
Section: 2.6 Respiratory Protection Plan

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SCOPE

This plan applies to all South Metro Fire personnel who wear respiratory protection during the course of their duties.

INTRODUCTION

This section of the manual shall constitute the department's written requirement for the Respiratory Protection Program. These written procedures govern the required respirator use for all fire and EMS operations. The Respiratory Protection Administrator (Assistant Fire Chief) through the Fire Chief as deemed necessary to improve efficiency and/or safety will amend these procedures. It is the clear intent that these procedures comply with all appropriate state and federal regulations and standards.

Protective breathing apparatus must be used and maintained properly at all times exercising extreme care. All personnel using respirators must be aware of its limitations and take them into account during their use. Failure to follow proper procedures may result in serious injury or death.

PURPOSE

This policy establishes procedures to ensure the respiratory protection of each firefighter of the department. Firefighters must perform their duties when working in hazardous atmospheres. By following the procedures in this policy, risk will be reduced to help prevent accidents, injuries and exposure to harmful environments. This program is also intended to help develop the employee's awareness of the critical importance of respiratory protection to their health and welfare as they work in hazardous atmospheres. All respirators and provisions of this policy shall be provided to firefighters at no cost to the employee. All respirators used by the department shall be NIOSH approved and meet or exceed all requirements established by NFPA Standard 1981, 2007 edition.

PROCEDURE**I. Respirator Selection**

Only department-approved respirators will be worn. The respirators approved for use are listed in *Section X Approve Breathing Apparatus*. Firefighters who are members of specialized response teams are authorized to wear the respirators supplied by those teams.

Firefighters will be subjected to several different hazardous atmospheres in the course of their normal work. It is crucial for each person entering a known or potentially hazardous atmosphere to properly assess the need for appropriate respiratory protection for him or herself. This assessment must be made each time prior to entering the risk area. In the event it is not possible to identify or reasonably estimate the firefighter's potential exposure risk the atmosphere shall be considered IDLH (immediately dangerous to life and health) and only Self-Contained Breathing Apparatus (SCBA) or Supplied Air Respirator (SAR) shall be considered for use.

The most hazardous atmosphere a firefighter will encounter is during firefighting operations. All internal structural firefighting operations are to be considered IDLH atmospheres. During firefighting operations a firefighter should expect to encounter:

- Heat.
- Smoke.
- Toxic gases.
- Oxygen deficit (less than 19.5%).

A firefighter when entering the above hazardous atmosphere and all other known or potential IDLH atmospheres shall wear and use a positive pressure SCBA, personal alert device, and full protective fire gear. No other type of respirator will be allowed except as specifically stated in this policy. The department utilizes a positive pressure mode only SCBA. These SCBA units normally have a rated service life of at least 30 minutes. For special

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operations as deemed appropriate by the Incident Commander, a larger air cylinder may be used that has a rated service life of 60 minutes may be used.

A firefighter when entering all confined space atmospheres (as defined by OSHA) shall wear and use full facepiece positive pressure respirators. These atmospheres shall also be considered IDLH atmospheres. Firefighters may use either a positive pressure SAR or SCBA. These atmospheres shall also be monitored using a multiple gas detector at all times whenever a firefighter is in the confined space. Use of respiratory protection in confined space atmospheres may be discontinued at the discretion of the Incident Commander (IC), provided that air monitoring indicates it is safe to do so and that air monitoring continues while the space is occupied.

A firefighter when entering any hazardous non-IDLH atmosphere containing dust, fumes, mists, particulate, organic vapor, or acid gases shall wear and use an air-purifying respirator (APR). It would be expected these respirators would typically be worn during fire investigation, hazardous materials decontamination, and late-phase overhaul operations. The department utilizes full facepiece Air Purifying Respirators, using Organic Vapor/Chlorine/Hydrogen Chloride/Sulfur Dioxide/P100 Cartridges. The cartridges are to be worn as disposable single incident use only. New cartridges are to be installed each time the respirator is put into service and changed when any increase in breathing resistance is experienced. These respirators are **not** to be used in IDLH or oxygen deficient atmospheres at any time. These respirators shall **not** be used where concentrations are greater than 10 times the Permissible Exposure Limit (PEL). Whenever these respirators are used during post-fire operations the atmosphere shall be monitored using a multiple gas detector continuously and means for assuring fresh air supply to the area must be taken.

