OSHA Interpretations Addressing Emergency Response Questions Frequently Asked Since September 11, 2001.

(Summary of Pertinent Points)

- Hospital personnel who are expected to decontaminate patients who were involved in a release of a hazardous substance must be trained to the first responder operations level (1910.120(q)(6)(ii)) with emphasis on the use of PPE and decontamination procedures. [Burke; Levitin]

- Hospital staff who decontaminate chemically contaminated patients are not required to wear a self-contained breathing apparatus (SCBA) under (1910.120(q)3)(iv), but must wear personal protective equipment sufficient for the type and level of exposure the hospital anticipates. [Roth]

- OSHA does not require hospital staff members who decontaminate patients to wear Level B respiratory protection; this requirement applies to employees under an Incident Command System who are engaged in emergency response with the intent of handling or controlling the release. Hospital staff who decontaminate patients are removed from the site of the emergency. OSHA cannot define "how contaminated a (self-referral) victim may be" and cannot provide definitive answer to the level or severity of possible exposures to hospital workers. [Hayden]

- Hospital staff who are not expected to assist in patient decontamination, but may be exposed to patients needing immediate treatment prior to thorough decontamination are considered "skilled support personnel" (1910.120(q)(4). [Whittaker]

- Emergency medical service personnel who must handle victims that have only been superficially decontaminated or have not been decontaminated at all must be trained to the first responder operations level (1910.120(q)(6)(ii)). [McNamara]

- Emergency medical service personnel should be given first responder awareness level training (1910.120(q)(6)(i)) as a minimum even if they are not expected to handle contaminated victims. [McNamara]

- Police officers should be trained to the first responder awareness level (1910.120(q)(6)(i)) because they are in a position to potentially witness or discover the release of a hazardous substance. [McCoy]

- News media employees are not considered by OSHA to be part of the emergency response operation and therefore not covered by the provisions of 1910.120. [Jensen]

- News media employees who enter hazardous areas are subject to other OSHA standards such as 1910.132 (personal protective equipment), 1910.134 (respiratory protection) and 1910.1200 (hazard communication). [Jensen]

- The medical questionnaire for 1910.134 does not satisfy the medical surveillance requirements under 1910.120. [Bucknam]

- An electronic format of the medical questionnaire for 1910.134 is acceptable providing all the questions are asked and worded in the same manner as the Appendix and the confidentiality of the form and evaluation is maintained. [Colton]

- Fit testing is required for all employees using tight fitting respirators including filtering facepieces (dust masks). [Piantanida]

- Emergency responders appropriately trained under 1910.120(q)(6) who took part in the initial emergency response can continue to work through the clean-up operation. Employees who do not work at the facility where the release occurred, and who arrive after the emergency is declared to be over, must be trained in accordance with 1910.120(e). [Hartin]

- The presence of visible smoke during a structure fire does not automatically trigger a requirement to wear any particular type of respirator. Larger fires, which have progressed beyond the incipient stage, would require SCBAs for entry. [Weilding]

[Text Only]

Standard Interpretations

03/10/1999 - Emergency response training necessary for hospital physicians/nurses that may treat contaminated patients.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120(q)(6); 1910.120(q)(8)

March 10, 1999

Mr. Daniel Burke
Safety Coordinator
St. John's Mercy Medical Center
615 S. New Ballas Rd.
St. Louis, Mo. 63141

Dear Mr. Burke:

This is a response to your January 29, 1999, letter about emergency response training in accordance with 29 CFR 1910.120(q)(6), Hazardous Waste Operations and Emergency Response. You specifically ask if hospital physicians and nurses working in the Emergency Department need any level of emergency response training if they are treating patients who have been contaminated with chemicals. Your letter indicates that you expect that chemically-contaminated patients would be largely decontaminated by field emergency personnel and that your staff will primarily treat their injuries.

OSHA's Hazardous Waste and Emergency Response standard (HAZWOPER) requires that workers be trained to perform their anticipated job duties without endangering themselves or others. To determine the level and type of training your workers need, you must consider the hazards in your community and what capabilities your personnel need to respond to those hazards. You should make your determination based on worst-case scenarios. If your personnel are expected to provide limited decontamination services in order to attend to medical problems, they must be trained to the first responder operations level with emphasis on the use of PPE and decontamination procedures. This level of emergency response training is described in 29 CFR 1910.120(q)(6)(ii); additional guidance about the content of this training is available in HAZWOPER's Appendix E. Hospitals may develop in-house training or they may send personnel to a standard first responder operations level course, then provide additional training in decontamination and PPE as needed. HAZWOPER requires the employer to certify that workers have the training and competencies listed in (q)(6)(ii). The standard also requires annual refresher training or demonstration of competency, as described in (q)(8).

A hospital that expects its employees to handle emergencies involving hazardous substances also needs to prepare a written emergency response plan. Employees and affiliated personnel expected to be involved in an emergency response including physicians, nurses, maintenance workers, and other ancillary staff should be (1) familiar with how the hospital intends to

respond to hazardous substance incidents, (2) trained in the appropriate use of PPE, and (3) required to participate in scheduled drills.

OSHA Publication 3152, **Hospitals and Community Emergency Response - What You Need to Know (1997)**, is an excellent reference on this topic. It discusses the range of emergency response planning and training a hospital needs to undertake, depending on its role in community emergency response. A copy of this publication is enclosed. I hope that this information is helpful. If you need further assistance, please contact OSHA's Office of Health Compliance Assistance at (202) 693-2190.

