



From the Director...

America continues to be the great melting pot of the world. Today's workforce is more diverse than ever. From all facets of labor, general industry and construction, the need for effective worker safety and health training is more and more evident. Hispanic and foreign-born workers now make up more than 15% of the workforce and Hispanic workers are leading foreign-born workers in fatalities and injuries. However, the need does not stop with foreign-born workers. Employers are now more than ever hiring workers who are elderly and those who have special needs. Specialized and customized occupational safety and health training is more vital now than it ever has been to the US workforce. Understanding the best practical training techniques for each diverse group has become critical for effective training. Consider your workforce as the lifeblood of your company and provide them with the best opportunity to succeed for themselves and for your organization.

Sincerely,

E. Rush Barnett, CSP, CIH
Director of Training



New Revisions to the OSHA Respiratory Protection Standard

OSHA has finally promulgated Assigned Protection Factors (APF) for respirators and defined Maximum Use Concentration (MUC). Both of these had been "reserved" since 1998. The effective date for the revised standard is November 22, 2006.

The APF is the level of respiratory protection that a respirator or class of respirators is expected to provide to employees. For instance, an APF of 10 means that the respirator can be expected to be effective for use in an atmosphere that is no more than 10 times higher than the Permissible Exposure Limit (PEL). The MUC is calculated by multiplying the APF by the PEL (or other exposure limit used).

Prior to this revision employers used industry standards, manufacturers recommendations, or regulatory-specific standards (i.e. 1926.62 Lead In Construction) to determine APFs. One of the most notable changes with the new standard is that the APF for Powered Air Purifying Respirators (PAPR) is now 1000. We have generally been using an APF of 100 for PAPRs except for lead where the APF was 50. Also, the APF for Helmet/hooded PAPRs is 25/1000. They can only achieve an APF of 1000 if the manufacturer provides data of testing.

This new respiratory protection standard (1910.134) results in a number of amended standards that require respiratory protection for employees. Impacted standards include, but are not limited to, Asbestos, Vinyl chloride, Inorganic arsenic, Lead, Cadmium, Benzene, Cotton dust, Acrylonitrile, Formaldehyde, and Methylene chloride.

And, oh by-the-way, these new APFs only apply to employers who have implemented a continuing, effective respiratory protection program as specified in 1910.134.

The Maryland Lead Risk Reduction Standard Revised

Not only are there changes to the LRRS, but there are two new MDE forms – a newly revised inspection certificate a.k.a. MDE Form 330, and Form G. The new version of the inspection certificate reflects a change in the regulation that allows for defective paint, under certain conditions, on exterior surfaces of pre-1950 residential rental properties. Defective paint is paint that is chipping, peeling, or flaking and not 100% intact.

Defective paint is now allowed on exterior surfaces only if **ALL** exterior surfaces (house, shed, fence, etc.) are tested for lead-based paint in accordance with COMAR 26.16.02.05 by an accredited Lead Inspector Technician or Risk Assessor and found to be “lead-free”.

According to MDE, if all exterior components previously tested during a lead-based paint inspection were negative, then that data can be used to complete Form G. The date of the previous inspection report would then be entered on Form G.

However, the inspector cannot rely on information supplied by the owner regarding construction or painting history to issue Form G. For example, a property owner informs an inspector that a shed with defective paint was constructed in 1990. According to MDE, the shed still needs to be tested in order to issue Form G.

Amendments to the VA Asbestos Licensing Regulations Effective December 1, 2006

There has been a revision to the Virginia Asbestos regulations regarding VA Project Monitors.

The changes are as follows:

A VA Project Monitor will be required to be onsite each day as contractually agreed upon by the owner and the monitoring firm. The amount of time onsite is still contract-dependant with the building owner.

It is also the responsibility of the asbestos contractor to advise the owner that a project requires a Project Monitor. The contractor must provide evidence that the building owner has been notified of the Project Monitor requirement.

