**Firefighter   
Respiratory Protection  
Standard Operating Procedure**

**for**

***Entity Name***

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# Purpose

This program was created to ensure the safety and health of our firefighters while performing tasks requiring the use of self-contained breathing apparatus (SCBA).

Copies of this program will be located at the fire department.

# Program administrator

The program administrator shall be responsible for an annual review of the program, coordination of employee respiratory protection training, purchase of equipment, the fitting and maintenance of respiratory protection equipment, and incident review of injuries or illnesses that result when respiratory equipment was used.

Firefighters should refer their questions or comments about this program to the administrator.

The program administrator is *Enter name/title of program administrator.*

# Annual review

The program shall be evaluated each year to determine the effectiveness of this program.

## See evaluation form, page 6

# Definitions – The following definitions are important terms used in the respiratory protection standard.

* "Atmosphere-Supplying Respirator” means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.
* "Emergency Situation” means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.
* "Employee exposure" means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

* “Fit Test” means the use of a method to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test (QNFT.)
* “Immediately Dangerous to Life or Health (IDLH)” is an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects or would impair an individual’s ability to escape from a dangerous atmosphere.
* “Negative Pressure Respirator" (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.
* “Oxygen Deficient Atmosphere” means an atmosphere with an oxygen content below 19.5% by volume.
* “Positive Pressure Regulator” means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.
* “Pressure Demand Respirator” means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

* “Qualitative Fit Test (QLFT)” means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.
* “Quantitative Fit Test (QNFT)” means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
* “Self-Contained Breathing Apparatus (SCBA)” means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.
* “Supplied-Air Respirator (SAR) or Airline Respirator” means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

Other definitions are found in 1910.134(b)

# Selection of respirators

The selection process must include a team comprised of firefighters who will use the respirator and supervisors who will help the firefighters select the proper respirator for the task to be performed.

The selection team must select a respirator certified by the National Institute for Occupational Safety and Health (NIOSH).

# Medical evaluation

All firefighters exposed to hazards requiring respirator use shall be required to have a medical evaluation to determine a firefighter’s ability to use a respirator *before fit testing and use.*

This physician or licensed health care professional (PLHCP) has been selected to perform medical evaluations using the medical questionnaire or to conduct an initial medical examination:

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| --- | --- | --- | --- |
| Name of PLHCP | Clinic Name | Telephone Number | Address |
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Firefighters will be provided with the medical questionnaire on page 10 along with a self-addressed envelope to one of the listed PLHCP. The employee will complete the questionnaire and send it to the PLCHP as soon as possible.

The PLHCP must provide *written recommendation* regarding the employee’s ability to use a respirator. The recommendation will be kept in the employee’s medical file.

* Additional medical evaluations may be required if a firefighter reports medical signs or symptoms related to the ability to use a respirator; if the PLHCP or supervisor recommends a reevaluation; if information when fitting or using a respirator indicates more testing is needed.
* Annual medical evaluation is not required.

# Facial hair

Firefighters covered under this program that wear respirators as part of their duties will be required to remove all facial hair such as beards, sideburns and mustaches that could interfere with the proper seal of the respirator.

# Fit testing

* All firefighters must be medically evaluated prior to the fit testing procedure.
* All firefighters must pass an appropriate qualitative (QLFT) or quantitative (QNFT) fit test.
* Fit testing is required annually for OSHA and every 5 years for IMWCA. Fit Testing is also required whenever a different facepiece respirator is used or when the employee’s physical condition changes.

Fit testing protocols used and the results are recorded on *Fit testing Form* page 8

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# Maintenance and care of respirators

Firefighters must clean and disinfect respirators using the procedures recommended by the manufacturer or at the following intervals:

* As often as necessary to maintain sanitary conditions for exclusive use.
* Before being worn by different individuals when issued to more than one employee
* After each use for emergency use respirators *and those used in fit testing and training*.

# Breathing air quality and use

Allair must be approved Type 1-Grade D breathing air.

# Training and information

* Firefighters must be trained as to why the respirator is necessary and why improper fit or

maintenance can cause the respirator to offer no protection.

* Firefighters must also know the limits and capabilities of the respirator.
* Firefighters must be trained in how to inspect, put on and remove the respirator.
* Retraining is required when workplace conditions change, new types of respirators are used or if

an employee exhibits need for retraining.

### Annual program evaluation

Program Name:

Evaluation Date:

Evaluation Team:

Name Title Department

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\* Team should include an authorized person from outside the department

List injuries or near misses attributable to failure of program or failure to follow program:

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Recommendations for additions to procedures or policies with explanation for each:

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Recommendations for deletions of procedures or policies with explanation for each:

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Recommendations for modifications to procedures or policies with explanation for each:

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Description and date of actual modifications made:

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### Training for Respiratory Protection Program

*Entity Name*

Instructor’s Name: Date:

Address:

Qualifications:

Course Outline:

List of firefighters receiving training

Employee Name Signature

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Instructor’s Signature

**Fit Testing Results**

Name of Firefighter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Fit Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person administering Fit Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has person being tested been given a medical evaluation: yes / no

Respirator type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the test type used and record results in the area provided:

**Qualitative**

☐ Isoamyl Acetate Test Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Saccharin Solution Test Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Bittrex Solution Test Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Irritant Smoke Test Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quantitative**

☐ Generated Aerosol Test

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Ambient Aerosol Condensation Nuclei Test

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Controlled Negative Pressure Test (CNP)

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_