Sincerely,

Richard E. Fairfax
Director
Directorate of Compliance Programs

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Occupational Safety & Health Administration
200 Constitution Avenue, NW
Washington, DC 20210

Standard Interpretations

10/27/1992 - Training requirements for hospital personnel involved in an emergency response of a hazardous substance.

Standard Interpretations - Table of Contents

• **Standard Number:** 1910.120

October 27, 1992

Howard W. Levitin, MD
435 Blue Ridge Road
Indianapolis, Indiana 46208

Dear Dr. Levitin:

This is in response to your inquiry of August 4 concerning the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response regulation (HAZWOPER), 29 CFR 1910.120.

Your questions concern OSHA's training requirements for hospital personnel who are part of an emergency response involving hazardous substances. We will answer them in the order that you presented them:

1. I would appreciate a written clarification of the training requirements for hospital employees if they receive contaminated individuals. Does a hospital need to be trained to first responder operations level if they already have an in-house training program that stresses the use of personal protective equipment and decontamination procedures?

All hospital personnel who are expected to take part in emergency responses to releases of a hazardous substances must be trained in accordance with 29 CFR 1910.120. Emergency medical personnel who would decontaminate victims who were involved in a release of a hazardous substance are to be trained to the first responder operations level, 29 CFR 1910.120(q)(6)(ii), which provides instruction on the selection and use of personal protective equipment (PPE) and on basic decontamination procedures. Training does not need to be duplicated, therefore appropriate training in PPE and decontamination procedures that a hospital currently provides can be used totally or in part to meet the requirements of HAZWOPER.

Instruction for emergency medical personnel in topics under 29 CFR 1910.120(q)(6)(ii) that are not directly relevant to emergency medical care is not necessary, although employees must be trained to perform the duties and functions expected of them. This is considered a de minimis violation, which is reserved for employers who are not technically in compliance with a regulation but who provide a safe and healthful working environment for their employees.

2. If this training is necessary, does it only pertain to the individual who sets up and operates the decontamination facility or does it also involve those persons who actually do the decontamination procedure?

Hospitals are required to train all personnel expected to be involved in the decontamination of victims, for example, personnel exposed to hazardous substances during decontamination procedures.

3. Does the level of training required depend on the hospital's designation under SARA Title III?

A hospital must train personnel who are expected to respond to emergencies involving hazardous substances. This is true if the hospital has agreed to be incorporated into any emergency response plan through designation by SARA Title III organizations, an agreement with a facility or hazardous waste site, or other means.

Please bear in mind that employers in the state of Indiana are regulated by the Indiana Department of Labor whose occupational safety and health program may have requirements that are more stringent than that of Federal OSHA's. Employers in Indiana are required to follow the Indiana standards and interpretations. However, to be of assistance, we are providing you with interpretations made on Federal OSHA's HAZWOPER regulation.

For any particular requirements applying in your state, you may contact the following:

Kenneth J. Zeller,
Commissioner Indiana
Department of Labor
State Office Building
402 West Washington Street,
Room W195
Indianapolis, Indiana 46204

Telephone: (317) 232-2378

We hope this information is helpful. If you have any further questions on Federal OSHA's HAZWOPER regulation, please contact the Office of Health Compliance Assistance at (202) 219-8036.

Sincerely,

Roger A. Clark,
Director
Directorate of Compliance Programs

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This letter has not yet been fully reviewed for consistency with other interpretations posted on OSHA's public website, and is not posted on the public site.

September 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,

Richard E. Fairfax, Director
Directorate of Enforcement Programs

To keep apprised 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 Enforcement at (202) 693-2190.

Sincerely,

Richard E. Fairfax, Director
Directorate of Enforcement Programs

cc: Leonard Katz, Assistant Commissioner, New Jersey Department of Labor
Patricia Clark, Regional Administrator – II

U.S. Department of Labor

Occupational Safety and Health Administration
Washington, D.C. 20210

Reply to the Attention of:

DEC - 2 2002

Captain Kevin J. Hayden
Acting Commanding Officer
State of New Jersey
Emergency Management Section
Department of Law and Public Safety
PO Box 7068
West Trenton, NJ 08628-0068

Dear Captain Hayden:

Thank you for your May 7 letter to Occupational Safety and Health Administration's (OSHA's) Directorate of Technical Services. Your letter was forwarded to the Directorate of Enforcement Programs to answer your emergency response related questions. 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 questions concerning training and personal protective equipment (PPE) requirements under the Hazardous Waste Operations and Emergency Response (HAZWOPER) standard for hospital employees who may have to decontaminate patients exposed to biological, chemical or nuclear agents resulting from a weapon of mass destruction incident. You state that in such an incident, many ambulatory victims/patients would be self-referrals to hospitals, while decontamination and treatment of highly contaminated, non-ambulatory victims/patients would begin at the scene of the incident. Your questions and our responses are listed below.

Question 1: Since decontamination will occur in an open-air environment outside the hospital's emergency department, could Level C respiratory protection be used instead of Level B as described in the HAZWOPER standard?

Response: OSHA does not require hospital staff members who decontaminate patients to wear Level B respiratory protection (positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied air respirator with escape SCBA). The requirement to

wear positive pressure self-contained breathing apparatus in 29 CFR 1910.120(q)(3)(iv) applies to employees under an Incident Command System who are engaged in emergency response with the intent of handling or controlling the release. These employees respond to areas proximate to the point of release where exposure to inhalation hazards is anticipated.

