



Section: Respiratory Protection & SCBA

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Date: ~~March 29, 2023~~

Title: Respiratory Policy

Authorized By:

## **I. Policy**

- A. This plan provides written guidance and procedures that are intended to help ensure that at-risk employees and volunteers of Prince George Fire and EMS are protected from exposure to existing and potential respiratory hazards. This written plan is designed to comply with the requirements of the OSHA Respiratory Protection Standard (29 CFR 1910.134) [Ref.1].

## **II. Purpose**

- A. The purpose of this policy/program is to provide optimal respiratory protection to all career and volunteer members of the Prince George Fire and Emergency Services Department (PGFEMS) that may encounter environments that are Immediately Dangerous to Life and Health (IDLH) as well as possible exposure to airborne particulate that may cause serious injury, illness or death. The PGFEMS Respiratory Protection Program will outline the required materials, training, fit testing, respirator use, and upkeep of the respirators used by PGFEMS. The PGFEMS Respiratory Protection Program, will meet all requirements of OSHA regulations 29 CFR 1910.134, the National Fire Protection Association (NFPA) 1500, 1581, and related NFPA standards as well as, American National Standards Institute (ANSI), and Virginia Department of Fire Program's "No Beard" policy.
- B. In addition, this policy will guide all fire and EMS members with the appropriate use of respiratory protection at emergency incidents and use of atmospheric monitoring in potential IDLH environments for a safe and healthful work environment.
- C. To promote understanding of this policy, the following information is provided:
- NFPA 1500 -1997, Fire Department Occupational Health and Safety Program NFPA 1500 clearly states in 5-3.8, "A growth of beard or facial hair at any point where the SCBA face piece is designed to seal with the face shall be prohibited for members required to use SCBA."



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- Occupational Safety and Health Standard 29 CFR 1910.134 – “...shall not permit respirators with tight-fitting face pieces to be worn by employees who have:”
  - Facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function; or
  - Any condition that interferes with the face-to-face piece seal or valve function.
- Prince George Fire and Emergency Services shall conduct fit testing on all operational members, career and volunteer, as per the OSHA- Accepted Fit Test methods, both Qualitative (QLFT) and Quantitative (QNFT) 29 CFR 1910.134(f)(1):
- A Qualitative Fit Test requires the user to report leakage of a test agent into the face piece. This test will be utilized for testing the N95 masks.
- A Quantitative Fit Test uses an instrument to measure the presence of a test agent outside and inside the face piece, and give a numerical result. This test will be utilized for the Self Contained Breathing Apparatus (SCBA) PGFEMS currently uses the OHD Quantifit testing apparatus. ([https://issuu.com/\\_ohd/docs/quantifit\\_brochure\\_\\_5\\_](https://issuu.com/_ohd/docs/quantifit_brochure__5_))

### **III. Scope and Application**

- A. This program applies to all operational employees and volunteers of PGFEMS who are required to wear respirators during routine work operations and possibly during certain non-routine or reasonably foreseeable emergency work operations, while performing duties within the scope of their job description.
- B. The classes and models of respirators available at PGFEMS as well as the operations for which they will be used, are listed in Table 1 below.



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**Table 1: RESPIRATORS USED AT PRINCE GEORGE FIRE AND EMS**

<b>Respirator</b>	<b>Operation</b>
N95 Filtering Face piece Respirators, OSHA and PGFEMS Approved N95 based on availability	Clinical care of, or exposure to, patients with known or suspected infectious diseases requiring airborne precautions.
Self-Contained Breathing Apparatus: MSA G1 SCBA	Use in entering IDLH environments and confined spaces.

#### **IV. Policies and Responsibilities**

##### **A. General**

The Occupational Safety and Health Administration (OSHA) requires the use of respiratory protection to protect the health of employees during any potential worksite exposure to respiratory hazard(s). Each employer is required by OSHA (29 CFR 1910.134) to develop and implement a written Respiratory Protection Plan that addresses when and how respiratory protection should be used. The PGFEMS Respiratory Protection Plan is available for review by all employees and volunteers.

##### **B. Program Elements**

The PGFEMS Respiratory Protection Plan addresses the following applicable elements:

- Documentation of the major applicable elements of the OSHA Respiratory Protection Standard;
- Designation of a Respiratory Program Administrator; Health and Safety Officer;
- Hazard identification and evaluation of respiratory hazards in the workplace;
- Medical evaluations of employees required to use respirators;
- Fit testing procedures for tight-fitting respirators;



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- Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- Procedures and schedules for reuse, storage, inspection, and disposal of respirators shall follow all factory recommendations.
- Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
- Training of employees in the proper use of respirators, including donning and doffing procedures, maintenance procedures, and limitations of their use;
- Procedures for regularly evaluating the effectiveness of the program;
- Recordkeeping requirements.
- Fit testing of all PGFEMS members will be completed annually in February. Any member not fit tested will be placed on leave until compliance is met.