A firefighter when entering an area with a known or suspected tuberculosis patient present shall wear and use a N95 Respirator. These respirators also may be used to provide filtration of airborne particulates in the confirmed absence of any potential chemical contaminants. These respirators are disposable and are to be used one time only. These respirators are **not** to be used in IDLH or oxygen deficient atmospheres at any time. These respirators are to be worn as disposable single incident use only. The respirator should be discarded and replaced during use if breathing becomes difficult or is contaminated by blood or body fluids. During large-scale pathogen events, mask usage may be modified after input from the medical director.

These respirators were selected on the basis of reliability, serviceability, and proper fit related to the hazards fire personnel encounter and are exposed to. The respirators specified above are to be considered the *minimum* level of protection. They may be substituted for with approved respirators as listed above provided the respirator selected is of greater protection (i.e., a half mask respirator is mandated but a full facepiece SCBA is chosen).

In the event personnel sense *any* of the following danger signals, they shall immediately exit the atmosphere and return to fresh air:

- 1) Facepiece seal cannot be maintained.
- 2) If normal air supply is restricted or cut off.
- 3) The respirator malfunctions.
- 4) It becomes difficult to breathe.
- 5) Feel nauseous or become dizzy.
- 6) Smell or taste contaminants, or if eyes, nose or throat become irritated.
- 7) The air you are breathing becomes uncomfortably warm.

II. Medical Evaluation

Use of a respirator places a varying physiological burden on firefighters and accordingly medical evaluations shall be conducted to determine their ability to safely use the respirator. All firefighters are routinely required to use a respirator while performing their duties. The medical evaluations shall be initially conducted prior to the employee being required to use a respirator or being fit tested and annually thereafter. The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours at a convenient time

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and place. If the employee does not understand the content of the questionnaire he or she should immediately notify their supervisor.

The fire department uses Health Strategies to perform medical evaluations. A board certified occupational health physician shall oversee all respirator evaluations.

All initial and scheduled periodic (per NFPA and NIOSH) medical evaluations shall include spirometry evaluation and the questionnaire as adopted directly from OSHA 1910.134, Appendix C, Part A, Sections 1 & 2. A follow-up medical examination will be provided for anyone who gives a positive response to any question among questions 1-8 in Section 2, Part A of the questionnaire. This follow-up exam may include any medical tests, consultations, or recommendations Health Strategies deems necessary. Periodic evaluation schedules are determined by the department's medical provider.

Health Strategies (any subsequent medical provider conducting these evaluations shall be informed of the above information prior to commencing any examinations) will be provided with the following information to take into account in their recommendation concerning the firefighter's ability to use a respirator:

- 1) The type and weight of the respirators.
- 2) The duration and frequency of respirator use.
- 3) The expected physical work effort.
- 4) Additional protective clothing and equipment to be worn.
- 5) Temperature and humidity extremes that may be encountered.
- 6) A copy of this written Respiratory Protection Policy.

Health Strategies shall submit a written recommendation regarding the ability to use a respirator. The recommendation shall provide only the following information regarding the employee:

- 1) Any limitations on respirator use relating to their medical or workplace conditions including whether they are able to medically use the respirator.
- 2) The need, if any, for follow-up medical evaluation.
- 3) A statement that Health Strategies has provided the employee with a copy of the written recommendation.

In the event a written evaluation finds a firefighter not fit to wear a respirator, the employee will be informed of the need for additional medical evaluation and will be referred to the employees physician. If a firefighter is recommended for additional medical evaluation, their activities will be restricted from any respirator use pending final determination. Any employee medical records supplied with the written recommendation shall be sealed and remain confidential.

Additional medical evaluations shall be provided if:

- 1) An employee reports medical signs or symptoms that are related to ability to use a respirator.
- 2) A supervisor, the respiratory program administrator, or Health Strategies informs the department that an employee needs to be reevaluated.
- 3) Information from the Respiratory Protection Program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
- 4) A change in workplace conditions occurs (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden on the employee.

