (fear of closed-in places) Yes No
   e. Trouble smelling odors Yes No

3. Have you **ever** had any of the following pulmonary or lung problems?
   a. Asbestosis Yes No
   b. Asthma Yes No
   c. Chronic bronchitis Yes No
   d. Emphysema Yes No
   e. Pneumonia Yes No
   f. Tuberculosis Yes No
   g. Silicosis Yes No
   h. Pneumothorax (collapsed lung) Yes No
   i. Lung cancer Yes No
   j. Broken ribs Yes No
   k. Any chest injuries or surgeries Yes No
   l. Any other lung problems that you've been told about Yes No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath Yes No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes No
c. Shortness of breath when walking with other people at an ordinary pace on level ground Yes No
d. Have to stop for breath when walking at your own pace on level ground Yes No
e. Shortness of breath when washing or dressing yourself Yes No
f. Shortness of breath that interferes with your job Yes No

g. Coughing that produces phlegm (thick sputum) Yes No
h. Coughing that wakes you early in the morning Yes No
i. Coughing that occurs mostly when you are lying down Yes No
j. Coughing up blood in the last month Yes No
k. Wheezing Yes No
l. Wheezing that interferes with your job Yes No
m. Chest pain when you breathe deeply Yes No
n. Any other symptoms that you think may be related to lung problems Yes No

5. Have you **ever had** any of the following cardiovascular or heart problems?
   a. Heart attack Yes No
   b. Stroke Yes No
   c. Angina Yes No
   d. Heart failure Yes No
   e. Swelling in you legs or feet (not caused by walking) Yes No
   f. Heart arrhythmia (heart beating irregularly) Yes No
   g. High blood pressure Yes No
   h. Any other heart problems that you have been told about Yes No

6. Have you **ever had** any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest Yes No
   b. Pain or tightness in your chest during physical activity Yes No
   c. Pain or tightness in your chest that interferes with your job Yes No
   d. In the past two years, have you noticed your heart skipping or missing a beat Yes No
   e. Heartburn or indigestion that is not related to eating Yes No
   f. Any other symptoms that you have that may be related to heart or circulation problems Yes No

7. Do you **currently** take medication for any of the following problems?
   a. Breathing or lung problems Yes No
   b. Heart trouble Yes No
   c. Blood pressure Yes No
   d. Seizures Yes No

8. If you have used a respirator, have you **ever had** any of the following problems?
   a. Eye irritation Yes No

b. Skin allergies or rashes Yes No
c. Anxiety Yes No
d. General weakness or fatigue Yes No
e. Any other problem that interferes with your use of a respirator Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employee who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever** lost vision in either eye (temporarily or permanently): Yes No

11. Do you **currently have** any of the following vision problems?
a. Wear contact lenses Yes No
b. Wear glasses Yes No
c. Color blind Yes No
d. Any other eye or vision problem Yes No

12. Have you **ever had** an injury to your ears, including a broken ear drum? Yes No

13. Do you **currently have** any of the following hearing problems?
a. Difficulty hearing Yes No
b. Wear a hearing aid Yes No
c. Any other hearing or ear problem Yes No

14. Have you **ever had** a back injury? Yes No

15. Do you **currently have** any of the following musculoskeletal problems?
a. Weakness in any of your arms, hand, legs or feet Yes No
b. Back pain Yes No
c. Difficulty fully moving your arms and legs Yes No
d. Pain or stiffness when you lean forward or backward at the waist Yes No
e. Difficulty fully moving your head up or down Yes No
f. Difficulty fully moving your head side to side Yes No
g. Difficulty bending at your knees Yes No
h. Difficulty squatting to the ground Yes No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs Yes No
j. Any other muscle or skeletal problem that interferes with using a respirator Yes No

Employee Signature _____ Date _____

5/16

MERCYCARE
OCCUPATIONAL HEALTH

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE ADDENDUM

NAME: _____
Date of Birth: _____
Company: _____
Job Title: _____

1. **Please provide a brief explanation to any and all questions that you marked yes to:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. **Please list your current medications including the dosage and frequency if possible:**

_____
_____
_____
_____
_____
_____
_____
_____

3. **Smoking History:**

Number of years smoked with number of packs per day: _____
If former smoker, date quit smoking or number of years since quitting: _____

Employee Signature: _____ Date: _____

Sample

Hazard assessment and respirator selection form

Hazard assessment

Department: Water

Task	Particulates	Oxygen deficient atmosphere	Toxic gas	Smoke	Blood products	TB	Paint fumes	Other: welding fumes	Other:
Confined Space entry		X	X					X	
Spray painting							X		
Changing Chlorine cylinders			X						
First Aid					X	X			

Respirator selection

Based on the Hazard Assessment table above, the following respirators are required for the following task:

Task	SCBA	Canister/Cartridge	Other
Confined Space entry	X		
Spray painting		X-for paint	
Changing Chlorine cylinders		X-for chlorine	
First Aid			X-HEPA mask in first aid kit

Fit Testing Results

Name of Employee: _____

Name of Tester: _____

Date of Fit Test: _____

Check the test type used:

☐ Satisfactory Sweetener Solution Test ☐ Satisfactory Bitrex Solution Test

Circle what is issued:

Respirator Issued	Filter Type	Size
Half Mask, Wilson Premier 6000 RP4	T07 Mercury/Chlorine	Small
SCBA, Full Mask, MSA 1401		Medium
SCBA, Full Mask, MSA Ultralite II Pressure Demand		Large
SCBA, Full Mask, MSA Pressure Demand		
SCBA, Full Mask, MSA 1401		
SCBA, Full Mask, Scott Air Pac II		
Dust Mask, 3M 6985		

Please read, sign and date:

I have been issued the above listed respirator and trained on the use, need, limitations and care of this respirator. I also understand that it is my responsibility to inspect the mask before and after each use and report any problems with it to my Supervisor. Upon termination, I am responsible for returning all respirator equipment to the City of Hiawatha.

_____	_____	_____
Employee's Name (print)	Employee's signature	Date
_____	_____	_____
Tester's Name (print)	Tester's signature	Date

Respiratory Protection Program Acknowledgment

I understand the City of Hiawatha's Respiratory Protection Program and operating procedures. I have the approval of a physician to wear a respirator. I have received fitting instructions and have passed the respirator fit test. I have been trained on respiratory usage including care and maintenance and have been given a copy of the City of Hiawatha's Respiratory Protection Program.

_____

Employee's signature

Appendix A

Attached is a copy of Section 1910.134 OSHA Respiratory Protection Standard and mandatory appendices.

DRAFT

RESOLUTION NO. 18-
City Council

RESOLUTION APPROVING AMENDED RESPIRATORY PROTECTION PROGRAM

WHEREAS, the Safety Committee reviewed and determined it necessary to amend the Respiratory Protection Program to reflect current processes as outlined in the attached Exhibit "A," and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF HIAWATHA, IOWA, to concur with the Safety Committee recommendation and said Respiratory Protection Program is hereby amended, approved and adopted.

AYES:
NAYS:
ABSENT:

PASSED AND APPROVED this 21st day of February, 2018.

_____
Bill Bennett, Mayor

ATTEST:

_____
Kelly Kornegor, City Clerk