OSHA’s Most Frequently Cited Violations, 2006

source: OSHA 2006

Ranking	Standard	Total Violations	Fiscal 2005 ranking
#1	1926.451 Scaffolding	9,012	#1
#2	1910.1200 Hazard Communication	6,704	#2
#3	1926.501 Fall Protection	6,378	#3
#4	1910.134 Respiratory Protection	4,332	#4
#5	1910.147 Lockout/Tagout	3,659	#5
#6	1910.178 Powered Industrial Trucks	3,080	#6
#7	1910.305 Electrical - Wiring	2,953	#7
#8	1910.212 Machine Guarding	2,749	#8
#9	1926.1053 Ladders	2,329	#10
#10	1910.303 Electrical-General Requirements	2,178	#9



IMPORTANCE OF OUTSIDE AIR SAMPLING FOR MOLD SPORES

One of the more common collection errors that we see in the laboratory on a routine basis, is a failure to collect an outside air sample. This is an extremely important sample to collect because it establishes a baseline to which you can compare the inside air samples of the building being inspected. Outside air sampling, conducted at the same time as the mold inspection, is vital because there are no Federal standards to help us determine what levels of spores are considered high or that establish an acceptable baseline. The only way to achieve these goals is to collect an outside sample for comparison with inside samples.

Unlike asbestos or lead, there are no set standards for mold to determine what a high concentration of mold spores inside a commercial building or home may be. Studies have been conducted that show there are some common types of indoor mold known to be toxigenic and produce mycotoxins. The types of mold considered to be common indoor toxigens are *Aspergillus*, *Penicillium*, *Cladosporium*, and *Alternaria*. Although studies have shown that these molds can produce non-specific health issues such as allergies, headaches, and flu-like symptoms, an individual's response to their presence is still dependent on that individual's own immune system. Furthermore, the level of spores in the air that will cause health issues varies from person to person.

The outside air sample determines the baseline to which inside air samples can be compared. Mold spores are ubiquitous, naturally occurring, and move through the air by dissemination. As a result, mold spores found outside a building are an important indicator of what should be found inside. Not only does the outside sample establish a baseline for comparison with the inside samples, but it can also help with the interpretation of the report.

The outside air sample is an aid in the process of interpreting laboratory results. For example, let's assume an individual receives a report with 1,350 spores/m³ Pen/Asp spore type present on an inside sample. This could be a red flag indicating a serious issue in the building. The outside air sample, however, has a count of 1,215 spores /m³ Pen/Asp spore type present. Though the inside result is higher than the outside, it may not be a concern because there is not a considerable amount of difference between the two samples. Without the outside air sample, this type of comparison would not be possible.

The outside air sample is crucial in helping to establish a baseline comparison as well as functioning as an aid in the interpretation of the results from laboratory analysis. These are reasons why it is so important to make sure that an outside air sample is taken at each and every inspection.

WHAT IS A CERTIFIED HEALTHCARE ENVIRONMENTAL MANAGER (HEM)?

The certified Healthcare Environmental Manager (HEM) is an individual who aspires to meet the challenges of increased healthcare environmental, health, safety and security compliance and patient safety vigilance. Individuals who attain the "HEM" designation not only have demonstrable skills in Environment of Care compliance, hazardous materials handling, industrial hygiene, but they willingly accept their role as leaders and mentors in the increasingly complex healthcare safety and security profession.

Congratulations to our Training Director, E. Rush Barnett, HEM!

WORK ZONE TRAFFIC SAFETY

Transportation incidents and workers struck by vehicles or mobile equipment account for the highest number of fatal work injuries. Workers such as emergency responders, clean-up, utility, demolition, construction, and others where there are moving vehicles and traffic are exposed to being struck-by those moving vehicles.

There must be a traffic control plan for the movement of vehicles and protection of pedestrians. There are requirements for:

- o FLAGGING
- o SIGNS
- o WORK ZONE PROTECTIONS
- o TRAFFIC CONTROL DEVICES
- o LIGHTING
- o TRAINING



Check your state work zone traffic safety training and certification requirements.



FIRST AID/CPR/AED

(AMA Adds Course to Schedule)

This course is certified through MEDIC First Aid and the National Safety Council. It provides the student with necessary life saving skills that may be encountered in collapses at home, electrocutions, drug overdoses, employee collapse on a scaffold, and other real-life scenarios.

Check the schedule for January 19, February 28, and March 30, 2007.



Aerosol Monitoring & Analysis, Inc.

The Monitor

Phone: (410) 684-3327 Fax: (410) 684-3724

www.amatraining.com

Aerosol Monitoring and Analysis, Inc.
1331 Ashton Road
P.O. Box 646
Hanover, MD 21076-0646

Training Schedule Enclosed

BULK RATE
U.S. POSTAGE
PAID
HANOVER, MD
PERMIT NO. 157