Follow-up medical evaluation will be at the employee's option and expense if there is a recommendation for additional medical follow-up or if the employee disputes the findings.

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III. Fit Testing

All employees shall be fit tested with all respirators the department utilizes prior to using any of them while at risk. The testing will be conducted using the same make, model, style and size the firefighter will use. All testing will comply with protocols and procedures described in OSHA 1910.134, *Appendix A* and will be conducted only by properly trained personnel.

Fit testing shall be conducted for employees:

- 1) Prior to initial use upon new employment and annually thereafter.
- 2) Whenever a new or different respirator facepiece (size, style, model or make) is used.
- 3) Whenever the employee reports, or the employer, supervisor, program administrator, or respiratory medical advisor makes visual observations of changes in the employee's physical condition that could affect respirator fit (i.e., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight).
- 4) Whenever the employee reports the fit of a respirator is unacceptable. The employee will be given a reasonable opportunity to select a different respirator and be retested.

The quantitative method shall be used for fit testing of all SCBA masks.

The qualitative method shall be used for half-mask air-purifying and N95 respirators.

IV. Proper Use

All respirator use during interior structural firefighting or in IDLH atmospheres shall strictly adhere to the procedures contained in the guideline 2.12 2-In / 2-Out.

Donning of the respirators will be done as prescribed in the manufacturers instructions. These instructions shall be kept on file by the Training Coordinator and be available at each work site (Fire Stations 1 and 2). Operation of the respirators will be done as prescribed in the same manuals at all times. These manuals will be the basis for training on all respirators.

Failure to follow all instructions and limitations concerning these respirators and/or failure to wear the respirator for the whole duration of exposure to contaminants can seriously reduce the performance of the respirator and lead to illness, injury, or death. Do NOT modify any of the respirators in any way.

When any respirator is used all users must be clean shaven -- beards (including beard stubble) will not be allowed. Mustaches and sideburns will be permissible only if they do not interfere with the sealing surface or valve function of the respirator. Glasses that have temples that pass between the mask and face shall not be worn. The only acceptable corrective lenses approved for wear while using SCBA are the spectacle kits approved by the SCBA manufacturer.

All firefighters shall perform a user seal check to ensure that an adequate seal is achieved **each** time the respirator is put on prior to entering the hazardous atmosphere. Either the negative pressure check or the respirator manufacturer's recommended user seal check method listed below shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

- 1) Negative Pressure Check.

Close off the inlet opening of the mask or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in

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its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

2) Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective. An example of this is the procedure prescribed by our N-95 respirator manufacturer. Their procedure directs the user to cup both hands over the mask and exhale sharply. No leaks should be felt around the sealing surface of the mask.

The Incident Commander (IC) shall ensure all personnel are wearing and using proper levels of respiratory protection throughout the entire incident. The IC shall also ensure all portions of this safety policy are adhered to during emergency incidents and training operations. Additionally, it is up to each employee to follow department policies.

The use of the buddy breathing device incorporated into SCBA is potentially an extremely important option when confronted with an emergency situation requiring supplemental air other than our own, either due to malfunction, exhausting air cylinder supply, or other failure of the unit.

It is important that Fire Department personnel are fully able to utilize this feature under emergency and stressful conditions either as supplier or recipient. It is felt that recurring training in this ability is an important part of all SCBA training and familiarization, but all training should be performed under safe and non-hazardous conditions (no perceived or actual IDLH atmospheres). This may be performed in a class room setting with obscured face masks, or under smoke conditions with non-toxic smoke generation.

All training should be observed by a non-participant instructor who may assist the individuals if needed and to assure safety of participants at all times.

3) Ratings and Limitations

The SCBA and SAR are designed for use in temperatures from -30°F to in excess of $+160^{\circ}\text{F}$. Nose cups will be used at all times with these units. Operation of these units in cold weather, 32°F or colder, requires all users to be aware of potential problems caused by the combination of moisture and low temperatures.

Air cylinders:

- a. SCBA cylinders normally contain 45 cubic feet of air, weighing 21 lbs.
- b. SCBA cylinders alternately contain 90 cubic feet of air, weighing 31 lbs.
- c. SAR escape cylinders contain 15 cubic feet of air, weighing 6 lbs.

