

AMENDATORY SECTION (Amending WSR 04-18-079, filed 8/31/04, effective 11/1/04)

WAC 296-841-100 Scope. This chapter applies **only** if your employees:

✍ Are exposed to a respiratory hazard

OR

✍ Could be exposed to one of the specific hazards listed below.

This chapter applies to any workplace with potential or actual employee exposure to respiratory hazards. It requires you to protect employees from respiratory hazards by applying this protection strategy:

✍ Evaluate employee exposures to determine if controls are needed

✍ Use feasible controls. For example, enclose or confine the operation, use ventilation systems, or substitute with less toxic material

✍ Use respirators if controls are not feasible or if they cannot completely remove the hazard.

Definition:

Exposed or exposure:

The contact an employee has with a toxic substance, harmful physical agent or oxygen deficient condition, whether or not protection is provided by respirators or other personal protective equipment (PPE). Exposure can occur through various routes of entry, such as inhalation, ingestion, skin contact, or skin absorption.

- Note:**
- ✍ Examples of substances that may be respiratory hazards when airborne include:
 - Chemicals listed in Table 3
 - Any substance
 - ✍ Listed in the latest edition of the NIOSH Registry of Toxic Effects of Chemical Substances
 - ✍ For which positive evidence of an acute or chronic health hazard exists through tests conducted by, or known to, the employer
 - ✍ That may pose a hazard to human health as stated on a material safety data sheet kept by, or known to, the employer
 - Atmospheres considered oxygen deficient
 - Biological agents such as harmful bacteria, viruses or fungi
 - Examples include airborne TB aerosols and anthrax
 - ✍ Pesticides with a label requirement for respirator use
 - ✍ Chemicals used as crowd control agents such as pepper spray
 - ✍ Chemicals present at clandestine drug labs.
 - ✍ These substances can be airborne as dusts, fibers, fogs, fumes, mists, gases, smoke, sprays, vapors, or aerosols.

- Reference:**
- ✍ Substances in Table 3 that are marked with an X in the "skin" column may require personal protective equipment (PPE). See WAC 296-800-160, Personal protective equipment, for additional information and requirements.
 - ✍ If any of the following hazards are present in your workplace, you will need both this chapter and any of the following specific rules that apply:

Hazard	Rule that applies
Acrylonitrile	WAC 296-62-07336

Arsenic (inorganic)	WAC 296-62-07347
Asbestos	WAC 296-62-077
Benzene	<u>Chapter 296-849</u> WAC ((296-62-07523))
Butadiene	WAC 296-62-07460
Cadmium	WAC 296-62-074 through 296-62-07449 or 296-155-174
Carcinogens	Chapter 296-62 WAC, Part F
Coke ovens	Chapter 296-62 WAC, Part O
Cotton dust	Chapter 296-62 WAC, Part N
1, 2-Dibromo-3-chloropropane	WAC 296-62-07342
Ethylene oxide	<u>Chapter 296-855</u> WAC ((296-62-07355))
Formaldehyde	WAC 296-62-07540
Lead	WAC 296-62-07521 or 296-155-176
Methylene chloride	WAC 296-62-07470
Methylenedianiline	WAC 296-62-076 or 296-155-173
Thiram	WAC 296-62-07519
Vinyl chloride	WAC 296-62-07329

AMENDATORY SECTION (Amending Order 91-07, filed 11/22/91, effective 12/24/91)

WAC 296-62-07355 Ethylene oxide. Scope and application.

Note: The requirements in WAC 296-62-07355 through 296-62-07386 apply only to agriculture. The requirements for all other industries relating to ethylene oxide have been moved to chapter 296-855 WAC, Ethylene oxide.

(1) WAC 296-62-07355 through 296-62-07389 applies to all occupational exposures to ethylene oxide (EtO), Chemical Abstracts Service Registry No. 75-21-8, except as provided in subsection (2) of this section.

(2) WAC 296-62-07355 through 296-62-07389 does not apply to the processing, use, or handling of products containing EtO where objective data are reasonably relied upon that demonstrate that the product is not capable of releasing EtO in airborne concentrations at or above the action level, and may not reasonably be foreseen to release EtO in excess of the excursion limit, under the expected conditions of processing, use, or handling that will cause the greatest possible release.