In contrast, hospital staff members who decontaminate a patient at the hospital are removed from the site of the emergency and the point of release. Normally, these personnel do not need to be trained or equipped for the same level of control, containment, or confinement operations as required for the hazardous materials (HAZMAT) team. Potential exposures to hospital staff usually result from proximity to, or contact with a patient whose skin and/or clothing may be contaminated. The hospital staff's personal protective equipment must be sufficient for the type and exposure levels an employee can reasonably anticipate from such incidents. Anticipated exposures are likely to include airborne or absorption hazards from a patient whose skin or clothing has come in contact with hazardous liquids or contaminated with hazardous particles.

Emergency response planning therefore, includes selection of PPE based on worst-case employee exposure scenarios. PPE selection should be based on the hospital's role in community emergency response evaluation.

Question 2: Since a majority of the victims/patients will be self-referrals and will be going to the hospital "on their own," how badly contaminated are they? If they can travel to the hospital wearing no respiratory protection, would not a hospital employee wearing Level C respiratory protection be better protected than the victims/patients?

Response: Depending on the contaminant present and the type of Level C respiratory protection provided (full-face or half-mask, air purifying respirators), a hospital employee wearing an air purifying respirator (APR) may be adequately protected. APRs are appropriate when the types of airborne substances are known and the worse case exposure estimates have been calculated for such events. For example, When preparing for an *industrial chemical emergency response*, where an MSDS for a particular chemical substance is available a hospital can select APRs to protect employees from being over exposed when decontaminating patients at the hospital. However, this may not be the case for a response to unknown biological, chemical or nuclear agents resulting from a weapon of mass destruction incident.

There is no clear answer to how contaminated a victim may be if he/she is a self-referral, and OSHA certainly cannot predict the levels or severity of these types of exposures. Some types of nuclear/chemical contaminants can kill quickly. Also, biological agent contamination may not be recognized when a victim arrives at a hospital because of the delay between the incident and the onset of symptoms. As a result, we are obviously unable to provide an absolute response to this concern.

Question 3: Should all the competencies listed for First Responder Operations Level training be met for hospital employees or could the minimum 8-hour course concentrate on personal protective equipment and contamination? For example, must a hospital employee know basic hazard and risk assessment techniques including placard recognition?

Response: HAZWOPER is a performance-based regulation allowing employers flexibility in meeting the requirements of the regulation, although the level and type of training is to be based on worst-case scenarios. Generally, all the competencies listed in 29 CFR 1910.120(q)(6)(ii) should be met for hospital employees trained to the First Responder Operations Level designated to decontaminate victims. The competencies may be tailored to fit the tasks the employees are expected to perform.

For instance, placard recognition is not required as a basic hazard and risk assessment technique. The ability to identify placards is important for a HAZMAT team, but not for hospital personnel e designated to perform decontamination. Employees who will decontaminate patients must be trained to identify when a hazardous substance is present. They should also receive training on identifying potential contaminates so that the correct decontamination methods are used, selection of proper PPE, how to control the spread of further contamination, and how to properly handle decontamination chemicals. Employees need to know their capabilities and limitations so they can determine when their training and equipment is not adequate to handle a situation.

Question 4: Are all hospitals nationwide preparing to equip and train their employees in the donning of Level B respiratory protection? It is our understanding that there are hospitals in other states that equip their employees with only Level C respiratory protection.

Response: We are unaware of what types of preparation hospitals are taking for emergency responses to such incidents. As previously stated, depending on the expected response by a hospital, Level C personal protective equipment may be appropriate.

Question 5: Does Level B respiratory protection exclude the supplied air hood?

Response: The personal protective equipment protection levels described in Appendix B of 29 CFR 1910.120 are guidelines that an employer may use to begin the selection of appropriate PPE. PPE must be selected which will protect employees from the specific hazards that they are likely to encounter during their work. If a hood type respirator offers sufficient protection for the task or potential emergency, then such a protective measure is acceptable.

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). Hospital employees who are trained to the HAZWOPER First Responder Operations Level must be trained to know how to properly select and use proper PPE that is provided to them.

Please be aware that our reply addresses federal OSHA standards and applies to employers under federal OSHA's jurisdiction. Federal OSHA has no jurisdiction over state and local government employees, such as the public employees of a state-owned hospital. The OSH Act does, however, encourage States to assume responsibility for their own occupational safety and health programs under plans approved by the U.S. Department of Labor. Such plans must extend coverage to State and local government employees. Twenty-three (23) States operate programs that cover both private and public sector employees. Three (3) States, including New Jersey, operate programs that are limited in scope to state and local government employees. (In New Jersey, Federal OSHA continues to cover private sector safety and health issues.) The New Jersey Department of Labor, Office of Public Employees Safety and Health (PEOSH) is the State plan agency. It covers hospital and emergency services personnel employed by State and local governments, and adopts and enforces its own occupational safety and health standards, which for the most part are identical to Federal OSHA's standards. For additional information about the requirements of the New Jersey Public Employee Only State Plan and its standards, you may contact the New Jersey Department of Labor directly at the following address:

Leonard Katz, Assistant Commissioner
New Jersey Department of Labor
P.O. Box 054
Trenton, New Jersey 08625-0054

Telephone: (609) 292-2313

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.

