



Rogers Fire Department Standard Operating Procedures

Policy Title:	Respiratory Protection		
Policy Number:	309	Volume:	Safety
Approved By:	Tom Jenkins	Last Reviewed:	November 2022
CFAI Reference:	7F.3, 7F.4, 7F.5	CAAS Reference:	N/A
Revision Summary:	Created – March 2009 Formatted – May 2012 Updated – December 2012 (Medical Clearance) Updated – December 2017 (Terminology) Updated – January 2021 (Respirators) Updated – November 2022 (EMS responses)		

PURPOSE

The Rogers Fire Department Respiratory Protection Program is developed as a part of the Fire Department's commitment to the well-being of its personnel. The Fire Department establishes this respiratory protection program as an understanding of the standard concerning the respiratory hazards essential in emergency response. In order to reduce these hazards to our personnel and reduce occupational injury, illness, accidents, and deaths related to occupational exposures to airborne contaminants, this respiratory program shall be established and modified as necessary to provide safety for our emergency response personnel.

This program is written in accordance with the requirements of OSHA 29 CFR 1910 and 1926; along with the Department of Labor (DOL), which requires fire departments to provide a written respiratory program. OSHA 29 CFR 1910 and 1926 were utilized in developing the minimum requirements of this respiratory protection program.

POLICY

Definitions

Fit Test - The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Interior structural firefighting – physical activity of fire suppression inside a building or enclosed structure, which is involved in a fire situation beyond the incipient stage.

Incipient stage – a fire which is in the initial or beginning stage and which can be controlled or extinguished by portable fire extinguishers, Class II standpipe or small hose system without the need for protective clothing or breathing apparatus.

Immediately Dangerous to Life and Health (IDLH) atmosphere – 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. Imminent danger – a hazard that could cause death or serious physical harm immediately, or before the danger can be eliminated through normal enforcement procedures.

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.

Structural Fires

This policy will be applied at any fire, which is beyond the initial or incipient stage of a fire and cannot be controlled or extinguished by portable fire extinguishers without the need for protective clothing or breathing apparatus.

The interior attack is to be undertaken only after sufficient personnel are assembled, consisting of a fire attack team containing at least 2 members operating under the buddy system, along with at least two people outside the structure operating as apparatus operator and incident commander. A Rapid Intervention Team (RIT) of at least 2 members should be established if rescue has been eliminated as a possibility. These two RIT members must remain outside the IDLH atmosphere in standby mode. These personnel must have proper equipment donned and be readily available to conduct a rescue of the attack team if needed. Once the RIT is established: if the situation escalates and multiple attack teams enter the structure at different locations, the need for additional RIT(s) will be at the Incident Commander's discretion.

Responsibilities

Rapid Intervention Team (RIT)

- a. Personnel outside the IDLH atmosphere are equipped with:
 - Positive pressure Self-Contained Breathing Apparatus (SCBA) or other pressure demand, or other positive pressure supplied-air respirator with auxiliary SCBA.
 - Appropriate retrieval equipment for assisting or removing personnel, where the retrieval equipment would assist in the rescue of personnel and would not increase the overall risk because of entry.
 - Harnesses or lifelines may be needed.
- b. One person shall maintain continuous contact and account for the crews operating in the IDLH.
- c. The RIT is permitted to take on other roles, such as gathering and staging loose equipment, but at least one member should remain focused on item "b" above.
- d. Any task that a member of the RIT performs while in standby rescue status must not interfere with the responsibility to account for those

personnel in the hazardous area. Any tasks, evolution, duty or function being performed by the standby member(s) must be such that the work can be abandoned, without placing any personnel at additional risk, if rescue or other assistance is needed.

- e. Before one or both personnel, located outside the IDLH atmosphere, enter the structure to provide emergency assistance and/or rescue, the Incident Commander must be notified.

Fire Attack Team

- a. May enter IDLH atmosphere after sufficient personnel are assembled.
- b. Must maintain visual and voice contact with each other at all times while inside the IDLH atmosphere.
- c. Must use the "Buddy-System".