### C. Hazard Evaluation

The Health and Safety Officer will evaluate potential respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors. Further, the PGFEMS Health and Safety Officer will identify using name, position, and working title, the number of employees/volunteers who need to use a respirator, and who specifically will participate in the respiratory protection plan. These employees will be selected based on the organization's assessment of the number of employees/volunteers needed to respond to IDLH environments, infectious diseases or to a biologic event or outbreak requiring respiratory protective equipment. See Appendix A for a list of employees who are or may be required to use respirators.

### D. Affected Employees

No employee or volunteer will be required to wear respirator protection unless it is part of the essential tasks of that position/role.



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## **E. Program Costs**

All employees/volunteers who are required to be fit tested for a respiratory protective device will receive an initial medical evaluation and annual fit testing (February) for the respirator that they will use. The expense associated with the medical evaluation, initial and annual fit testing, respiratory protection equipment, and training will be the responsibility of Prince George County/Prince George Fire and EMS.

## **F. Employer Responsibilities**

- Overall responsibility for development and implementation of a Respiratory Protection Program, with worksite-specific procedures.
- Provide all respirators, medical evaluations, fit testing, and training at no cost to the employees/volunteer. The medical records must be kept in a secure location.
- Assign a Health and Safety Officer to act as administrator for the program.

## **G. Administration Responsibilities**

### **1. County Fire Chief**

The Prince George County Fire and Emergency Services Fire Chief is responsible for the implementation of this policy, including allocation of adequate resources to ensure adherence to all applicable regulations.

### **2. Health and Safety Officer**

The Health and Safety Officer has been appointed as the Program Administrator for Prince George Fire and EMS and will be responsible for implementing this Respiratory Protection Program. He/she serves as the first contact for employees concerned with respiratory protection. The Program Administrator's duties include:



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- Assessing hazards in the workplace in order to identify those work areas, processes, and tasks that require workers to wear respirators;
- Selecting appropriate respirators based on the hazard assessment;
- Coordinating the medical surveillance program, (as outlined in Section K below titled “Medical Evaluation”);
- Implementing the fit testing program;
- Developing procedures for proper respirator use;
- Monitoring respirator use to ensure that respirators are used in accordance with their certification.
- Coordinating and/or conducting worker training, at least annually, to include training on potential respiratory hazards and proper respirator use;
- Ensuring proper maintenance of respiratory protection equipment, to include, as applicable, cleaning, disinfecting, storing, inspecting, repairing, and discarding;
- Maintaining records as required by OSHA (as outlined in Section P below titled, “Documentation and Recordkeeping”);
- Evaluating the program for compliance and overall effectiveness;
- Updating the written program, as needed.

The Health and Safety Officer may delegate many of these duties to other trained employees as needed. The Health and Safety Officer need not be present for all of these duties, however must ensure their completion.

### 3. Incident Commanders

Identifying and communicating respirator requirements according to tasks performed at each specific response scene.



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4. **Incident Safety Officer (ISO)**

- Evaluate scene conditions during emergency response to identify potential IDLH conditions that require SCBA use
- Conduct atmospheric monitoring of the work areas where respiratory protection is required. For example, where carbon monoxide, cyanide, and other potential contaminants expected.
- Communicate atmospheric conditions and respirator recommendations with Incident Commander.

5. **Station Chiefs, Shift Commanders, Captains, Lieutenants, and or their designee**

- Ensure that respirators designated by the Incident Commander or Safety Officer for use at a particular response are worn by employees/volunteers.
- Ensure members attend the required respirator-medical evaluations, fit testing, and training.
- Ensure that respirators are cleaned after each use and stored properly.
- Ensure respirator equipment is inspected according to department schedule.
- Monitor members competency for respirator use (N95 and SCBA), SCBA cylinder refilling, and respirator cleaning and inspection.
- Ensure that only approved wearers are issued respiratory protection equipment.



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## H. Employee Responsibilities

### 1. Firefighters, Fire-medics, EMS, and other related Operational Members

Each employee/volunteer of the Prince George Fire and EMS who is required to use a respirator has the responsibility to:

- Attend and participate in all required medical evaluations, respiratory protection training, and fit testing.
- Wear his/her respirator when and where required and in accordance with the training provided, policy, and as determined by the Incident commander or Safety Officer for each response.
- Perform a user seal check each time a tight-fitting respirator is put on, in order to ensure that an adequate seal is achieved;
  - In the case of the N95 filtering respirator, the manufacturer's recommended user seal check method shall be used.

*[Note: User seal checks are not substitutes for qualitative or quantitative fit tests.]*

- Where applicable, care for and maintain her/his respirators as instructed;
- Inform the Program Administrator if the respirator no longer fits well or if there have been changes in facial features (e.g., surgery, scars, beard growth) or general physique (e.g., significant weight gain or loss). Employees and volunteers must respond to an incident that may require the use of a respiratory protective device with the same facial hair they possessed (in compliance) at the time of the successful fit test. Reference: OSHA 29 CFR 1910.134 - "...shall not permit respirators with tight-fitting facepieces to be worn by employees who have:" 1. Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or 2. Any condition that interferes with the face-to-facepiece seal or valve function and NFPA 1500 -1997, Fire Department Occupational Health and Safety Program - NFPA 1500 clearly states in 5-3.8, "A growth of beard or facial hair at any point where the SCBA





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facepiece is designed to seal with the face shall be prohibited for members required to use SCBA."