(3) Where products containing EtO are exempted under subsection (2) of this section, the employer shall maintain records of the objective data supporting that exemption and the basis for the employer's reliance on the data, as provided in WAC 296-62-07375(1).

Chapter 296-855 WAC

ETHYLENE OXIDE

NEW SECTION

WAC 296-855-100 Scope. This chapter applies to **all** occupational exposure to ethylene oxide.

Definition:

 *Ethylene oxide* (EtO) is an organic chemical represented by the Chemical Abstract Service (CAS) registry number 75-21-8. It is a flammable colorless gas that is commonly used to sterilize medical equipment and as a fumigant for certain agricultural products. It is also used as an intermediary in the production of various chemicals such as ethylene glycol, automotive antifreeze, and polyethylene.

 *Exposure* is the contact an employee has with EtO, whether or not protection is provided by respirators or other personal protective equipment (PPE). Exposure can occur through various routes of entry such as inhalation, ingestion, or skin and eye contact.

Exemption: This chapter does not apply to laboratories subject to the requirements in hazardous chemicals in laboratories, WAC 296-62-400, the General occupational health standards, chapter 296-62 WAC.

Some of the requirements in this chapter may not apply to every workplace with an occupational exposure to EtO. The following steps will show which requirements apply to your workplace based on employee exposure monitoring results.

Step one: Follow requirements in the basic rules section, WAC 296-855-20010 through 296-855-20090.

Step two: Use employee exposure monitoring results from the exposure evaluations required by, Exposure evaluations, WAC 296-855-20060, and follow Table 1 to find out which additional sections of this chapter apply to your workplace.

Step three: You need only follow exposure records, WAC 296-855-20090 and Medical records, WAC 296-855-30080 if you have documentation conclusively demonstrating that employee exposure for ethylene oxide and the operation where it's used, cannot exceed the AL or STEL during any conditions reasonably anticipated.

✎ Such documentation can be based on observations, data, calculations, and previous air monitoring results. Previous air monitoring results:

- Must meet the accuracy required in step five of the Exposure evaluations, WAC 296-855-20060.
- May be from outside sources, such as industry or labor studies.
- Must be based on data that represents conditions being evaluated in your workplace.

Table 1
Sections That Apply to Your Workplace

If:	Then continue to follow the basic rules, and the additional requirements in:
Employee exposure monitoring results are below the AL, and STEL	No additional requirements if exposures remain stable
Employee exposure monitoring results are above the PEL	✎ Exposure and medical monitoring, WAC 296-855-30010 through 296-855-30080; AND ✎ Exposure control, WAC 296-855-40005 through 296-855-40045
Employee exposure monitoring results are above the AL; OR Above the STEL	Exposure and medical monitoring, WAC 296-855-30010 through 296-855-30080
When there is a possibility of an emergency release of EtO	Establish a written emergency response plan and a means of alerting potentially exposed employees as found in Exposure control plan, WAC 296-855-40005

NEW SECTION

WAC 296-855-200 Basic rules.

Summary:

Your responsibility:

To measure and eliminate, or minimize, employee exposure to ethylene oxide.

IMPORTANT:

 The requirements in basic rules apply to all employers covered by the scope of this chapter, WAC 296-855-100. Additional sections may apply to you, based on employee exposure monitoring results. Turn to the Scope, WAC 296-855-100, and follow Table 1.

NEW SECTION

WAC 296-855-20010 Preventive practices.

You must:

 Make sure that all containers of EtO whose contents are capable of causing employee exposure above the action level or above the STEL are labeled, tagged, or marked with this warning:

<p>Danger Contains Ethylene Oxide Cancer Hazard and Reproductive Hazard</p>
--

AND

A warning stating that breathing airborne concentrations of EtO is hazardous.

 Keep container labels free of statements that contradict or detract from the labels' hazard warning.

Note:  EtO is highly flammable and should be kept in a tightly covered container, and in a cool, well-ventilated area away from any type of ignition source.

You must:

 Make sure warning labels remain on containers of EtO when these containers are transported.

Exemption:  Reaction vessels, storage tanks, and pipes or piping systems are not considered to be containers and do not require labeling.