[Text Only]

Standard Interpretations

04/25/1997 - Emergency response training requirements for hospital staff.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120

April 25, 1997

Mr. Thomas Whittaker
New England Hospital
Engineers' Society, Inc.
303 Buttonball Lane
Glastonbury, Connecticut 06033

Dear Mr. Whittaker:

This is in response to your letter of March 4, requesting clarification of an Occupational Safety and Health Administration (OSHA) letter to Randy Ross dated March 31, 1992, addressing emergency response training requirements for hospital staff. In the March 31, 1992 letter to Mr. Ross, OSHA indicated that hospital staff that operate decontamination facilities as part of a hazardous waste emergency response effort must be provided with at least first responder operations level training in accordance with paragraph (q) of the Hazardous Waste Operations and Emergency Response (HAZWOPER) standard. In your letter, you asked whether medical personnel who do not operate decontamination facilities, but are involved with the patient only to provide medical care, must be trained as skilled support personnel.

As noted in the March 31, 1992 letter to Mr. Ross, the HAZWOPER standard requires that training shall be based on the duties and function to be performed by each responder during an emergency. Hospital staff who are not expected to assist in the decontamination of patients, but may be exposed to patients needing immediate treatment prior to thorough decontamination would be considered "skilled support personnel" under paragraph (q)(4) of the HAZWOPER standard and would not require first responder operations level training. Accordingly, such medical personnel must, at a minimum, be given a briefing at the time of the incident. This briefing must include instruction in the wearing of appropriate personal protective equipment (PPE), the nature of the chemical hazards involved in the emergency, the expected duties that the medical personnel must perform, and any other safety and health precautions that the medical personnel must take including the implementation of personal decontamination procedures.

We hope that this information clarifies your concerns regarding the emergency response training requirements for medical personnel in OSHA' s HAZWOPER standard. If you have any further questions, please contact this office at (202) 219-8036.

[Text Only]

Standard Interpretations

06/14/1991 - Training requirements for emergency medical service personnel.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120

June 14, 1991

Mr. Edward McNamara
Executive Director
Central Massachusetts Emergency
Medical Systems Corporation
Suite 208
42 Lake Avenue
Worcester, Massachusetts 01604

Dear Mr. McNamara:

This is in response to your letter of March 21, to Region I office concerning the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response final rule (29 CFR 1910.120). Please accept my apology for the delay in this reply.

Your specific question relates to the training requirements for emergency medical service personnel.

Section (q)(6) of 1910.120 discusses the training requirements for five levels of emergency responders. The specific training requirements for emergency medical service personnel depends on the duties they are expected to perform during an emergency response to a release of hazardous substance.

If the contaminated victims have been totally and thoroughly decontaminated and removed from the danger area, the emergency medical service personnel treating these victims would not have specific training requirements under 1910.120. However, these personnel should be given an initial briefing at the site prior to their participation in the emergency response.

Emergency Medical Service personnel are often the first on the scene and therefore should be given first responder awareness level training as a minimum even if they are not expected to handle contaminated victims.

If the emergency response personnel must handle victims whom have been only superficially decontaminated or have not been decontaminated at all, training to the first responder operations level as described in 1910.120 section (q)(6)(ii) would be required. The minimum amount of training required by this paragraph is 8 hours.

The emergency response plan for the jurisdiction should clearly define who will be responsible for decontaminating victims during an emergency response. The emergency medical service personnel should be trained in accordance with the responsibilities they will be expected to assume during an emergency response as described in the community emergency response plan.

We hope this information is helpful. If you have any further questions please feel free to contact us at (202) 523-8036.

Sincerely,

Patricia K. Clark, Director
Directorate of Compliance Programs

[Text Only]

Standard Interpretations

06/17/1991 - Minimum number of hours required for awareness level for police officers

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120

June 17, 1991

Mr. Eugene D. McCoy
Police Department
City of Ft. Lauderdale
1300 West Broward Blvd.
Ft. Lauderdale, Florida 33312

Dear Mr. McCoy:

This is in response to your inquiry of April 10, 1991 concerning the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response final rule (29 CFR 1910.120). Please accept my apology for the delay in this reply.

Your specific question relates to the application of this regulation to police officers and the minimum number of hours of training required for the awareness level. OSHA concurs with your assessment that police officers should be trained to the awareness level as a minimum.

There is no specific number of hours of training required for the First Responder Awareness Level. The training requirements are performance oriented, which means the training must develop certain competencies in an individual regardless of how long it takes. The regulation defines these competencies in paragraph (q)(6)(i) which reads;

. . . First responders at the awareness level shall have sufficient training or have had sufficient experience to objectively demonstrate competency in the following areas:

(A) An understanding of what hazardous materials are, and the risks associated with them in an incident.

(B) An understanding of the potential outcomes associated with an emergency created when hazardous materials are present.

(C) The ability to recognize the presence of hazardous materials in an emergency.

(D) The ability to identify the hazardous material if possible.

(E) An understanding of the role of the first responder awareness individual in an employer's emergency response plan including site security and control and the U.S. Department of

Transportation's Emergency Response Guidebook.

(F) The ability to realize the need for additional resources, and to make appropriate notifications to the communications center.

I hope this information is helpful. If you have any further questions please feel free to contact MaryAnn Garrahan at (202) 523-8036.