Fully charged SCBA air cylinders are rated for 30 or 60 minutes, and will last approximately 20 or 40 minutes under normal working conditions. The SAR escape cylinder is rated for 5 minutes and will last approximately 3 minutes under normal working conditions.

Duration of the air supply is affected by the following conditions:

- a. Physical condition of the user.
- b. Degree of physical exertion.
- c. Emotional stability.
- d. Condition of respirator unit.
- e. Cylinder pressure before use.
- f. Training and experience.

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Special attention must be given to operating time limits allowed for personnel when utilizing SAR units. Even though air supply may be virtually limitless using SAR operations, the above listed conditions must be considered. These factors should dictate the duration for each firefighter's activity while using SAR.

While wearing an SCBA the user will experience:

- a. Limited visibility.
- b. Poor communication.
- c. High temperatures and high humidity.
- d. Increased physical exertion.
- e. Approximately 37 pounds additional weight using a 30-minute cylinder.

4) Assignment of Respirators

SCBA, SAR, and N-95 units are not assigned to members of the South Metro Fire Department for their exclusive use. Individuals assigned to fire investigation duties will be assigned half mask respirators for their exclusive use.

Each person on suppression duty for the day will have a designated position in which to ride. Each person has respiratory protection immediately available, either in that seated position or in a nearby compartment.

Off-duty personnel responding to an incident where respiratory protection is needed may find and use respirators on any one of the fire vehicles at the scene.

All firefighters assigned to interior structural firefighting duties are issued a SCBA/SAR facepiece for their personal use. Each individual is responsible for proper care, inspection, and cleaning of their assigned mask.

Spare SCBA/SAR masks are assigned to Engines 1 and 2. It is the responsibility of the person completing the daily inspection of the respective apparatus to assure these masks are inspected.

SAR units are assigned the rescue trailer. It is the responsibility of the person completing the daily inspection of this apparatus to assure these respirators are inspected. These SAR units do not have facepieces stored with them.

Spare air cylinders are stored full and carried on Engines 1, 12, 2 and 22, Ladders 1 and 2 and Ambulances 1 and 2

Half mask air purifying and N-95 respirators are assigned to Engines 1, 12, 2 and 22 and Ambulances 1 and 2. Spare filtering cartridges will also be found in these locations. It is the responsibility of the person completing the daily inspection of these apparatus to assure these respirators are inspected.

Firefighters will not remove SCBA while operating in hazardous areas (confirmed or suspected) unless authorized by the incident commander. This applies to all fire department operations including, but not limited to, rescue, fire suppression, overhaul and investigation. The hazardous environment or potentially hazardous environment will be monitored continuously using a multi-gas detector while people are in the area if a level of protection below SCBA is being utilized. Monitored air must be within acceptable normal limits as listed by NIOSH/OSHA (19.5-23.5% O₂, below 50 PPM CO) to consider removal of SCBA.

V. Respirator Maintenance

Only authorized SCBA repair technicians shall perform respirator repairs and annual preventive maintenance. All firefighters will be responsible for cleaning, inspection, and disinfecting of respirators. All in service respirators are expected to be available for immediate use and will be maintained in a clean serviceable fashion at all times. Any respirator or component needing repair will be identified, taken out of service, and turned in for repair to the SCBA maintenance shop. A detailed service request shall also be filled out and accompany the unit.

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Cleaning and disinfecting of respirators will be completed after each use and whenever inspection shows they are not sanitary. This includes units assigned to vehicles and individuals whenever they are used for emergencies, training and fit testing. Facepieces will be cleaned using a three-step process:

- 1) Wash the mask in a warm (110 degrees F) water mild detergent solution.
- 2) Rinse the mask in a warm (110 degrees F) water DSD disinfecting solution.
- 3) Rinse the mask thoroughly in a clean warm (110 degrees F) water solution with special attention to the exhalation valve.