- Inform the Program Administrator of any new medical signs/symptoms or that a change in personal medical condition has occurred that may affect the ability to wear a respirator;
- Inform the Program Administrator of any respiratory hazards that he or she feels are not adequately addressed in the performance of work duties and of any other concerns that he or she may have regarding the program.

## **I. Respirator Selection**

- The Prince George Fire and EMS Health and Safety Officer will select the appropriate respirators to be used by personnel based on the respiratory hazards to which the worker is exposed and workplace and user factors that affect respirator performance and reliability. Only respirators, filters, cartridges and canisters that have been certified by the National Institute for Occupational Safety and Health (NIOSH) will be selected. The selection will be based upon the biological, physical, and chemical properties of the air contaminant and the concentration levels likely to be encountered by the employee/volunteers.
- The Prince George Fire and EMS Health and Safety Officer will conduct a hazard assessment for each operation where an airborne contaminant may be present in routine operations or during an emergency, and will update the hazard assessment following significant changes in the work environment. The hazard assessment will include:
  - Identification and development of a list of hazardous substances that employees/volunteers may encounter;
  - Review of work processes to determine where potential exposures to these hazardous substances may occur;
  - Exposure monitoring, if possible, to quantify potential hazardous exposures.



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- The Prince George Fire and EMS Health and Safety Officer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

## J. Procedure

### 1. Self-Contained Breathing Apparatus (SCBA)

- 29 CFR 156(f)(1) Interior structural firefighting is assumed to be immediately dangerous to life and health (IDLH) until a determination is made that IDLH conditions do not exist. SCBA shall be worn by all career and volunteer members of the PGFEMS at all times while engaged in any operation that contains an atmosphere that is imminently dangerous to life or health (IDLH) or potential IDLH atmosphere. OSHA 29 CFR 1910.134(d)(1)-(ii) states that respirators/SCBA shall be worn when person is exposed to air contaminants above the OSHA permissible exposure limit. Usage is defined as the SCBA being charged, face piece on the member's face, and breathing cylinder air.
- SCBA shall always be worn as specified by the manufacturer and in accordance with OSHA 29 CFR 1910.134, NFPA 1404, and NFPA 1500.
- Personnel operating in an IDLH atmosphere utilizing SCBA shall work in teams of two or more (2+). Personnel must also maintain voice or visual contact with each other at all times.
- If any member of the crew receives a low air alarm or has a malfunction of any part of their SCBA, the entire crew shall exit the building immediately.
- OSHA 29 CFR 1910.134 (d)(1) through 1910.134 (d)(2) and CFR 1910.156 (f)(1)(ii): Self-Contained Breathing Apparatus (SCBA) must be used when: Any of the following conditions in the working area require continued use of self-contained breathing apparatus:
  - CO levels of 35ppm or greater
  - Oxygen (O<sub>2</sub>) levels of 19.5% or less
  - Hydrogen sulfide above 10 ppm
  - Hydrogen cyanide above 10 ppm



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- Flammability above 10% of lower explosive limit (LEL)
  - Continued presence of smoke from combustion
  - During overhaul or salvage operations, atmospheric monitoring shall be utilized to establish that a safe atmosphere exists prior to discontinuing the use of SCBA.
  - Interior operations at all structure fires, wherever a fire has advanced beyond the incipient phase.
  - Any interior or exterior firefighting operations where personnel may be expected to encounter significant amounts of smoke or toxic gases.
  - All Vehicle fires
  - Emergency incidents in which oxygen has been displaced.
  - Emergency incidents in which gas/vapor levels that may cause harm to a responder's respiratory system are present.
  - When instructed by the Incident Commander or Incident Safety Officer
- SCBA use shall not be discontinued until testing has been completed and the Incident Commander has advised personnel they may remove their SCBA.
  - Any crew entering an IDLH atmosphere must monitor their remaining air supply carefully and shall leave the IDLH while they still have sufficient air supply to reach a safe area.

## 2. N95

- OSHA also requires that individuals who are expected to perform patient activities or have the potential to encounter those suspected or confirmed to be infected with COVID-19, TB or other respiratory contagion to wear respiratory protection, such as an N95 respirator. N95 respirator refers to an N95 filtering face piece respirator (FFR) that seals to the face and uses a filter to remove at least 95% of airborne particles from the user's breathing air. It is important to note that surgical masks, sometimes referred to as facemasks, are different than respirators and are not designed nor approved



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to provide protection against airborne particles. Surgical masks are designed to provide barrier protection against droplets, however they are not regulated for particulate filtration efficiency and they do not form an adequate seal to the wearer's face to be relied upon for respiratory protection. Without an adequate seal, air and small particles leak around the edges of the respirator and into the wearer's breathing zone.