Sincerely,

Patricia K. Clark, Director
Directorate of Compliance Programs

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Occupational Safety & Health Administration
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[Text Only]

Standard Interpretations

08/24/1994 - Application of OSHA's Hazardous Waste Operations and Emergency Response (HAZWOPER) standard to employers of news media personnel who are covering emergency response incidents.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120

August 24, 1994

Mr. Peter R. Jensen Quark Management Service 1341 Lathrop Avenue Racine, Wisconsin 53405-2834

Reference: Letter dated September 15, 1993 to the OSHA Milwaukee Area Office

Dear Mr. Jensen:

This letter is in response to the above-referenced inquiry concerning the application of OSHA's Hazardous Waste Operations and Emergency Response (HAZWOPER) standard (29 CFR 1910.120) to employers of news media personnel who are covering emergency response incidents. Please accept our apology for the delay in responding to your letter. OSHA's response to each of the four questions contained in your letter follows.

Do the provisions of 29 CFR 1910.120 as they relate to First Responder Awareness Level training apply to a news gathering team? Could the news team be considered "Skilled Support Personnel?"

The requirements contained in paragraph (q) of 29 CFR 1910.120 apply to employees who are engaged in emergency response activities where there is the potential for releases, or substantial threats of releases, of hazardous substances. Typically, employees that are covered by this paragraph include police, fire and rescue personnel, medical personnel, and HAZMAT employees. OSHA does not consider members of the news media who are covering emergency response incidents "engaged in emergency response," and are therefore not specifically required to be provided with First Responder Awareness training under this standard. In addition, Skilled Support Personnel, defined under paragraph (q)(4) of the standard, are those employees who are needed temporarily to perform immediate emergency support work. Since the activities performed by news media personnel are not critical to the emergency response effort, OSHA does not consider that news media employees are Skilled Support Personnel under the HAZWOPER standard.

As your letter points out, there are two situations whereby news media personnel may be potentially exposed to hazardous materials during an emergency situation. In the first instance, news media employees respond at the scene of an incident where emergency personnel have already engaged in the response effort. In this situation, the incident

commander who is responsible for directing the emergency response effort is required under paragraph (q)(3)(v) of 29 CFR 1910.120 to limit access to areas of potential or actual exposure to site hazards to personnel who are actively performing emergency operations. Thus, news media personnel should not have access to such areas during the emergency response efforts, and therefore would not be at risk of exposure to site hazards.

In the second situation that you describe, news media personnel may arrive at the scene of an emergency incident before emergency response arrive. In this situation, the news team's employer must ensure that the news team is not potentially exposed to hazardous materials while covering such events unless employees are provided with appropriate protective clothing, respiratory protection, and hazard training.

Is the employer of the news team required to develop an emergency response plan and operate an Incident Command System under the provisions of 29 CFR Part 1910.120?

Because OSHA does not consider that news media employees are engaged in emergency response operations, employers of such employees would be required to develop a written emergency response plan or operate an Incident Command System as described by 29 CFR 1910.120.

In the opinion of OSHA, is there anything in Constitutional case law related to First Amendment rights that would preclude OSHA from enforcing the relevant provisions of 29 CFR 1910.120 in the news media?

OSHA is not aware of any Constitutional case law that precludes OSHA's authority to develop and enforce standards designed to protect employees from workplace hazards. OSHA is specifically authorized under Section 6(b) of the Occupational Safety and Health Act 1970 (P.L. 91-596) to promulgate standards that ensure that no employee will suffer material impairment of health or functional capacity due to exposure to harmful chemical or physical agents; Section 6(b)(7) of the Act authorizes the Agency to prescribe appropriate forms of warning as are necessary to ensure that employees are appraised of all hazards to which they are exposed. Such forms of warning include employee training as required in OSHA's Hazard Communication standard.

If untrained workers, in this case untrained reporters, cameramen, ect., were to enter the site in opposition to the emergency plan, would an enforceable violation be present?

In this situation, the employer of the news media personnel entering a hazardous area at the scene of an emergency could be subject to violations of OSHA standards governing the use of personal protective clothing and respiratory equipment (29 CFR 1910.132 and 1910.134) if the employer were to require that its employees enter an area where they would be potentially exposed to chemical or physical hazards as part of their job assignment. In addition, the employer could potentially be considered to be in violation of the Hazard Communication standard (29 CFR 1910.1200) if his or her employees were not adequately informed of any known hazards likely to be encountered during such emergency situations.

We hope this information is helpful. If you have any further questions, please contact us at (202) 219-8036.

Sincerely,

John B. Miles, Jr. Director Directorate of Compliance Programs

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Occupational Safety & Health Administration
200 Constitution Avenue, NW
Washington, DC 20210

[Text Only]

Standard Interpretations

01/15/1999 - Comparing medical evaluation requirements in the HAZWOPER, Respiratory protection, and Fire brigades standards.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120(f); 1926.65(f); 1910.134(e); 1910.156(b)(2)

January 15, 1999

Mr. Paul C. Bucknam
Amerada Hess Corporation
1 Hess Plaza
Woodbridge, NJ 07095-0961

Dear Mr. Bucknam:

This is in response to your letter dated August 28, 1998, addressed to the Occupational Safety and Health Administration's (OSHA's) Directorate of Compliance Programs (DCP). In your fax, you have requested an interpretation of OSHA's Respiratory Protection Standard, 29 CFR 1910.134. We apologize for the long delay in getting this response to you.

