



**Town of Richmond, Vermont  
Fire Department  
Respiratory Protection Policy & Procedures  
2019**

ADOPTED BY Richmond Selectboard on this \_\_\_\_ day of August, 2019

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David Sander - Chairman

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Bard Hill - Vice Chairman

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Christy Witters

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## 1. Purpose

This policy was created to provide our firefighters with procedures for the proper, safe use and maintenance of respiratory protection devices. It was prepared in accordance with OSHA regulation Section 1910.134 Respiratory Protection.

Copies of this policy will be located at the Fire Department and can be reviewed at the Town Administrative Offices.

## 2. Procedure Administrator

The Administrator shall be the Fire Chief who will be responsible for the coordination of 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. All injuries or illnesses will be reported immediately to the Town Manager.

## 3. Voluntary Use of Respirators is prohibited

OSHA requires that voluntary use of respirators, when not required by the Town of Richmond, be controlled as strictly as under required circumstances. To prevent violations of the Respirator Protection Standard firefighters are not allowed voluntary use of their own or Town supplied respirators of any type. Exception: Firefighters whose only use of respirators involves the voluntary use of filtering non-sealing face pieces (dust masks).

**Definitions-** The following definitions are important terms used in this policy.

- “Fit Test” means the use of a method of qualitatively (QLFT) or quantitatively (QNFT) evaluating the fit of a respirator on an individual.
- “Qualitative Fit Test (QLFT)” means a pass/fail 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.
- SCBA (Self-Contained Breathing Apparatus) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by user.

## 4. Medical Evaluation

All firefighters, that wear a respirator, are required to have a medical evaluation *BEFORE FIT TESTING AND USE*. A written recommendation regarding a firefighter’s ability to use or not use a respirator will be kept in a medical file in the Town

Administrative Offices. All examinations and questionnaires remain confidential between the firefighter and the healthcare provider.

The Fire Department will work with a qualified healthcare provider to provide a physical examination to all members of the Fire Department. Additional medical evaluations will be provided to firefighters under the following circumstances:

- The firefighter reports signs and /or symptoms related to their ability to wear and use an SBCA, such as shortness of breath, dizziness, chest pains, or wheezing;
- The healthcare provider informs the Administrator that the firefighter needs to be reevaluated;
- Information including observations made during fit testing and program evaluation indicate a need for reevaluation.

## **5. Proper Respirator Fit**

Nothing can be between the sealing surface of the face piece and the face of the wearer, including but not limited to, eyeglasses, protective hoods, and beards or other facial hair.

Firefighters that wear respirators as part of their job are required to remove all facial hair such as beards, sideburns and mustaches that could interfere with the proper seal of the respirator.

Firefighters will perform a seal check prior to every SCBA use. SCBA can only be worn when an adequate seal is achieved ensuring there is no outward leakage that could increase the rate of air consumption therefore reducing the time for use.

## **6. Fit testing**

- All firefighters must be medically evaluated prior to the fit testing procedure.
- All firefighters that wear a respirator must pass an appropriate qualitative (QLFT) or quantitative (QNFT) fit test.
- Annual fit testing is required. Fit testing is also required whenever a different face piece respirator is used or when someone's physical condition changes.

## **7. Inspection, Storage, Maintenance and Care of Respirators**

Regular periodic inspections are required to ensure equipment is properly operating and ready for use.

### Inspection Guidelines:

SCBA and spare cylinders are to be inspected after each use and at least monthly utilizing guidelines provided by the manufacturer.

- After each inspection, the information will be recorded on the equipment tracking form.
- Any respirators determined to be unfit for use will be taken out of service and tagged with a description of the defect.

- If replacement or repair of SCBA components is necessary, it will be done according to manufacturer's instructions by persons trained and certified by the manufacturer or returned to the manufacturer's service facility.

#### Storage Guidelines:

- All respirators will be stored so that they are protected against direct sunlight, dust accumulation, severe temperature changes, excessive moisture, fumes and damaging chemicals.
- Care is to be taken so the means of storage does not distort, compress or damage the rubber or elastomeric components.

#### Cleaning/ Disinfecting Guidelines:

Respirators must be cleaned and disinfected using only solutions designed for respiratory equipment utilizing the procedures recommended by the manufacturer at the following times:

- As often as necessary to maintain sanitary condition for exclusive use.
- After each use or monthly if not used.

### **8. Breathing Air Quality and Use Guidelines:**

Breathing air in the SCBA cylinder will meet the requirements of the Compressed Gas Association with a minimum air quality of Grade D.

- The purity of the air from the Fire Department's air compressor will be tested annually by a laboratory that provides an inspection report that will be kept at the Fire Department with a copy at the Town Administrative Office.
- The Fire Department will assure that sufficient quantities of compressed air are available to refill SCBA for all emergencies. This will be accomplished through use of the air compressor fill station by persons who have completed fill station training for SCBA air cylinders.
- Compressed oxygen will not be used in SCBA devices.