- The N95 may or may not have an expiration date; however, all N95 respirator stock will be assessed quarterly for degradation and structural integrity.

### 3. Respirator Operation and Use

The respirator(s) will only be used within parameters of the PGFEMS Respiratory Protection Program. The operations and use manuals will be kept by PGFEMS Health and Safety Officer. Surveillance by direct supervisors will be maintained of work environment conditions and degree of employee/volunteer exposure and/or stress. When a change is noted in either the degree of employee/volunteer exposure or stress and in work environment conditions, then PGFEMS will reevaluate the continued effectiveness of the respirator/SCBA.

*For continued protection of respirator/SCBA users, the following general use rules apply:*

- Users shall never remove the respirator/SCBA while in a hazardous environment;
- Respirators/SCBA are to be stored in PGFEMS approved locations, out of harmful atmospheres, Example: N95 shall be stored in sealed containers and SCBA stored in department provided mounting locations.
- Store respirators (N95) away from heat and moisture;
- Store respirators such that the sealing area does not become warped or distorted;
- Respirators: shall be used in accordance with its NIOSH certification and manufacturer instruction as per 29 CFR 1910.134(d)(1)(iii);



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- 29 CFR 1910.134(g)(1)(ii) Eyeglasses: Persons who require corrective eyeglasses should not wear the eyeglasses with a full-face respirator, since the eyeglass frame can interfere with the face-to-face piece seal. Obtain an eyeglass insert provided by the respirator manufacturer. The employee is responsible for costs related to the eye examination to determine lens correction and frame size. The employer is responsible for paying for the eyeglass insert.
- The SCBA is an integral part of each member's protective equipment. Each member shall be required to perform the pre-use check for the riding position that they are assigned. The pre-use check shall be performed:
  - At the beginning of each tour of duty.
  - When reporting to a detailed assignment or volunteer duty tour;
  - After each use, the driver for their apparatus shall be responsible for ensuring all SCBA is ready for use.
- After every use of a SCBA, the wearer shall be responsible for the following:
  - Clean and wipe dry the harness, cylinder and face piece.
  - Fill all empty cylinders.
  - Perform a detailed inspection.

## 1. Seal Check

Conduct a user seal check each time a respirator is put on. Persons using a respirator may not have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good face piece seal. Individuals are not permitted to wear headphones, jewelry, or other articles that may interfere with the face piece-to-face seal.



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## 2. SCBA Cylinder Air Management

SCBA cylinders must have a minimum service life rating of 30 minutes. Leave the area when the cylinder end-of-service life alarm is activated. The alarm must activate when the apparatus is reduced to within 20-25% of its rated service time.

## 3. Breathing Air Quality For SCBA Cylinders

- Breathing air in SCBA cylinder must meet at least the requirements for Grade D breathing air described in ANSI/ Compressed Gas Association G-7.1 – 1989, Commodity Specification for Air.
- When air cylinders are purchased through a third party a certification that the air in the cylinders meets the specifications of Grade D breathing air will be kept on file.
- When using air from a compressor, the following conditions must be met:
  - Oil compressors must have either a Carbon Monoxide sensor, a heat sensor, or both.
  - Compressor intake must be located in a clean air environment.
  - Suitable in-line air-purifying filters must be installed.
  - PGFEMS Health and Safety Officer or designee will ensure air quality tests and documentation are completed as per OSHA and manufactures recommendation.
- SCBA air cylinders shall be filled by personnel trained to use the compressor equipment.
- SCBA air cylinders must be stored in a fully charged state and shall be recharged when pressure falls to 90% of manufacturer's recommended pressure level.
- Couplings used to fill breathing air cylinders must be incompatible with couplings for other compressed gas cylinders.
- SCBA cylinders are required to be hydrostatically tested every 5 years.



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## **K. Medical Evaluation**

Employees who are either required to wear respirators, or who choose to voluntarily don respirator protection including an N95 mask, must complete a medical evaluation prior to their initial fit-testing and before being permitted to wear a respirator on the job.

1. Prince George County Fire and EMS shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire comparable to that in Appendix B of this plan (the “OSHA questionnaire”) or an initial medical examination that obtains the same information as the medical questionnaire. Employees and volunteers are not permitted to wear a respirator until the designated PLHCP has signed the medical recommendation form indicating that they are medically qualified. Any employee or volunteer refusing the medical evaluation will not be allowed to work in an area or operation requiring respirator use.
2. Procedures for medical surveillance of employees using respirators are as follows:
  - The Program Administrator will coordinate with facility/program managers to complete Appendix C: Work Factors for Respirator Use for individual employees or groups of employees who work under the same conditions and provide the completed forms to the PLHCP.
  - The Program Administrator will provide a copy of the medical questionnaire to all identified employees. The medical questionnaire and examinations shall be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee.
  - The employee will complete and sign the medical questionnaire according to the directions given and will submit the completed form to a designated PLHCP.