Fire Chief

- a. Shall be responsible for the enforcement of this program.
- b. Shall be responsible for initiating revision/update of this program as necessary.
- c. Shall ensure that problem areas regarding the respiratory protection program are addressed in a timely fashion.
- d. Shall ensure that any failures encountered in the respiratory protection program dealing with members, training, or equipment shall be analyzed and appropriate corrective action shall be taken to prevent the recurrence of an additional failure of similar or related nature.
- e. Shall be responsible for ensuring the completion of an annual review of the program.

Incident Commander

- a. Shall be responsible for selecting or ensuring the proper respiratory protective equipment is used commensurate with the hazard encountered.
- b. Shall be responsible for verbally distributing the respiratory selection information through the established chain of command if warranted or necessary.
- c. Shall be responsible for upgrading/downgrading the required respiratory protective equipment as hazards warrant.
- d. Shall be responsible for locating apparatus and fire department personnel out of harms way from smoke or hazardous material releases.
- e. Can transfer Incident Commander duties to qualified personnel.

Group/Division Supervisors and/or Branch Directors

- a. Shall ensure that Company Officers members assigned their Group or Division have received the information regarding the type of respiratory equipment to be used.

- b. Shall directly supervise companies operating in their sector.

Company Officers

- a. Ensure that the respirators are available.
- b. Ensure that the respirators are properly used, maintained, cleaned, stored, and ready for use.
- c. Respirator inspections shall include the following:
 - A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the face piece, head straps, valves, connecting tube, cartridges, and canisters or filters.
 - A check of the elastomeric parts for pliability and signs of deterioration.
- d. Shall ensure that all applicable members of their company have appropriately donned the specified respiratory protective equipment.

Firefighters

- a. Shall follow the requirements of the respiratory protection program.
- b. Shall don/doff and operate respiratory equipment as trained.
- c. Shall inspect, clean and store respiratory equipment in accordance with training and applicable SOPs.

Emergency Medical

This policy will be applied to any patient contact that involves a known or suspected aerosolized or airborne-transmitted communicable disease. This includes patients encountered during periods of known pandemic or infectious disease outbreak, and those patients with upper respiratory symptoms.

A high degree of suspicion should be maintained when evaluating the necessity of respiratory protection on an emergency scene. Initial interrogation of the caller will begin in Rogers Central Dispatch (RCD) utilizing the Emerging Infectious Disease Surveillance (EIDS) Tool. RFD personnel should continue the evaluation of the patient at initial contact so appropriate PPE can be donned as soon as possible for the protection of themselves and fellow EMS responders. If at any time EMS responders become suspicious of an infectious respiratory component to the call they should immediately don the appropriate level of PPE, as defined in the Northwest Arkansas Regional Protocols; Rogers Fire Department Addendum "Universal Precautions." At a minimum, an N95 mask shall be used on emergency medical calls involving patients with acute respiratory problems or influenza-like illness.

Training

Training will be provided to all fire department personnel required to wear respirators in accordance with 29 CFR 1910.134(k).

All employees issued a respiratory protection device, or expected to use one, shall be appropriately trained. This training shall be product specific and provided on an adequate time line in order to ensure employee knowledge of the proper use of the equipment prior to use.

At a minimum, respiratory protection equipment training shall include the following issues:

- a. An explanation of respiratory hazards.
- b. Consequences of not wearing or improperly wearing respiratory protective equipment.
- c. Responsibilities for using respiratory protective equipment in hazardous atmospheres.

Fit Testing

- a. Fit testing will be done in compliance with 29 CFR 1910.134(f).
- b. Qualitative or Quantitative Fit testing is required to determine the proper facepiece or respirator size.
- c. Retesting may be needed if the user reports changes in his or her physical condition, if a health care professional insists on a retest, or if the designated facepiece and respirator causes a problem (such as skin irritation) for the personnel wearing it.
- d. An annual re-test, required by OSHA, for all effected personnel to make sure the facepiece and/or respirator fits properly.

Medical Clearance

All members utilizing respiratory protection shall receive official written medical clearance on an annual basis from the department's authorized physician. Medical clearance shall only be issued after obtaining a comprehensive medical history and all necessary evaluations recommended by the physician. This program will be facilitated as part of the department's health and wellness program.