 Labeling requirements do not apply when EtO:

- Is used as a pesticide as defined by the Federal Insecticide, Fungicide, and Rodenticides Act (7 U.S.C. 136 et seq.);

AND

- Meets the Environmental Protection Agency labeling requirements for pesticides.

NEW SECTION

WAC 296-855-20020 Exposure control areas.

You must:

 Establish temporary or permanent exposure control areas where airborne concentrations of ethylene oxide (EtO) exceed or

may exceed the permissible exposure limits (PELs) by doing all the following:

- Clearly identify the boundaries of exposure control areas in any way that minimizes employee access.

- Post signs at access points to exposure control areas that:

- ✂ Are easy to read (for example, they are kept clean and well lit).

AND

- ✂ Include this warning:

<p style="text-align:center">DANGER ETHYLENE OXIDE CANCER AND REPRODUCTIVE HAZARD AUTHORIZED PERSONNEL ONLY RESPIRATORS AND PROTECTIVE CLOTHING MAY BE REQUIRED TO BE WORN IN THIS AREA</p>
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- ✎ Keep signs and areas near them free of statements that contradict or detract from their message.

Note: ✎ This requirement does not prevent you from posting other signs.

You must:

- ✎ Allow only authorized personnel to enter exposure control areas.

Note: ✎ When identifying the boundaries of exposure control areas you should consider factors such as:

- The level and duration of airborne exposure.

- Whether the area is permanent or temporary.

- The number of employees in adjacent areas.

- ✎ You may use permanent or temporary enclosures, caution tape, ropes, painted lines on surfaces, or other materials to visibly distinguish exposure control areas or separate them from the rest of the workplace.

You must:

- ✎ Make sure employees entering exposure control areas use appropriate respirators.

- ✎ Prevent all of the following activities from occurring in exposure control areas:

- Eating food.

- Drinking beverages.

- Smoking.

- Chewing tobacco or gum.

- Applying cosmetics.

- Storing food, beverages, or cosmetics.

NEW SECTION

WAC 296-855-20040 Personal protective equipment (PPE).

You must:

- ✎ Make sure employees wear appropriate PPE as protection from skin or eye contact with ethylene oxide (EtO), liquid EtO,

or EtO solutions.

 Provide appropriate PPE at no cost to employees.

Note:  Harmful amounts of EtO can enter the body through skin or eye contact.

NEW SECTION

WAC 296-855-20050 Employee protective measures.

You must:

 Implement appropriate protective measures, such as respirators, for employees performing activities with exposure to airborne ethylene oxide that could exceed the PEL, while you conduct your exposure evaluation.

NEW SECTION

WAC 296-855-20060 Exposure evaluations.

IMPORTANT:

This section applies when there is a potential for airborne exposure to ethylene oxide (EtO) in your workplace.

When you conduct an exposure evaluation in a workplace where an employee uses a respirator, the protection provided by the respirator is not considered.

Following this section will also meet the requirements to identify and evaluate respiratory hazards found in another chapter, Respiratory hazards, chapter 296-841 WAC.

You must:

 Conduct an employee exposure evaluation to accurately determine airborne concentrations of EtO by completing Steps one through six of the exposure evaluation process, each time any of the following apply:

- No evaluation has been conducted.
- Changes have occurred in any of the following areas that may result in new or increased employee exposures:

-  Production.

-  Processes.

-  Personnel.

-  Exposure controls such as ventilation systems or work practices.

- You have any reason to suspect new or increased employee exposure may occur.

 Provide affected employees and their designated

representatives an opportunity to observe any exposure monitoring during Step six of the exposure evaluation process.

✍ Make sure observers entering areas with EtO exposure:

- Are provided with and use the same protective clothing, respirators, and other personal protective equipment (PPE) that employees working in the area are required to use;

AND

- Follow all safety and health requirements that apply.

Exposure evaluation process

Step one: Identify all employees who have potential exposure to airborne ethylene oxide (EtO) in your workplace.

Step two: Identify operations where employee exposures could exceed EtO's fifteen-minute short-term exposure limit (STEL) of five parts per million (ppm).

Step three: Select employees from those working in the operations you identified in Step two who will have their STEL exposures measured.

Step four: Select employees from those identified in Step one who will have their eight-hour exposures monitored.