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- The PLHCP will review the completed Appendix C: Work Factors for Respirator Use for individual employees or groups of employees prior to conducting their medical evaluation.
- The PLHCP will review the completed medical questionnaire or will conduct a medical examination obtaining the same information as in the questionnaire. The PLHCP must then make a medical determination and a written recommendation as to the employee's ability to use a respirator (see Appendix D for an example of a recommendation form).
- The Prince George Fire and EMS shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 of Appendix B, or whose initial medical evaluation demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination. [Note: The follow-up medical "examination" does not necessarily require a physical examination. Some positive responses may only require additional questions/history of the employee to make a determination.] In addition, the Prince George Fire and EMS will provide for an additional medical evaluation for any of the following reasons [Note: An annual medical evaluation or review of employee health status is not required]:
  - An employee reports medical signs or symptoms that are related to his or her ability to wear respiratory protection.
  - The PLHCP, supervisor, or respirator program administrator informs the employer that an employee needs to be reevaluated;
  - Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or





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- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or ambient temperature) that may result in a substantial increase in the physiological burden placed on an employee.
- All medical examinations and questionnaires are to remain confidential and be maintained in a secure location.

## L. Fit Testing

Before any employee or volunteer is required to use a respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size respirator that will be used. This applies to all tight fitting respirators, including disposable N-95s. Employees and volunteers, volunteering to don a respirator may ask to be fit tested. PGFEMS will use the Qualitative Fit Test that requires the user to report leakage of a test agent into the face piece. This test will be utilized for testing the N95 masks. PGFEMS will utilize the Quantitative Fit Test that is performed on the OHD – Quantifit model testing machine for the SCBA facepiece.

### 1. N95

#### • **Threshold Test:**

- This is done to determine the candidates ability to recognize the taste of Bitrex.
- This will be performed without wearing a respirator, however, the enclosure hood will be worn.
- The candidate will don the test enclosure. During the threshold screening the candidate will breathe in and out through their slightly opened mouth. The candidate will report when they taste the Bitrex.
- The solution is then placed in the bulb pump nebulizer.
- The nebulizer is then squeezed into the hood in increments of ten (10) squeezes.



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- This is done until the candidate tastes the Bitrex or until a maximum of thirty (30) squeezes is met.
  - If a taste response is elicited, then the candidate will be asked to note the taste of the Bitrex. The number of squeezes required to elicit taste will be taken note and will be used for each exercise during the fit test.
  - If no taste response is noted, then the candidate may not perform the Bitrex fit test
- **Fit Test:**
    - The candidate may not eat, drink (except plain water), smoke, or chew gum 15 minutes prior to fit test administration.
    - The candidate will appropriately don the respirator and have the enclosure placed over their head; this is the same enclosure used in the threshold test.
    - As done in the threshold test, the candidate will be asked to breath in and out through their mouth.
    - The nebulizer will be placed into the front of the enclosure and will be squeezed the appropriate number of times to elicit a taste response (determined during the threshold test).
    - After generating the aerosol, the candidate will be asked to perform the following tasks for one minute each:
      - Normal breathing
      - Deep breathing
      - Side to Side head movement
      - Up and Down head movement
      - Talking (the candidate will be asked to read the following passage)



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“When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- Grimacing
- Bending over
- Normal breathing
- Every thirty seconds the aerosol concentration will be replenished using one half the number of squeezes as initially done.
- The candidate will inform the administrator if the taste of Bitrex is detected. If no taste is elicited, then the test is successfully passed.
- If the taste of Bitrex is elicited then the test is a failure. A different respirator shall be tried and the entire test procedure is repeated.



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Three Key Factors Required for a Respirator to be Effective



① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.

③ The respirator filter must capture more than 95% of the particles from the air that passes through it.

**CDC** **NOSH**

\*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

Upon completion of the fit test, whether successful or unsuccessful, the person conducting the fit-test shall fill out a form similar to Appendix E: Respirator Fit Test Record. Fit-testing shall be conducted prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model, or make) is used, and at least annually thereafter.



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**2. SCBA Fit Test**

PGFEMS will utilize the Quantitative Fit Test that is performed on the OHD – Quantifit model testing machine for the SCBA facepiece. The SCBA facepiece used will be the MSA G1 SCBA mask, model number G1FP-FL1M4C1.

The Candidate will don their mask ensuring a good seal by holding your hand over the opening and inhaling. This should cause the mask to “collapse” or a “suction type action” to your face. The mask will be connected to the testing device and regulator. The candidate will then be asked to perform the following tasks:

<b>Exercise</b>	<b>Exercise Procedure</b>	<b>Measurement</b>
		<b>Procedure</b>
Facing Forward	Stand and breathe normally, without talking, for 10 seconds	Face forward, while holding breath for 10 seconds
Bending Over	Bend at the waist, as if going to touch his or her toes.	Face parallel to the floor, while holding breath for 10 seconds
Head Shaking	For 3-5 seconds, shake head back and forth vigorously several times while shouting	Face forward, while holding breath for 10 seconds
REDON 1	Remove the respirator mask, loosen all face piece straps, and then redon the respirator mask	Face forward, while holding breath for 10 seconds
REDON 2	Remove the respirator mask, loosen all face piece straps, and then redon the mask again	Face forward, while holding breath for 10 seconds



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Upon completion of the fit test, whether successful or unsuccessful, the person conducting the fit-test shall fill out a form similar to Appendix E: Respirator Fit Test Record. Fit-testing shall be conducted prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model, or make) is used, and at least annually thereafter.