The first question regards the medical examination under the Hazardous Waste Operations and Emergency Response standard (HAZWOPER), 29 CFR 1910.120. Specifically, you asked if an employee who has received an initial medical examination to meet the HAZWOPER requirement for medical surveillance may follow the medical questionnaire allowed by 29 CFR 1910.134 to satisfy the subsequent annual/biannual medical examinations under HAZWOPER.

The answer to your question is no. The medical questionnaire for 1910.134 will not satisfy the HAZWOPER requirement for medical surveillance. The intent and the requirements for medical surveillance under HAZWOPER are much different than those required by the respiratory protection standard. The intent of the HAZWOPER medical surveillance requirements is two-fold: (1) to determine fitness-for-duty, including the ability to work while wearing PPE (e.g. respirators), and (2) to establish baseline data for comparison with future medical data. The respiratory protection standard, however, requires a medical evaluation for the sole purpose of establishing an employee's ability to use a respirator.

In the second question you ask if an employee who has received an initial medical examination to meet the fire brigade requirement (1910.156(b)(2)) in order to assess that personnel be physically capable of performing duties assigned to them, can the questionnaire approach allowed in the respirator standard be followed to satisfy subsequent evaluation?

The answer is again no, for similar reasons as stated above. The Fire Brigade standard has provisions in 1910.156 (b)(2) which are meant to ensure the employee is physically capable of performing the functions and duties that may be assigned to them. However the

Respiratory Standard is much more specific for evaluating an employee's ability to wear a respirator, therefore employees who wear respirators must also be evaluated in accordance with 1910.134(e).

Thank you for your interest in safety and health. If you have any questions, please feel free to call OSHA's Office of Health Compliance Assistance at (202) 693-2190.

Sincerely,

Richard E. Fairfax
Director
Directorate of Compliance Programs

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200 Constitution Avenue, NW
Washington, DC 20210

This letter has not yet been fully reviewed for consistency with other interpretations posted on OSHA's public website, and is not posted on the public site.

August 16, 2002

Mr. Craig Colton
3M Occupational Health and Environmental Safety Division
3M Center, Bldg. 0235-02-E-91
St. Paul, MN 55144-1000

Dear Mr. Colton:

Thank you for your November 26, 2001 letter regarding the medical questionnaire which comprises Appendix C of the Respiratory Protection Standard, 29 CFR 1910.134. This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any scenario/situation not delineated within your original correspondence.

Question: Can we use a computerized format for presenting the medical evaluation questionnaire and follow-up questions to comply with the requirements of 29 CFR 1910.134(e)?

Response: If the form (Appendix C of 1910.134) is to be the sole basis for evaluating an employee's ability to use a respirator, you must ask the questions in Part A of the questionnaire to comply with 1910.134(e). You must ask all the questions with each worded in the same manner as the Appendix in any form that you or a third party generates.

As you may know, the order of the questions can be changed and additional questions can be asked, if the Physician or other Licensed Health Care Practitioner (PLHCP) feels that these additional questions will help to determine an employee's ability to wear a respirator. The questions may also be presented and answered in electronic format and the completed form then provided to the PLHCP to be used in evaluating the employee.

In the plan you have described, your electronic questionnaire asks the same questions specified in Part A of Appendix C and adds follow-up questions provided by a Board Certified Occupational Medicine Physician. Instructions are provided to both the administrator and the employee prior to completing the form. The employee completes the form online, and the answers are sent directly to the physician for review. The physician reviews the answers provided by the employee. You have also made provisions for supplying the physician with the supplemental information required by paragraph (e)(5). Contact information is provided if the employee wishes to talk to the physician who will be reviewing the form.

If the answers to the follow-up questions do not satisfy the physician, employees are provided a medical examination. When the physician is satisfied with the employee's ability to wear a respirator, the medical recommendation is mailed to both the employee and the employer.

Appropriate safeguards ensure the confidentiality of the form and the evaluation. Assuming the procedures are followed for each employee, it appears that the procedures that you have described comply with the provisions of the standard.

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 apprised 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 [Enforcement] at (202) 693-2190.

Sincerely,

Richard E. Fairfax, Director
Directorate of Compliance Programs

This letter has not yet been fully reviewed for consistency with other interpretations posted on OSHA's public website, and is not posted on the public site.

June 12, 2002

Mr. Ray Piantanida,
Avon Risk Services, Inc.
1901 Main Street., Suite 300
Irvine, California 92614

Dear Mr. Piantanida:

Thank you for your April 22 letter to the Occupational Safety and Health Administration (OSHA). This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not delineated within your original correspondence. You requested clarification on several respiratory protection issues.

Question 1: What are the fit testing requirements for filtering facepieces?

Response: The respiratory protection standard, 29 CFR 1910.134, under paragraph (f)(2), requires fit testing for all employees using tight fitting respirators including filtering facepeice respirator. The fit test must be performed before the respirator is used in the workplace and must be repeated at least annually and whenever a different respirator facepiece is used or a change in the employee's physical condition could affect the respirator fit.

The user seal check is a separate requirement under paragraph (g)(1)(iii) and must be performed each time the employee dons the respirator. Employers must adhere to the recommendations of the respirator's manufacturer; different manufacturers recommend different procedures. Also, as you may know, if an employer requires employees to use filtering facepiece respirators, the employer must establish and implement a written respiratory protection program with worksite-specific procedures.