Following cleaning, respirator facepieces will be air dried completely, tested to ensure they are working properly, and stored in their designated mask bags. Anti-fog lens coating should be reapplied per manufacturer's recommendations. Special attention must be given to proper recoating and drying during cold weather conditions. These mask bags must also be stored to prevent deformation of their original shape. Respirator units shall be stored in their designated places on vehicles and SCBA shall be securely fastened in their brackets.

All respirators shall be inspected after each use and at least weekly. An operational check shall be done daily on each SCBA placed on front line vehicles. If a respirator is found or suspected to be defective in any way, it shall be removed from service until it has been properly inspected and repaired by a certified technician.

Inspections on respirators shall be documented on the SCBA checklist developed from the manufacturer's recommendations. These inspection reports will be forwarded to the Respiratory Protection Administrator for follow-up and filing.

After all cleaning, inspecting, and drying of the respirator have been completed, the unit will be tested for proper operation before being placed back in service for future use. The only exception to this rule is at the scene of an emergency incident when units are required to be used several times without being allowed to dry completely. Special care must be given to reuse of respirator units when they wet especially during cold weather operations.

All respirators shall be maintained according to the manufacturer's recommendations including annual preventive maintenance, overhauls and replacement. SCBA Repair Technicians shall use the respirator manufacturer's NIOSH-approved parts only. All repairs will be made according to the manufacturer's recommendations and specifications.

Air cylinders shall be inspected for the following before recharging:

- 1) Evidence of exposure to high heat or flame.
- 2) Gauge lens melted or broken.
- 3) Physical damage to cylinder or threads (bulges, scorched, cut or gouged, discolored).
- 4) Amount of pressure it is rated for.
- 5) Hydrostatic testing date is current.

Air cylinders shall be filled to their fully rated capacity and be recharged whenever the pressure falls below 90% of the capacity (4000 psi for 4500 psi SCBA cylinders and 2700 psi for 3000 psi SAR escape cylinder).

All cylinders constructed of metal and fiberglass components (SCBA) will be hydrostatically tested every three (3) years.

All cylinders constructed of metal components (SAR and Cascade) shall be hydrostatically tested every five (5) years.

Air cylinders shall be tested and maintained as described by DOT (49CFR part 173 and 178) including regular inspection and hydrostatic testing along with replacement of composite cylinders after 15 year life.

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Department SCBA technicians will FULLY document ALL repairs, inspections and certifications of any SCBA related activities.

VI. Breathing Air Quality

Breathing air used by the department will be of the highest purity and will be ensured by the following procedures as described in OSHA 1910.134 (i), NFPA 1404, Chapter 7 and NFPA 1500, Chapter 5-3. Breathing air is the only gas to be used for air supply. No compressed oxygen shall be used in any respirator system at any time.

- 1) Air Analysis :
 - a. Air sampling from the compressor shall be conducted annually by a trained breathing air compressor technician.
 - b. This sample will be analyzed by a qualified accredited laboratory analysis service, currently through Alex Air.
 - c. The compressed breathing air shall meet the requirements for Type 1-Grade E breathing air described in ANSI/CGA G-7.1-1989.

- 2) Installation:
 - a. The air intake for the breathing air compressor shall be plumbed to a remote location outside of the building away from any contaminant sources to prevent entry of any contaminated air into the system. This air intake shall also have an air filter installed at the air entry point.
 - b. The compressor system shall have installed after-coolers and moisture separators with automatic drains to minimize moisture content of the compressed breathing air.
 - c. An in-line air-purifying filtration system shall be installed to further ensure breathing air of the highest quality. These filter towers and chambers shall be maintained and replaced on a scheduled basis according to manufacturer's recommendations.
 - d. A tag with the most recent change date and a signature of the person authorized by the employer to perform the change shall be maintained at the compressor.

- 3) Maintenance:
 - a. Maintenance of breathing air compressors will be done in accordance with manufacturer recommendations.

- 4) Documentation :
 - a. The certificate of purity and the most recent test results is to be posted at the compressor, located in plain view.
 - b. All testing documentation is to be maintained along with compressor maintenance and usage log.
 - c. Copies of the most current air analysis testing shall be made available and given to any user requesting it.