The Quantifit testing device will provide a copy of the fit test results. This copy will be attached to the candidates Respirator Fit Record.

## M. Respirator Users and General Use Procedures

Appendix A contains a list of employees participating in the respiratory protection program at Prince George Fire and EMS. The names listed in the document signify that they have successfully completed the required medical evaluation, respirator training, and fit-testing as described in this plan and in accordance with 29 CFR 1910.134. Participating employees shall be instructed in and shall follow the following general use procedures:

- Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- All employees shall conduct a user seal check each time that they wear their respirator in accordance with the manufacturer's recommended procedures.
- Employees are not permitted to wear tight-fitting respirators if they have any condition (e.g., facial scars, facial hair, glasses, or missing dentures) that would prevent them from achieving a good seal.
- For any malfunction of a respirator (e.g., a breakthrough, facepiece leakage, or improperly working valve), the respirator wearer should inform their Program Administrator that the respirator is no longer performing properly.



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## **N. Employee Training**

No employee will be permitted to work with a respirator until he or she has received training in and can demonstrate knowledge of the respiratory protection program. The training will be provided or coordinated by the Program Administrator and will cover the following topics:

- General requirements of the OSHA standard and the elements of the Respiratory Protection Program, including employee responsibilities;
- Explanation of potential work-related respiratory hazards and the risks associated with not wearing respiratory protection;
- Function, capabilities, and limitations of the selected respiratory protection;
- Medical surveillance program and the Medical Recommendation Form;
- Fit testing requirements and the Respirator Fit Test Record;
- Use of the respirator, including how to put on, check the fit, wear, and remove the respirator properly;
- Medical signs and symptoms that might limit the effective use of respirators.

Training shall be administered annually, and when the following situations occur:

- Changes in the workplace or the type of respirator render previous training obsolete;
- Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
- Any other situation arises in which retraining appears necessary to ensure safe respirator use.



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## O. Program Evaluation

The Program Administrator shall conduct periodic evaluations of the workplace and operating conditions to ensure that the provisions of this program are being properly implemented. The evaluation will include regular consultations with employees who use respirators. The assessment will include a review of workplace hazards, respirator selection, respirator fit issues, proper use and maintenance of respirators, impact of use of respirators on effective workplace performance, sampling results (if applicable), and the status of records. The Program Administrator, with approval of the Prince George County Fire and EMS shall make any necessary changes to the program based on the results of these periodic evaluations and shall update the written program in accordance with any revisions recommended or mandated by federal and state standards.

## P. Documentation and Recordkeeping

For each employee assigned a respirator, the following records will be retained in the noted, secure locations:

- Medical records, including the initial medical questionnaire and any follow-up medical evaluations/examinations, are confidential and will be kept by the PLHCP and any referral healthcare providers.
- The medical recommendation (Appendix D), after completion by the PLHCP, will be kept by the Program Administrator.
- Training records will be kept by the Program Administrator.
- Fit testing records (i.e., the most current fit-test evaluation form for each respirator used by an employee/member) will be kept in compliance to HR requirements regarding employee/member files.

A written copy of the current program must be retained.





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## APPENDIX A: LIST OF EMPLOYEES USING RESPIRATORS

EMPLOYEES IN THE RESPIRATORY PROTECTION PROGRAM			
Name	Role	Respirator Required: Make/Model/Size	Fit-Test Date (most recent)



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**APPENDIX B: MEDICAL QUESTIONNAIRE**

**PART 1. PERSONAL INFORMATION**

Date: _____				Name: _____			SS#: _____	
				<i>(first)</i>	<i>(middle)</i>	<i>(last)</i>		
Age: _____		Sex (circle one): Male Female		Height: ____ ft. ____ in.		Weight: _____ lbs.		
Job Title:				Department:				
A phone number where you can be reached by the healthcare professional who reviews this questionnaire: _____ The best time to phone you at this number: _____								
Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No								
Type of respirator(s) you will be using (if known): _____								
Have you worn a respirator in the past? (circle one): Yes/No								
If "yes," what type(s): _____								

**PART 2. HEALTH QUESTIONS:**

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. Please circle "yes" or "no" to the following.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes/No
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No