Question 2: With the lower level of breathing restrictions of a filtering facepiece and nuisance dust environment below the TLV, what are the initial and/or annual medical monitoring requirements for employees using the filtering facepieces?

Response: Before an employer may fit test any employee, paragraph (e)(1) requires a medical evaluation to determine whether each employee required to wear a respirator is physically able to wear a respirator and perform the work. This evaluation can be a medical examination or an evaluation of employee responses to the OSHA Respirator Medical Evaluation Questionnaire located in Appendix C of the Respiratory Protection Standard. Either method must be performed by a physician or other licensed healthcare professional.

A medical examination may be necessary whenever the employee gives a positive response to any of questions 1 through 8 in Appendix C, Section 2, part A. If an employer chooses to provide a medical examination, the use of the Respiratory Medical Evaluation Questionnaire is optional. There are no annual medical monitoring requirements.

Please note that on August 3, 1998, OSHA published Questions and Answers on the Respiratory Protection Standard; the document is available on our website at www.osha.gov. You may find the section on fit testing and medial evaluations to be particularly helpful.

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 apprised 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,

Richard E. Fairfax, Director
Directorate of Compliance Programs

[Text Only]

Standard Interpretations

08/05/1993 - Post-emergency response and medical surveillance requirements of HAZWOPER.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.120

August 5, 1993

Mr. Edward E. Hartin
Vice-President of Operations
HAZMAT Training Information
Services, Inc.
9017 Red Branch Road
Columbia, Maryland 21045

Dear Mr. Hartin:

This is in response to your inquiry of March 22, concerning the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, 29 CFR 1910.120. We apologize for the delay in responding to your inquiry.

The employees of your oil production company are trained to meet the competencies listed in the Hazard Communication Standard, Employee Emergency Plans and Fire Prevention Plans Standard, Respiratory Protection Standard, HAZWOPER emergency response, and have additional training in the hazards of hydrogen sulfide. On site employees are trained to respond to and control releases of oil, and when the emergency is over request assistance from employees outside of the facility who are equivalently trained. The questions you raise regarding the post-emergency response and medical surveillance requirements of HAZWOPER are answered below.

Example A

Question #1: Is the training that additional personnel (company employees [from another facility]) have sufficient enough to allow them to participate in post-emergency response clean-up?

At the heart of your questions you seem to be asking whether an emergency responder can perform post-emergency response clean-up operations. The HAZWOPER standard allows emergency responders, trained in 1910.120(q)(6), who took part in the initial emergency response to continue working through the clean-up operation. Employees who do not work at the facility where the release occurred, and who arrive after the emergency is declared to be over, must be trained in accordance with 1910.120(e).

Response personnel with the training you describe who arrive from outside of the facility may be sufficiently trained to engage in post-emergency response clean-up operations, even if they had not participated in the initial emergency response. Employers must first ensure that employees trained as emergency responders in 1910.120(q) also meet the competencies listed in 1910.120(e)(2). Employers may find that they need to provide some additional training to bring HAZMAT Technicians into compliance with the standard, such as informing these employees of the names of personnel responsible for site safety and health.

As you are aware, the employees who work "on plant property," i.e. at the facility, only need to meet the training requirements listed in 1910.120(q)(11)(ii). The training requirements for these employees are relaxed because the people who work at the facility regularly are familiar with the hazards of substances that they work with, know how and where to evacuate, and can perform other standard operating procedures unique to the facility.

Question #2: Do all post-emergency response participants require medical surveillance?

No. Subparagraph (q)(9) requires that "members of an organized and designated HAZMAT team and hazardous materials specialists shall receive a baseline physical examination and be provided with medical surveillance as required in paragraph (f) of this section." Additionally, any emergency response employees who exhibit signs or symptoms which may have resulted from exposure to hazardous substances during the course of an emergency incident must be provided with medical consultation.

Post-emergency responders to oil spills who are covered by paragraph (f) may be more difficult to assess medically. Some petroleum "fractions" become relatively benign while others may continually pose a health threat. The employer's medical program should address the points covered in paragraph (f), taking into account the health hazards that employees will encounter. Subparagraph (f)(2)(ii) requires that all employees who wear a respirator for 30 days or more a year, or as required by 29 CFR 1910.134, shall be included in the medical surveillance program. This would apply to any post-emergency responder who falls into this category.

Example B

Question #3: Is the training that the additional response personnel (i.e., company personnel not part of the original response) have sufficient enough to allow them to participate in the post-emergency clean-up?

All employees who respond to a release of a hazardous substance that is not on plant property must be trained in accordance with 1910.120(q)(6) to respond to the initial emergency, and in accordance with 1910.120(e) to perform post-emergency response clean-up. See the answer to question #1.

Question #4: Do all post-emergency response participants require medical surveillance?

No. Please refer to question #2. The medical surveillance requirements for post-emergency response personnel in Example B are identical to those in Example A.

Example C

Question #5: Is the training that the additional response personnel (company employees) have sufficient enough to allow them to participate in the post-emergency clean-up?

Petroleum products are covered by OSHA as "hazardous substance" in the scope of 29 1910.120(a)(3). Even though the toxicity and flammability of petroleum products are reduced after the first few hours of a spill into water or soil, it is still considered a hazardous substance, or a hazardous waste.