VII. Training

Respirator training shall be conducted at least quarterly. This training shall consist of classroom lecture, demonstration, and practical application. Firefighters will receive initial respirator training through the FTO program prior to any use in the workplace. Training sessions shall cover at least the following topics annually:

- 1) Nomenclature and procedures.
- 2) Live burn session.
- 3) Cold weather operations.

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Retraining for all respirator users shall be completed as stated above and additionally whenever:

- 1) Changes in the workplace or type of respirator render previous training obsolete
- 2) Inadequacies in the firefighter's knowledge or use of the respirator indicate that they have not retained the requisite understanding or skill
- 3) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

The following objectives will be covered at least annually as part of the overall respirator training:

- 1) Why the respirator is necessary.
- 2) Proper respirator selection.
- 3) How proper fit, usage, and maintenance can compromise the safety of the respirator.
- 4) What the limitations and capabilities of the respirator are.
- 5) How to use the respirator in an emergency, including malfunction situations (buddy-breather use in non-IDLH atmospheres only).
- 6) How to inspect, don, check the seals, use, and remove the respirator.
- 7) Proper procedures for maintenance and storage.
- 8) How to recognize medical signs and symptoms that may limit or prevent their effective use.
- 9) The general requirements of OSHA 1910.134, specifically the 2 in/2 out provisions.

Respiratory equipment technicians (SCBA and compressor technicians) shall attend training according to the respective manufacturer's recommendations. This training should consist of certification type training when available. Currently, SCBA Technicians must attend manufacturer sponsored initial and recertification training every two years. This training should be attended at the factory for initial certification and on alternate intervening recertification.

VIII. Program Effectiveness Evaluation

This written respiratory protection program shall be evaluated on both an ongoing and formalized basis to ensure this program is being properly implemented. Supervisors, incident commanders, the safety officer and respiratory protection administrator shall be responsible for observing and monitoring during incidents and training that the provisions of the current written respiratory program are being followed.

Firefighters will be regularly consulted through the Safety Committee and training sessions on an ongoing basis. This will be done to assess the firefighter's views and to identify any problems. Factors to be assessed include items such as:

- 1) Respirator fit (including the ability to use the respirator properly without interfering with effective workplace performance).
- 2) Appropriate respirator selection based on the hazards exposed to.
- 3) Proper respirator use under workplace conditions.
- 4) Proper respirator maintenance.

Problems will be investigated by the respiratory protection administrator and shall be corrected.

The respiratory program procedures will be updated at least annually after reviewing and taking the above into consideration.

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IX. Recordkeeping

The respiratory protection administrator shall establish and retain written information regarding medical evaluations, fit testing and the respirator program. All these written records shall be made available according to OSHA 1910.1020. Medical evaluation records required by this policy shall be held confidential and will be retained for the duration of the employee's employment plus thirty (30) years. Records of all fit tests (quantitative and qualitative) administered shall be established and retained for each respirator user until the next fit test is administered. Each fit test record shall include at least:

- 1) Name of the employee.
- 2) Type of fit test performed.
- 3) Specific make, model, style, and size of respirator tested.
- 4) Date of the test.
- 5) Pass/fail results along with fit factor score as applicable.

A written copy of the current respiratory protection program shall be maintained at all times.

The above written materials shall be made available upon request to affected employees and to OSHA inspectors for examination and copying.

X. Approved Breathing Apparatus

The following breathing apparatus are approved for use by the South Metro Fire Department:

Self-Contained Breathing Apparatus (SCBA)

- Dräger SCBA AirBoss PSS100 Plus (NIOSH Approval # TC-13F-514CBRN)

Supplied Air Respirator (SAR)

- Dräger ALE Lite SAR/Escape Cylinder (NIOSH Approval # TC-13F-399)

Full-Face Air Purifying Respirator (APR)

- Dräger Panorama Nova Mask with Rapid Facepiece Adaptor

Half-Face Air Purifying Respirator (APR)

- 3M 7500 Series with 3M 60926 P100 Filters

N95 Respirator (N95)

- Willson SAF-T-FIT N95 Respirator, Model #N9510F (NIOSH Approval # TC-84A-2884)
- Other N95 masks may be used upon the approval of the Fire Chief during large-scale pathogen events.