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3. Have you ever had any of the following pulmonary or lung problems?
    - a. Asbestosis: Yes/No
    - b. Asthma: Yes/No
    - c. Chronic bronchitis: Yes/No
    - d. Emphysema: Yes/No
    - e. Pneumonia: Yes/No
    - f. Tuberculosis: Yes/No
    - g. Silicosis: Yes/No
    - h. Pneumothorax (collapsed lung): Yes/No
    - i. Lung cancer: Yes/No
    - j. Broken ribs: Yes/No
    - k. Any chest injuries or surgeries: Yes/No
    - l. Any other lung problem that you've been told about: Yes/No
  
  4. Do you currently have any of the following symptoms of pulmonary or lung illness?
    - a. Shortness of breath: Yes/No
    - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
    - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
    - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
    - e. Shortness of breath when washing or dressing yourself: Yes/No
    - f. Shortness of breath that interferes with your job: Yes/No
    - g. Coughing that produces phlegm (thick sputum) not associated with a cold: Yes/No
    - h. Coughing that wakes you early in the morning: Yes/No
    - i. Coughing that occurs mostly when you are lying down: Yes/No
    - j. Coughing up blood in the last month: Yes/No
    - k. Wheezing: Yes/No
    - l. Wheezing that interferes with your job: Yes/No
    - m. Chest pain when you breathe deeply: Yes/No
    - n. Any other symptoms that you think may be related to lung problems: Yes/No



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5. Have you ever had any of the following cardiovascular or heart problems?
    - a. Heart attack: Yes/No
    - b. Stroke: Yes/No
    - c. Angina: Yes/No
    - d. Heart failure: Yes/No
    - e. Swelling in your legs or feet (not caused by walking): Yes/No
    - f. Heart arrhythmia (heart beating irregularly): Yes/No
    - g. High blood pressure: Yes/No
    - h. Any other heart problem that you've been told about: Yes/No
  
  6. Have you ever had any of the following cardiovascular or heart symptoms?
    - a. Frequent pain or tightness in your chest: Yes/No
    - b. Pain or tightness in your chest during physical activity: Yes/No
    - c. Pain or tightness in your chest that interferes with your job: Yes/No
    - d. In the past two years, have you noticed your heart skipping or missing a beat:  
Yes/No
    - e. Heartburn or indigestion that is not related to eating: Yes/No
    - f. Any other symptoms you think may be related to heart or circulation problems:  
Yes/No
  
  7. Do you currently take medication for any of the following problems?
    - a. Breathing or lung problems: Yes/No
    - b. Heart trouble: Yes/No
    - c. Blood pressure: Yes/No
    - d. Seizures (fits): Yes/No
    - e. Other \_\_\_\_\_



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8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check here  and go to question 9)
- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - g. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire? Yes/No



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Questions 10-15 below are mandatory for employees using a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For all others, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)? Yes/No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken eardrum? Yes/No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulties fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No



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16. Do you have any other health conditions or issues you would like the healthcare professional who will be reviewing this questionnaire to know about? Yes/No

## **APPENDIX B: MEDICAL QUESTIONNAIRE**

### **PART B: OPTIONAL**

**Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- Asbestos: Yes/No
- Silica (e.g., in sandblasting): Yes/No
- Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- Beryllium: Yes/No
- Aluminum: Yes/No
- Coal (for example, mining): Yes/No



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- Iron: Yes/No
  - Tin: Yes/No
  - Dusty environments: Yes/No
  - Any other hazardous exposures: Yes/No
- If "yes," describe these exposures:

---

---

4. List any second jobs or side businesses you have:

---

---

5. List your previous occupations:

---

---

6. List your current and previous hobbies:

---

---

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them:

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10. Will you be using any of the following items with your respirator(s)?

- HEPA Filters: Yes/No
- Canisters (for example, gas masks): Yes/No
- Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)?:

- Escape only (no rescue): Yes/No
- Emergency rescue only: Yes/No
- Less than 5 hours per week: Yes/No
- Less than 2 hours per day: Yes/No
- 2 to 4 hours per day: Yes/No
- Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- *Light* (less than 200 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift:

\_\_\_\_ hrs. \_\_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

- *Moderate* (200 to 350 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift:

\_\_\_\_ hrs. \_\_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.



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- *Heavy* (above 350 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift:

\_\_\_\_ hrs. \_\_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you’re using your respirator: Yes/No

If “yes,” describe this protective clothing and/or equipment:

\_\_\_\_\_  
\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):  
Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you’ll be doing while you’re using your respirator(s):

\_\_\_\_\_  
\_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you’re using your respirator(s) (for example, confined spaces, life-threatening gases):

\_\_\_\_\_  
\_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you’ll be exposed to when you’re using your respirator(s):

- Name of the first toxic substance:

\_\_\_\_\_



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- Estimated maximum exposure level per shift:  
\_\_\_\_\_
- Duration of exposure per shift:  
\_\_\_\_\_
- Name of the second toxic substance:  
\_\_\_\_\_
- Estimated maximum exposure level per shift:  
\_\_\_\_\_
- Duration of exposure per shift:  
\_\_\_\_\_
- Name of the third toxic substance:  
\_\_\_\_\_
- Estimated maximum exposure level per shift:  
\_\_\_\_\_
- Duration of exposure per shift:  
\_\_\_\_\_
- The name of any other toxic substances that you'll be exposed to while using your respirator:  
\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_  
\_\_\_\_\_