✍ Make sure the exposures of the employees selected represent eight-hour exposures for all employees identified in Step one including each job classification, work area, and shift.

✍ If you expect all employee exposures to be below the action level (AL), you can choose to limit your selection to those employees reasonably believed to have the highest exposures. If you find these employees' exposure to be above the AL, then you'll need to repeat Step four to represent all employees identified in Step one.

Note: You can use Steps three through six of this process to create a written description of the procedure used for obtaining representative employee exposure monitoring results, which is a requirement in Exposure records, WAC 296-855-20090.

Exemption: ✍ You can skip Steps four through seven if you have documentation conclusively demonstrating that employee exposure for a particular material and the operation where it's used, cannot exceed the AL or PEL during any conditions reasonably anticipated.

✍ Such documentation can be based on observations, data, calculations, and previous air monitoring results. Previous air monitoring results:

- Must meet the accuracy required by Step five.

- May be from outside sources, such as industry or labor studies.

- Must be based on data that represents conditions being evaluated in your workplace.

Step five: Determine how you will obtain accurate employee exposure monitoring results. Select and use an air monitoring method with a confidence level of ninety-five percent, that's accurate to:

✍ ±twenty-five percent when concentrations are potentially above the AL or eight-hour time-

weighted average of one part per million (ppm).

✎ ±thirty-five percent when concentrations are potentially above the AL of 0.5 ppm or the STEL of five ppm.

Note: Here are examples of air monitoring methods that meet this accuracy requirement:

✎ OSHA Method thirty found by going to: <http://www.osha.gov/dts/sltc/methods/toc.html>.

✎ NIOSH Method thirty eight hundred found by going to: <http://www.cdc.gov./niosh/homepage.html> and linking to the NIOSH Manual of analytical methods.

Step six: Obtain employee monitoring results by collecting air samples representing employees identified in Steps three and four.

✎ Collect STEL samples for employees and operations selected in Step three.

✎ Collect samples representing the eight-hour exposure, for at least one shift, for each employee selected in Step four.

✎ Make sure samples are collected from each selected employee's breathing zone.

Note: ✎ You may use any sampling method that meets the accuracy specified in Step five. Examples of these methods include:

- Real-time monitors that provide immediate exposure monitoring results.

- Equipment that collects samples that are sent to a laboratory for analysis.

✎ The following are examples of methods for collecting samples representative of eight-hour exposures.

- Collect one or more continuous samples, such as a single eight-hour sample or four two-hour samples.

- Take a minimum of five brief samples, such as five fifteen-minute samples, during a work shift at randomly selected times.

✎ For work shifts longer than eight hours, monitor the continuous eight-hour portion of the shift expected to have the highest average exposure concentration.

Step seven: Have the samples you collected analyzed to obtain monitoring results for eight-hour and STEL exposures.

✎ Determine if employee exposure monitoring results are above or below the following values:

- Eight-hour time-weighted average (TWA₈).

- Short term exposure limit (STEL).

- Eight-hour action level (AL).

Note: ✎ You may contact your local WISHA consultant for help:

- Interpreting data or other information.

- Determining eight-hour or fifteen-minute employee exposure monitoring results.

NEW SECTION

WAC 296-855-20070 Notification.

You must:

✎ Provide written notification of exposure monitoring results to employees represented by your exposure evaluation, within five business days after monitoring results become known to you.

✍ In addition, when employee exposure monitoring results are above the permissible exposure limit (PEL), provide written notification of all the following within fifteen business days after the results become known to you:

- Corrective actions being taken and a schedule for completion;

AND

- Any reason why exposures can not be lowered to below the PEL.

- Note:**
- ✍ You can either notify employees individually or post the notifications in areas readily accessible to affected employees.
 - ✍ Posted notification may need specific information that allows affected employees to determine which monitoring results apply to them.
 - ✍ Notification may be:
 - In any written form, such as hand-written or e-mail.
 - Limited to the required information, such as exposure monitoring results.
 - ✍ When notifying employees about corrective actions, your notification may refer them to a separate document that is available and provides the required information.

NEW SECTION

WAC 296-855-20080 Exposure records.

