

**OSWEGO TOWN FIRE DISTRICT
RESPIRATORY PROTECTION PROGRAM**

**This plan addresses health and safety protection for the
Oswego Town Fire District/Oswego Town Fire Department**

Prepared By:

Greg Herrmann

Fire Commissioner

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RESPIRATORY PROTECTION PROGRAM

PURPOSE

The elements described in this program are designed to ensure the safe and effective usage of respiratory protection at all incidents involving any member of the Oswego Town Volunteer FD.

PROGRAM ADMINISTRATION

The Fire Chief is responsible for the overall implementation and maintenance of the respiratory protection program.

Fire Chief duties include:

- Determining which tasks require respiratory protection.
- Selecting the proper respirator for a specific application.
- Conducting employee training and conducting fit testing.
- Ensuring that employees clean, maintain and properly store respirators.
- Conducting a periodic evaluation of the respiratory program to ensure that it is achieving its desired goal.

Supervisors are responsible for:

- Ensuring that appropriate, approved type respirators are available for use.
- Ensuring that employees wear the required respirators.
- Conducting periodic inspections to ensure employees are maintaining their respirators, which would include cleaning, sanitizing, and proper storage.

Employees are responsible for:

- Using the respiratory protection in accordance with the training received.
- Inspecting, cleaning, sanitizing, and proper storage of their respirator.

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Respiratory Selection

Fire Chief is responsible for selecting the appropriate respiratory protection.

The respiratory protection coordinator will select the appropriate respirators based upon the following elements:

- The type(s) and concentrations of airborne contaminant(s).
- The characteristics and location of the hazardous area.
- The workers= activities in the hazardous area.
- The capabilities and limitations of the respirators.
- Duration of respirator use.
- Selection will be made according to Apractices for Respiratory Protection@ American National Standards Institute (ANSI) Z88.2-1980.
- Only respirators having NIOSH approval will be used.

Respirators currently approved for use are as follows:

RESPIRATOR MANUFACTURER	MODEL	WORK TASK
Scott Aviation	4.5/Fifty	Firefighting

NOTE: A copy of the hazard determination for each task is maintained and is contained in the respiratory selection section.

Maintenance, Cleaning, Inspection, and Storage

Fire Chief will ensure that employees properly clean and maintain their respirators. The following items will be included in the maintenance program:

- Cleaning and sanitizing.
- Disassemble components from the respirator and inspect for any defects.
- Immerse the respirator and components in warm soapy water (120-130F). **NOTE:** air-purifying filters and cartridges must never be washed. The respirator facepiece

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and components should be gently scrubbed to remove all dirt. Care must be taken not to damage any of the components.

- Rinse the respirator and components.
- Sanitize the respirators and components by immersing them into a chlorine bleach solution (approximately one ounce household bleach (Clorox) to one quart of water).
- Rinse components and allow to dry.
- Inspect, test, and repair if necessary.
- Storage should separate the respirator from sunlight, caustic and toxic chemicals that may cause the deterioration of the respirator (mask and other parts).

Inspect before and after each use for the following:

- Deterioration of any rubber or silicone parts.
- Conditions of components (filters, cartridges, valves, etc.).
- Tightness of all connections.
- Check any end-of-service life indicators.
- SCBA alarms, regulators, gauges, etc.
- SCBA cylinder pressure.

Breathing Air Quality

Breathing air must meet the minimum requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989.

Insure that:

- purchased air shall have a certificate of analysis.
- cylinders are tested and maintained in accordance with DOT regulations (49 CFR parts 173 and 178).
- ensure that oxygen or air containing more than 23.5% oxygen is not used in compressed air systems.
- contaminated air cannot enter the compressor.
- compressor has suitable air purifying sorbent beds and filters.
- a tag indicating the most recent change or servicing of the compressor and sorbent beds is on the compressor with the signature of the person who performed the service.
- oil lubricated compressor has high temperature alarm or carbon monoxide monitor or both.
- air fittings are incompatible with all other gas fittings.

Indicate the measures to be taken to ensure that air quality is at least Grade D.

Air quality is tested twice yearly by an outside agency certified to test our equipment.

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RESPIRATOR INSPECTION RECORD I

SELF-CONTAINED BREATHING APPARATUS MONTHLY CHECKLIST

RESPIRATOR TYPE:	S.N. AND MODEL NO:												
YEAR:	INSPECTED BY:												
LOCATION:	USER:												
ITEMS CHECKED	J	F	M	A	M	J	J	A	S	O	N	D	
RUBBER FACEPIECE													
RUBBER HEAD HARNESS													
RUBBER HOSE													
AO@ RING CONNECTOR													
EXHALATION VALVE													
INHALATION VALVE													
FACEPIECE LENS													
HARNESS													
BACKPACK													
CLEANLINESS													
INSTRUCTION SHEET													
fog proof													
AIR CYLINDER PRESSURE													
CYLINDER VALVE													
BYPASS VALVE													
MAINLINE VALVE													
LOW PRESSURE ALARM													
REGULATOR DIAPHRAGM													
REGULATOR FUNCTION													
DEMAND													
PRESSURE DEMAND													
STORAGE BOX													

Comments:

Storage

ACCEPTABLE

NOT ACCEPTABLE

All respirators must be properly stored to protect them from damage due to environmental factors (sunlight, temperature extremes, etc.) and chemi

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TRAINING

All employees who are required to use respiratory protection will be instructed on the proper selection, use, and limitations of this equipment. This training will be provided prior to any assignment requiring the use of such equipment. The training, conducted by

Training Officer will also include information on:

- Nature of the respiratory hazard and what may happen if the respirator is not used properly.
- Engineering and administrative controls being used and the need for the respirator as added protection.
- Reason(s) for selection of a particular type of respirator. Limitations of the selected respirator. Methods of donning the respirator and checking the fit (negative and positive checks) and operation.
- Proper wear of the respirator. Respirator maintenance and storage.
- Proper method for handling emergency situations, and;
- A record of employee names and dates and type of initial training and subsequent refresher training will be recorded.