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**APPENDIX C: WORK FACTORS FOR RESPIRATOR USE**

*(to be completed by the Supervisor or Respiratory Protection Program Administrator and provided to the physician or other licensed healthcare professional conducting medical evaluation for respirator use)*

Employee Name: \_\_\_\_\_

Division/Program: \_\_\_\_\_ Location: \_\_\_\_\_

Workload:  Light\*       Moderate\*       Heavy/Strenuous\*

Light: <200 kcal per hr; sitting while writing, typing, drafting; performing light assembly work; walking level carrying up to 10 lbs.  
Moderate: 200-350 kcal per hr; frequent lifting up to 25 lbs.; infrequent lifting up to 50 lbs.; walking level carrying 25 lbs.  
Heavy: >350 kcal per hr; frequent lifting of 50 lbs; infrequent lifting of 100 lbs; walking level carrying 50 lbs; walking uphill @ 2mph

Usage:  Frequent (>5hrs/week)       Occasional (<5hrs/week)       Rare (<5hrs/month)  
(or emergency use only)

Will the user be working under hot conditions (i.e., temperature > 77° F)?    Yes / No

Will the user be working under high humidity conditions?    Yes / No

Other protective gear to be worn with respirator:

\_\_\_\_\_

Hazard(s) to be protected against:

\_\_\_\_\_

Type of respirator(s) to be assigned:

\_\_\_\_\_ Filtering Face Piece respirator (N-95)

\_\_\_\_\_ Powered Air Purifying Respirator - PAPR (loose-fitting hood/head cover)



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\_\_\_\_\_ Powered Air Purifying Respirator - PAPR (tight-fitting)

Special Considerations:

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---

Supervisor/RPP Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**APPENDIX D:**

**MEDICAL RECOMMENDATION FOR RESPIRATOR USE**

*(to be completed by a physician or other licensed healthcare professional - PLHCP)*

Employee Name: \_\_\_\_\_

\_\_\_\_\_ This individual can wear an N-95 respirator, half-mask or full-facepiece elastomeric respirator.

\_\_\_\_\_ This individual can wear an N-95 respirator, half-mask or full-facepiece elastomeric respirator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ This individual cannot use an N-95 respirator, half-mask or full-facepiece elastomeric respirator.

\_\_\_\_\_ A follow-up medical evaluation is required. This individual has been referred to:

\_\_\_\_\_

I have provided the individual named above with a copy of this recommendation for his/her records.

\_\_\_\_\_  
*PLHCP Signature*

\_\_\_\_\_  
*Date*



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PLHCP Printed Name

**APPENDIX E: RESPIRATOR FIT-TEST RECORD**

(To be completed annually and retained by Program Administrator)

Name of User: \_\_\_\_\_ Office/Location: \_\_\_\_\_

Medically Cleared:  Yes  No

Annual Training:  Yes  No

Respirator Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Size \_\_\_\_\_

\*\*\*\*\*

Type of Fit Test:  Qualitative (QLFT)  Quantitative (QTFT)

Qualitative Fit Test Results:		
Solution Used	Sensitivity/Threshold (circle # of squeezes)	Results of Fit Test
<input type="checkbox"/> Bitrex®	10, 20, 30, or failed	<input type="checkbox"/> Passed / <input type="checkbox"/> Failed
<input type="checkbox"/> Saccharin	10, 20, 30, or failed	<input type="checkbox"/> Passed / <input type="checkbox"/> Failed

Quantitative Fit Test Results:		
Name of Fit Test Used	Overall Fit Factor	Results of Fit Test <i>(Attach results of QNFT)</i>
		<input type="checkbox"/> Passed / <input type="checkbox"/> Failed



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Is this member in compliance with OSHA regulations 29 CFR 1910.134, the National Fire Protection Association (NFPA) 1500, 1581, and related NFPA standards as well as, American National Standards Institute (ANSI), and Virginia Department of Fire Program's "No Beard" policy at this time?

---

Fit Tester Name	Fit Tester Signature	Date
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## APPENDIX F: (MANDATORY) INFORMATION FOR EMPLOYEES USING RESPIRATORS WHEN NOT REQUIRED UNDER THE OSHA STANDARD (Voluntary Use)

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.



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A handwritten signature in black ink, appearing to read "Paul J. Beaman", is written over a horizontal line.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.



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## APPENDIX F: REFERENCES

1. (29 CFR 1910.134): Occupational Safety and Health Standards, Subpart I – “Personal Protective Equipment,” section 1910.134 – “Respiratory Protection”  
([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=12716](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716))
2. OSHA Small Entity Compliance Guide for the Revised Respiratory Protection Standard, revised 1999.  
([http://www.osha.gov/Publications/SECG\\_RPS/secg\\_rps.html](http://www.osha.gov/Publications/SECG_RPS/secg_rps.html))