You must:

✍ Establish and keep complete and accurate records for all exposure monitoring evaluations conducted under this chapter. Make sure the record includes, at least:

- The name, unique identifier, and job classification of:
 - ✂ The employee sampled;

AND

- ✂ All other employees represented by the sampled employee.
 - A description of the methods used to obtain exposure monitoring results and evidence of the methods' accuracy.
 - A description of the procedure used to obtain representative employee exposure monitoring results.
 - The date, number, duration, location, and the result of each sample taken.
 - Any environmental conditions that could affect exposure concentration measurements.
 - Any personal protective equipment (PPE) worn by the employee including the type of respirator.

Note: ✍ You can use Steps three through six of the exposure evaluation process in Exposure evaluations, WAC 296-855-20060, to create a description of the procedure you used for obtaining representative employee exposure monitoring results.

You must:

✍ Keep exposure monitoring records for at least thirty years.

NEW SECTION

WAC 296-855-20090 Training.

You must:

- ✍ Train employees who are potentially exposed above the:
 - Action level (AL) 0.5 parts per million (ppm);

OR

- STEL of five ppm as averaged over a sampling period of fifteen minutes.

- ✍ Provide training:

- At the time of initial assignment;

AND

- At least every twelve months.

- ✍ Make sure training and information includes all of the following:

- A review of this chapter.
- The purpose of medical evaluations and a description of your medical evaluation program required in Medical evaluations, WAC 296-855-30030 in this chapter.
 - Monitoring procedures and observations to detect the presence or release of EtO.
 - The physical and health hazards of EtO.
 - Actions employees can take to protect themselves from EtO exposure such as work practices, emergency procedures, and PPE.
 - Hazard communication.
 - Areas and operations where EtO is present.
- The following information found in the General occupational health standards, chapter 296-62 WAC:
 - ✂ The Substance safety data sheet, WAC 296-62-07383 Appendix A.
 - ✂ The Substance technical guidelines, WAC 296-62-07385 Appendix B.
 - ✂ Medical surveillance guidelines, WAC 296-62-07387 Appendix C.
- A description of the medical monitoring requirements of this chapter found in Medical evaluations, WAC 296-855-30030.

NEW SECTION

WAC 296-855-300 Exposure and medical monitoring.

Summary:

Your responsibility:

To monitor employee health and workplace exposures to ethylene oxide (EtO).

IMPORTANT:

✍ These sections apply when employee exposure monitoring results are either above the:

- Action level (AL) of 0.5 parts per million (ppm);

OR

- Either of the permissible exposure limits for EtO.

Note: ✍ Exposure can result in skin or eye irritation.

NEW SECTION

WAC 296-855-30010 Periodic exposure monitoring.

Exemption: Periodic employee exposure monitoring is not required if exposure monitoring results conducted to fulfill requirements in Exposure evaluation, WAC 296-855-20060, are below the action level (AL).

You must:

✍ Obtain employee exposure monitoring results according to the frequency specified in Table 2, Periodic Exposure Evaluation Frequencies.

Note: ✍ If you documented that one work shift consistently has higher exposure monitoring results than another for a particular operation, then you may limit sample collection to the work shift with higher exposures and use those results to represent all employees performing the operation on other shifts.

**Table 2
Periodic Exposure Evaluation Frequencies**

If employee exposure monitoring results:	Then:
Are between the: ✍ Action level (AL) of 0.5 parts per million (ppm); AND ✍ TWA ₈ of 1 ppm	Conduct additional exposure monitoring at least every 6 months.
Are above the TWA ₈ ; OR Above the STEL	Conduct additional exposure monitoring at least every 3 months.
Have been obtained at least every 3 months; AND	You may decrease your evaluation frequency to every 6 months.

Have 2 consecutive monitoring results, taken at least 7 days apart, showing 8-hour employee exposure monitoring results that have dropped below the TWA ₈ , but remain at or above the AL	
Have 2 consecutive evaluations, taken at least 7 days apart, showing 8-hour employee exposure monitoring results that have dropped below the AL and STEL	You may stop periodic exposure evaluations.

NEW SECTION

WAC 296-855-30030 Medical evaluations.

IMPORTANT :

Medical evaluations meeting all requirements of this section will fulfill the medical evaluation requirement found in another chapter, Respirators, chapter 296-842 WAC.