#### Air Cylinder Fill Station Training:

At a minimum, the following topics are to be covered:

Procedures for inspecting the SCBA cylinder for damage.

- Information to ensure the cylinder has the proper hydrostatic test date.
- Information to ensure that composite cylinders older than the manufacturer and government service life are not refilled and are removed from service.
- Procedures for safely operating the fill station.
- Information on the consequences of cylinder failure.
- The manufacturer's instructions for the fill station.
- Record keeping requirements.

## 9. RESPIRATORY HAZARDS AND TRAINING ON RESPIRATOR USE

The Fire Department provides training to those who use respirators. The training must be comprehensive, understandable, and occur annually, and more often if necessary. Documentation of this training will be kept at the Fire Department.

The Fire Department shall ensure that each firefighter can demonstrate knowledge of the following:

- Why the SCBA is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- What the limitations and capabilities of the SCBA are;
- How to use the SCBA effectively in emergency situations, including situations in which the SCBA malfunctions;
- How to inspect, put on and remove, use, and check the seals of the SCBA;
- What the procedures are for maintenance and storage of the SCBA;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of SCBA;
- The general requirements of this program.

The training shall be conducted in a manner that is understandable to the firefighter. Retraining shall be administered annually, or when the following situations occur:

- Changes in the workplace or the type of respirator render previous training obsolete;
- Inadequacies in the firefighter's knowledge or uses of the respirator indicate that the firefighter requires additional training.

Each year the Administrator shall initiate a review of the procedures contained in this program. The Program Administrator will recommend changes in the program and its implementation based on current requirements and best practices.

### **RECORDKEEPING (See Appendix for Forms)**

The Department is required to keep the following records to assure compliance with this written program:

- Medical evaluation records.
- Fit testing records.
- SCBA training records will include date, attendees, trainer and subject matter.

# Richmond Fire Department

**APPENDIX I: FIT TEST**

Date of Test \_\_\_\_\_

Firefighter Name \_\_\_\_\_

Make \_\_\_\_\_ Style \_\_\_\_\_

Model \_\_\_\_\_ Size \_\_\_\_\_

Type of Fit Test Performed in accordance with protocols listed in 1910.134 Appendix A -OSHA

Accepted Fit Test Protocols:

Quantitative (QNFT)	Qualitative (QLFT)		
Fit Factor _____	Substance used: _____		
Strip Chart Results (Attached) _____	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Pass</td> <td style="padding: 0 10px;">Fail</td> </tr> </table>	Pass	Fail
Pass	Fail		
Comments _____ _____ _____ _____	Comments _____ _____ _____ _____		

Person Administering Test: Name \_\_\_\_\_

Employed by \_\_\_\_\_

Types of exercise performed (for one minute each except grimace) during fit test shall include:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Normal breathing</li> <li>2. Deep breathing</li> <li>3. Moving head up and down</li> <li>4. Turning head side to side</li> </ol> | <ol style="list-style-type: none"> <li>5. Talking (rainbow passage)</li> <li>6. Grimace (15 seconds) -only for QNFT</li> <li>7. Bending over or jogging in place</li> <li>8. Normal breathing</li> </ol> |
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**Notes:**

1. Each fit test record is required to be kept until the next fit test is administered.
2. This form may be substituted by any report automatically generated by FIT Test Equipment approved by OSHA.

**APPENDIX II: SCBA Training Certification Record**

Firefighter Name \_\_\_\_\_ Date \_\_\_\_\_

This certification represents:

\_\_\_\_Initial SCBA Certification                      \_\_\_\_\_Refresher Training Certification

Of the following:

- Why the SCBA is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- What the limitations and capabilities of the SCBA are;
- How to use the SCBA effectively in emergency situations, including situations in which the SCBA malfunctions.
- How to inspect, put on and remove, use, and check the seals of the SCBA.
- What the procedures are for maintenance and storage of the SCBA;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of SCBA.

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The firefighter, named above, has successfully completed the SCBA training. Firefighter will be eligible to wear SCBA after passing the required physical exam.

Certified by:

Administrator (Chief): \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX III: Air Cylinder Fill Station Training Certification**

Firefighter Name \_\_\_\_\_ Date \_\_\_\_\_

This certification represents:

- Information to ensure the cylinder has the proper hydrostatic test date.
- Information to ensure that composite cylinders older than the manufacturer and government service life are not refilled and are removed from service.
- Procedures for safely operating the fill station.
- Information on the consequences of cylinder failure.
- The manufacturer's instructions for the fill station.
- Record keeping requirements.

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The firefighter, named above, has successfully completed the Air Cylinder Fill Station training and is qualified to operate the fill station to fill SCBA cylinders.

Certified by:

Administrator (Chief): \_\_\_\_\_ Date: \_\_\_\_\_