

Respiratory Protection for Agricultural Workers



- NIOSH AFF Centers-Primary focus is research
- NEC fit-testing services
- Bring "service delivery" perspective
- Primary points:
 - Translating best-practices is difficult
 - AFF industries experience barriers
 - Ag. workers, work exposures are diverse
 - Options for addressing programmatic gap



Ag. Worker Population Characteristics



In a word... "Diverse"!

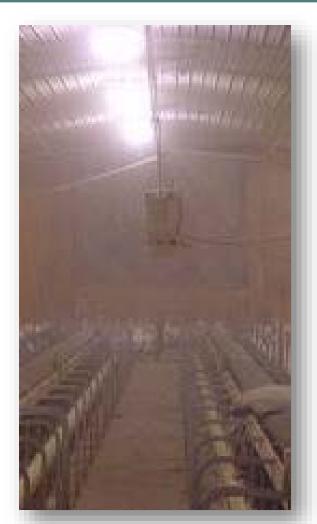
- Many migrant or immigrant workers
- Many from developing nations
- Guest workers, undocumented workers, refugees, Anabaptist populations, veterans, workers with disabilities
- Different SES and literacy levels
- Different cultural and religious backgrounds
- Different levels of training and experience
- Varied access to healthcare



Ag. Worker Hazards and Consequences



- Organic dust → bronchitis, asthma, upper airway and eye irritation, hypersensitivity pneumonitis
- Inorganic dust → bronchitis, fibrosis, cancer (depending upon the type of dust)
- Allergens (pollens, molds, animal danders, mites, chemicals) → allergic rhinitis, conjunctivitis, asthma
- Aerosolized chemicals (pesticides, herbicides, insecticides, welding fumes...) → chemical intoxication, end organ damage (depending upon agent involved)
- Infectious disease → Avian flu, worker to worker-COVID-19



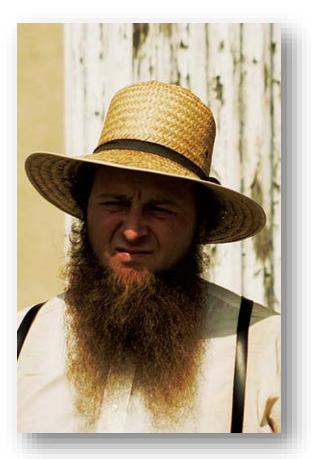
Current Practices and Barriers to Protection



 Practices vary: ventilation, delayed entry, watering down areas, substitution, PPE, closed cabs

Barriers are numerous:

- Access to PPE
- Knowing how to use it
- Technical expertise
- Fit-testing / medical clearance
- Expense
- Maintenance / replacement
- Many facial types-lack of fit
- Language / literacy barriers
- Political / economic trends
- Religious practices



Opportunities to Address Current Gaps



• Provide:

- Technical expertise
- Worksite fit-testing
- Easy access / purchase
- More respirator options
- Bilingual training
- Cost-sharing
- Funding for programs
- Research to simplify process