Employees who wear respirators need to be medically evaluated to make sure the respirator will not harm them, before they are assigned work in areas requiring respirators.

You must:

- ✍ Make medical evaluations available to current employees:
 - Who have been, are, or may be exposed above the action level (AL) for at least thirty days in any twelve-month period.
 - At no cost including travel costs and wages associated with any time spent obtaining the medical evaluation.
 - At reasonable times and places.
 - Exposed to EtO during an emergency situation.
 - Wanting medical advice on EtO exposure and reproductive health.
 - Whenever the employee develops signs and symptoms commonly associated with ethylene oxide.

✍ Complete Steps one through four of the medical evaluation process at the following times:

- Initially, when employees are assigned to work in an area where exposure monitoring results are, or will likely be, above the action level (AL) for at least thirty days in a twelve-month period.
- Every twelve months for employees exposed above the AL for at least thirty days in the preceding year unless the

examining physician determines that they should be provided more frequently.

- When employment with exposure ends, if the employee has not had an evaluation within the six-month period before exposure ends.

Note: ✎ Employees who decline to receive medical examination and testing to monitor for health effects caused by EtO are not excluded from receiving a separate medical evaluation for respirator use.

✎ If employers discourage participation in medical monitoring for health effects caused by EtO, or in any way interfere with an employee's decision to continue with this program, this interference may represent unlawful discrimination under RCW 49.17.160, Discrimination against employee filing complaint, instituting proceedings, or testifying prohibited--Procedure--Remedy.

Helpful tool: **Declination form for nonemergency related medical evaluations**

You may use this optional form to document employee decisions to decline participation in the medical evaluation process for exposure to ethylene oxide (EtO). To see this form, go to the resources section within this chapter.

Medical evaluation process

Step one: Select an appropriate licensed health care professional (LHCP) who will conduct or supervise examinations and procedures.

✎ If the LHCP is not a licensed physician, make sure individuals who conduct pulmonary function tests have completed a training course in spirometry sponsored by an appropriate governmental, academic, or professional institution.

Step two: Make sure the LHCP receives all of the following information before the medical evaluation is performed:

✎ A copy of:

- This chapter.

- The following information found in the General occupational health standards, chapter 296-62 WAC:

✂ The Substance safety data sheet, WAC 296-62-07383(1) Appendix A.

✂ The Substance technical guidelines, WAC 296-62-07385(2) Appendix B.

✂ Medical surveillance guidelines, WAC 296-62-07387(3) Appendix C.

✎ A description of the duties of the employee being evaluated and how these duties relate to EtO exposure.

✎ The anticipated or representative exposure monitoring results for the employee being evaluated.

✎ A description of the personal protective equipment (PPE) each employee being evaluated uses or will use.

✎ Information from previous employment-related examinations when this information is not available to the examining LHCP.

✍ Instructions that the written opinions the LHCP provides you be limited to the following information:

- Results from examinations and tests.
- Whether or not medical conditions were found that would increase the employee's risk for impairment from exposure to EtO.
- Any recommended limitations for EtO exposure and use of respirators or other PPE.
- A statement that the employee has been informed of medical results and medical conditions caused by EtO exposure requiring further examination or treatment.

Step three: Make medical evaluations available to the employee. Make sure they include the content listed in Table 3, Content of Medical Evaluations.

Step four: Obtain the LHCP's written opinion for the employee's medical evaluation and make sure the employee receives a copy within twenty business days after you receive the written opinion.

✍ Make sure the written opinion is limited to the information specified for written opinions in Step two.

Note: ✍ If the written opinion contains specific findings or diagnoses unrelated to occupational exposure, send it back and obtain a revised version without the additional information.