Training Record

NAME: _____

TYPE OF RESPIRATOR: _____

DATE: _____

COMMENTS:

Fit Testing

It is well-recognized that no one respirator will fit every individual. Therefore, to provide the appropriate respirator, fit testing will be performed to ensure a tight seal between the facepiece and wearer.

NOTE: See attached training record.

Procedures for Proper Use of Respirators in Routine and Reasonably Foreseeable Emergency Situations:

NOTE: Appropriate procedures will be attached with this document, i.e, Accountability.

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RESPIRATOR FIT TEST RECORD

If fit testing is done "in-house"

A) Employee: _____
Employee Job Title/Description: _____

B) Respirator Selected: _____
Manufacturer: _____
NIOSH Approval Number: _____
Model: _____
Date of Purchase: _____

C) Conditions which could Affect Respirator Fit: (Check all that apply):

<input type="checkbox"/>	Clean Shaven	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Beard Growth	YES <input type="checkbox"/>	NO <input type="checkbox"/> if beard growth is below sealing area, fit testing is not permitted
<input type="checkbox"/>	Moustache	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Dentures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Weight Loss or Gain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Facial Scar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Dentures Absent	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Glasses	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If any of the above interferes with the function or seal of the respirator, fit testing is not permitted unless the condition is corrected.

Comments:

4) Qualitative Fit Testing (Check all methods used)

Isoamyl Acetate	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
Irritant Smoke	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
Bitrex Solution	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
Saccharin Test	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
Qualitative Fit Testing	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

Quantitative Fit Testing

Instrument Used: _____
 Make: _____
 Model: _____
 Serial Number: _____
 Fit Factor: _____
_____ PASS FAIL
 Instrument printout: YES NO

NOTE: If box is checked Yes, attach instrument printout to back of page.

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Comments:

Test Conducted by: _____

Date: _____

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WORKSHEET FOR SELECTION OF RESPIRATOR

Location: _____

Process/Operation: _____

Reason for requesting respirator evaluation:

Requested by: _____

1. Employee exposure evaluation:

Contaminant(s) or other respiratory hazard(s):

Estimated concentration(s):
(Reference sampling reports or show calculations as appropriate)

Chemical state of contaminant(s):

Physical form (including particle size distribution) of contaminant(s):

Appropriate exposure limit(s):

II. Respirator Determination:

Exposure is documented to be below the exposure limits and use by employees is voluntary.

Respirator use is not required under the standard. A respirator may be used if desired. Go to Section III a.

Exposure is documented to be below the exposure limits and use by employees is required by a job rule or procedure.

Respirator use is required under the standard. Go to Section III b.

Exposure may exceed exposure limit and maximum concentration is known.

Respirator use is required under the standard. Go to Section III b.

Exposure is not characterized (cannot identify or reasonably estimate the employees= exposure).

Exposure is considered IDLH. Go to Section III c.

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Worksheet for Selection of Respirator - III c.

III. Respirator Selection

2. Atmosphere is considered to be Immediately Dangerous to Life or Health (IDLH). Respirators for IDLH atmospheres are limited to: Indicate make, model, and approval number of the respirator selected and indicate any limitations on its use.

NOTE: Only self-contained breathing apparatus (SCBA) with a minimum 30-minute air supply or a full facepiece, positive-pressure supplied-air respirator with an auxiliary air supply is acceptable.

Type of Respirator: Full face piece

Manufacturer: Scott Aviation

Model No.: 4.5/Fifty

Approval No.: ___TC13F-_____

Limitations: _____

Procedures to be used for accountability (*reference the appropriate section of written respiratory protection program and/or confined space entry program and give brief description here, or attach accountability procedures*).

Prepared by: _____

(Print Name)

Signature: _____

Date: _____

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MEDICAL EVALUATION

- Individuals assigned to tasks that require the use of respiratory protection will have a medical evaluation to determine if they are able to perform the work while wearing a respirator.

- The medical evaluations will be reviewed by the licensed health care professional (PLHCP).

- The evaluation will be given prior to an employee being allowed to wear a respirator. Periodic examinations will be conducted as necessary based on the PLHCP professional opinion(s) and any other contributing factors (i.e., change in physical status, anatomy, vision, hearing, etc.).

Medical Questionnaire Routing

Name: _____

Date Questionnaire Given: _____

Date Evaluated by PLHCP: _____

Date Referred for Physical: _____

Results of Physical and/or Questionnaire:

Pass (Can Wear Respirator) or Fail (Restricted Duty)

Program Administrator: _____

Date: _____

REFER TO OSWEGO TOWN FIRE DISTRICT MEDICAL EVALUATION POLICY