OSHA issued a compliance directive, OSHA Instruction CPL 2-2.51, regarding the post-emergency response clean-up of low-hazard hazardous waste (enclosed).

Question #6: Do all post-emergency response participants require medical surveillance?

No. Refer to the answer to question #2. The medical surveillance requirements for post-emergency response participants in Example C are identical to those in examples A and B. However, if there is no inhalation hazard, there would not be any need for the employees to wear a respirator, so subparagraph (f)(2)(ii) would not apply in this example.

Example D

Question #7: Is a hazardous materials technician also considered a HAZMAT team member when everyone at the facility is trained to the 24-hour hazardous material technician level?

No. A hazardous materials technician would not necessarily be considered a HAZMAT team member when everyone at the facility is trained to the 24-hour hazardous material technician level. With respect to medical surveillance coverage, job duties and responsibilities determine whether an employee is a HAZMAT team member, not their job title. If the employer's emergency response plan (or intent) requires an employee to respond to emergency releases of hazardous substances as part of an organized "team" of responders, then that employee would be considered a member of a HAZMAT team.

The medical surveillance requirements for members of HAZMAT teams are intended to protect workers who respond to emergency releases as part of their job duties and responsibilities. A hazardous materials technician who is only expected to respond to incidental releases in his or her immediate work area would not be considered a member of a HAZMAT team.

Question #8: Are these hazardous materials technicians required to receive medical surveillance per the requirements of a HAZMAT team member?

A HAZMAT Technician would be required to receive medical surveillance if he or she fell into one or more of the following categories: (1) member of an organized HAZMAT team; (2) exposed to hazardous substances at levels above the permissible exposure limit (PEL) or other published exposure levels, without regard to the use of respirators for 30 days or more a year; or (3) wears a respirator for 30 days or more a year or as required by 1910.134. Additionally, any employee who is injured, becomes ill or develops signs or symptoms due to possible overexposure from an emergency response is required to receive medical consultation and treatment.

In Example D, the employer's emergency response plan must address worst-case release scenarios with standard operating procedures for responding to these releases. As stated above, if the job responsibilities of an employee require that he or she respond to a broad spectrum of releases throughout the facility as part of an organized "team", then the employee must be included in the medical surveillance program. The employee need not be specifically labeled as a "HAZMAT team member" to be covered by the medical surveillance requirements.

Question #9: If the employer has a designated HAZMAT team (example, a subset of the fire brigade), but also trains other employees to the 24-hour hazardous materials technician level, are these other employees subject to the medical surveillance requirements of a HAZMAT team member?

No. If the employer has a designated HAZMAT team that will be called in to respond to emergency releases of hazardous substances, then these employees would be covered by the medical surveillance requirements of the standard. Other hazardous materials technicians who would be asked to respond only to incidental releases in their immediate work area would not require medical surveillance.

We hope this information is helpful. If you have any further questions please contact the Office of Health Compliance Assistance at (202) 219-8036.

Sincerely,

Roger Clark, Director
Directorate of Compliance Programs

[Text Only]

Standard Interpretations

07/08/2002 - Classification of fires; respiratory protection to extinguish fires.

Standard Interpretations - Table of Contents

- **Standard Number:** 1910.134(b); 1910.134(g)(4); 1910.155(c)(26); 1910.156(a)(2)

July 8, 2002

Mr. Robert Weilding
23115 McGuire Road
Wilmington, Illinois 60481

Dear Mr Weilding:

Thank you for your April 3 letter to the Occupational Safety and Health Administration (OSHA) regarding fire brigades and the use of respirators. This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not delineated within your original correspondence. Your questions are restated below, followed by our replies.

Question: If there is visible smoke present during a structure/building fire, would responders be required to wear SCBA units within the contaminated atmosphere as stated in 29 CFR 1910.134(g)(4)?

Reply: The presence of visible smoke itself does not trigger a requirement to wear any particular type of respirator. Fires that have not progressed beyond the incipient stage, such as stove grease fires, might be extinguished without the responders needing to wear any respiratory protection. Larger fires, which have progressed beyond the incipient stage, would require SCBAs for entry.

Question: If responders are required to wear SCBAs, would this be considered beyond the incipient stage fire as defined in 29 CFR 1910.155?

Reply: An incipient stage fire is defined as a fire that is in the initial or beginning stage and can be controlled or extinguished by portable fire extinguishers, Class II standpipe, or small hose systems without the need for protective clothing or breathing apparatus. Wearing more protective equipment than necessary for that fire, such as an SCBA, would not upgrade the class of fire.

Question: If responders are required to extinguish fires and/or rescue people, and there is visible smoke and the responders are wearing SCBAs, is this considered interior structural fire fighting as stated in 1910.134(b)?

Reply: As stated above, neither the presence of smoke nor the wearing of personal protective equipment (PPE) changes the class of a fire. The nature of the fire determines whether PPE should be used.

Question: If responders are wearing SCBAs in fire-contaminated atmospheres to extinguish a fire or rescue someone during interior structural fire fighting, would employers be required to comply with 29 CFR 1910.156?

Reply: The fire brigade standard, 1910.156, applies to all fire brigades except airport crash rescue and forest fire fighting operations. The personal protective equipment requirements apply only to members performing interior structural fire fighting.

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 apprised 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 General Industry Enforcement] at (202) 693-1850.

Sincerely,

Richard E. Fairfax, Director
[Directorate of Enforcement Programs]

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