**Table 3
Content of Medical Evaluations**

When conducting:	Include:
An initial and annual evaluation	<p>✍ A work history and medical history includes emphasis on:</p> <ul style="list-style-type: none"> - Pulmonary, hematological, neurological, reproductive systems; <p>AND</p> <ul style="list-style-type: none"> - The eyes and skin. <p>✍ A physical examination that includes emphasis on:</p> <ul style="list-style-type: none"> - Pulmonary, hematological, neurological, and reproductive systems; <p>AND</p> <ul style="list-style-type: none"> - The skin and eyes. <p>✍ A complete blood count including a:</p>

	<ul style="list-style-type: none"> – White cell count with differential – Red cell count – Hematocrit – Hemoglobin. <p>✍ Additional examinations the licensed health care professional (LHCP) believes appropriate based on the employee's exposure to ethylene oxide (EtO) or respirator use.</p> <p>✍ Additional testing:</p> <ul style="list-style-type: none"> – Pregnancy test, and laboratory evaluation for fertility if requested by employee and approved by evaluating LHCP.
Evaluations due to termination of employment	✍ The same content as specified for initial and annual evaluations.
Evaluations due to reassignment to area where EtO exposure is below the AL	<p>✍ The same content as specified for initial and annual evaluations.</p> <p>✍ As determined by the LHCP.</p>
Evaluations due to exposure during an emergency	✍ The same content as specified for initial and annual evaluations.
Evaluations triggered by employee signs and symptoms commonly associated with overexposure to EtO or request for reproductive advice	<p>✍ The content of medical examinations and consultations shall be determined by the examining LHCP.</p> <ul style="list-style-type: none"> – Pregnancy test, and laboratory evaluation for fertility if requested by employee and approved by evaluating LHCP.
Evaluations determined necessary by LHCP for exposed employees	<p>✍ LHCP may determine short frequencies of evaluations for any and all examinations.</p> <p>✍ Respiratory protection.</p>

NEW SECTION

WAC 296-855-30080 Medical records.

IMPORTANT:

This section applies when a medical evaluation is performed, or any time a medical record is created for an employee exposed to ethylene oxide (EtO).

You must:

✍ Establish and maintain complete and accurate medical records for each employee receiving a medical evaluation for EtO and make sure the records include all the following:

- The employee's name and unique identifier.
- A description of the employee's duties.
- A copy of the licensed health care professional's (LHCP's) written opinions.
- The anticipated or representative employee exposure monitoring results provided to the LHCP for the employee.
- A copy of the information required in Step two of the medical evaluation process, found in WAC 296-855-30030, except the copy of this chapter and the appendices.

✍ Maintain medical records for the duration of employment plus thirty years.

Note: ✍ Your medical provider may keep these records for you. Other medical records, such as the employee's medical history or X rays, need to be kept as confidential records by the medical provider.

NEW SECTION

WAC 296-855-400 Exposure control.

Summary:

Your responsibility:

To protect employees from exposure to ethylene oxide (EtO) by using feasible exposure controls and appropriate respirators.

IMPORTANT:

✍ These sections apply when employee exposure monitoring results are above either of the following permissible exposure limits (PELs):

- The eight-hour time-weighted average (TWA₈) of one part per million (ppm);

OR

- The STEL of five ppm.

NEW SECTION

WAC 296-855-40010 Exposure control plan.

You must:

✎ Establish and implement a complete written exposure control plan that includes at least the following:

- Schedules for the following:

✂ Developing and implementing feasible exposure controls to reduce EtO exposure to, or below, the PEL.

✂ Periodic leak detection surveys.

- Make sure employee rotation is not included as a method to control employee exposure.

✎ Review and update your exposure control plan at least every twelve months or when one of the following occurs:

- New equipment is placed into service.

- New processes are employed.

- Exposure evaluation results are above the PEL.

✎ Provide a copy of your exposure control plan to affected employees and their designated representatives, when they ask to review or copy it.

✎ Establish a written plan for emergency situations for each work area where there is a possibility of an emergency from a release of EtO. The plan must include, at a minimum:

- Emergency escape:

✂ Procedures.

✂ Route assignments.

- Emergency evacuation plans and procedures to account for all employees after emergency evacuation has been completed.

- Procedures to be followed by employees who remain to operate critical plant operations before they evacuate.

- Requirements for the use of respiratory protection as required in WAC 296-855-40045.

- Rescue and medical duties for those employees who will perform them.

- The preferred means of reporting fires and other emergencies.

- Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

You must:

✎ Establish an employee alarm system that meets the requirements of Employee alarm systems, WAC 296-800-31070 in the safety and health core rules.

- The employee alarm system must be distinctive and

recognizable as a signal to perform actions designated under the emergency response plan.

NEW SECTION

WAC 296-855-40030 Exposure controls.

IMPORTANT:

The use of an employee rotation schedule to control employee exposure to ethylene oxide (EtO) is prohibited.

Respirators and other personal protective equipment (PPE) are not exposure controls.

You must:

✍ Use feasible exposure controls to reduce exposure to, or below, the permissible exposure limit (PEL).

NEW SECTION

WAC 296-855-40040 Respirators.

IMPORTANT:

The requirements in this section are in addition to the requirements found in:

- Respiratory hazards, chapter 296-841 WAC.
- Respirators, chapter 296-842 WAC.

Medical evaluations meeting all requirements of WAC 296-855-30030, will fulfill the medical evaluation requirement found in Respirators, chapter 296-842 WAC.

You must:

✍ Add the following requirements to the program already developed for Respirators, chapter 296-842 WAC:

- Require that employees use respirators where:

✂ Feasible exposure controls are being put in place.

✂ You determine that exposure controls are not feasible.

✂ Feasible exposure controls do not reduce exposures to or below the PEL.

✂ Employees are performing tasks presumed to have exposures above the PEL.

✂ Emergencies occur.

✍ Ensure all respirator use is accompanied by eye protection either through the use of full-facepiece respirators, hoods, or chemical goggles.

✍ Meet these requirements to protect employees from

ethylene oxide (EtO) exposure above the PEL:

- Limit selection of escape respirators to one of the following:

✂ A full-facepiece respirator with EtO-approved canister, front- or back-mounted.

✂ A full-facepiece positive-pressure supplied air respirator, with hood or helmet equipped with self-contained breathing apparatus (SCBA).

✂ A hood-style SCBA that operates in positive-pressure mode.

✂ Make sure respirator cartridges or canisters are replaced at the beginning of each work shift, or sooner if their service life has expired.

NEW SECTION

WAC 296-855-500 Definitions.

Action level:

An airborne concentration of ethylene oxide of 0.5 parts per million calculated as an eight-hour time-weighted average.

Authorized personnel:

Individuals specifically permitted by the employer to enter the exposure control area to perform necessary duties, or to observe employee exposure evaluations as a designated representative.

Breathing zone:

The space around and in front of an employee's nose and mouth, forming a hemisphere with a six- to nine-inch radius.

CAS (Chemical Abstract Service) number:

CAS numbers are internationally recognized and used on material safety data sheets (MSDSs) and other documents to identify substances. For more information see <http://www.cas.org/about>.

Container:

Any container, except for pipes or piping systems that contains ethylene oxide. It can be any of the following:

✂ Barrel.

✂ Bottle.

✂ Can.

✂ Cylinder.

✂ Drum.

✂ Reaction vessel.

✂ Storage tank.

Day:

Any part of a calendar day.

Director:

The director means the director of the department of labor and industries or their designee.

Emergency:

Any event that could or does result in the unexpected significant release of ethylene oxide. Examples of emergencies include equipment failure, container rupture, or control equipment failure.

Ethylene oxide (EtO):

Is an organic chemical represented by the CAS registry number 75-21-8. EtO is a flammable colorless gas and is commonly used to sterilize medical equipment and as a fumigant for certain agricultural products. It is also used as an intermediary in the production of various chemicals such as ethylene glycol, automotive antifreeze, and polyurethane.

Exposure:

The contact an employee has with ethylene oxide, whether or not protection is provided by respirators or other personal protective equipment (PPE). Exposure can occur through various routes of entry such as inhalation, ingestion, skin contact, or skin absorption.

Licensed health care professional (LHCP):

An individual whose legally permitted scope of practice allows him or her to provide some or all of the health care services required for medical evaluations.

Permissible exposure limits (PELs):

PELs are employee exposures to toxic substances or harmful physical agents that must not be exceeded. PELs are also specified in WISHA rules found in other chapters. The PELs for ethylene oxide are:

✎ Eight-hour time-weighted average (TWA₈) of one part per million (ppm);

AND

✎ Fifteen-minute STEL of five ppm.

Short term exposure limit (STEL):

An exposure limit averaged over an X-minute period that must not be exceeded during an employee's workday.

Time-weighted average (TWA₈):

An exposure limit averaged over an eight-hour period that must not be exceeded during an employee's workday.