



# Buxton Fire-Rescue

## Administrative Policy

Subject: Respiratory Protection Program (2)

Section/Number: Policy (1)

Date Approved: January 1, 2000

*Nathan R. Schools*



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### Respiratory Protection Program Documentation

|                                 |                   |
|---------------------------------|-------------------|
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| Revision Date                   | June 22, 2010     |
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| 2018 Revision Date              | June 15, 2018     |

Computer File Name

A.P.2.1 -- Respiratory Protection Program 2018

Nathan R. Schools, *EFO*  
Authorization

*Nathan R. Schools*  
Fire-Rescue Chief

June 15, 2018  
Date

*Neil R. Lee*

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## Respiratory Protection Program

### Purpose:

Buxton Fire-Rescue has determined that employees who respond to structural fires, hazardous materials incidents, vehicle fires, dumpster fires, special rescue situations, medical emergencies with a suspected or confirmed airborne illness, and other incidents may be exposed to respiratory hazards during these operations. These hazards include smoke, heat, oxygen deficiency, unknown toxic gases, or airborne illnesses which in most cases present working environments that are Immediately Dangerous to Life and Health (IDLH), or the atmosphere is or could readily be contaminated with airborne illness.

*Definition of IDLH Atmosphere: <sup>1</sup>OSHA Definition: Immediately Dangerous to Life or Health (IDLH): 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.*

The use of Self Contained Breathing Apparatus (SCBA) and face piece, or face piece and cartridge particulate filter shall be the first line of defense against respiratory hazards. Engineering Controls such as ventilation may be used when the Officer in Charge (OIC) is able to determine, by metering, that no hazard exists. Metering must be specific to the hazard identified, and the OIC must be positively certain that no hazard exists. Ventilation during structural firefighting shall not be considered as a substitute for the use of SCBA.

The use of SCBA mask with cartridge particulate filters shall be used during events where employees are subject to or believe there is a risk of airborne illness to the employee. The current risk assessment determines that Buxton Fire-Rescue is a "*setting in which patients with suspected or confirmed TB disease are not expected to be encountered do not need a respiratory-protection program for the prevention of transmission of M. tuberculosis.*"<sup>2</sup>

### Scope and Application:

This program applies to all employees who are required to wear an SCBA and face piece, or face piece and cartridge particulate filter while operating in an IDLH atmosphere, or an atmosphere with a suspected or known airborne illness. All employees who perform duties requiring the use of SCBA's are subject to the guidelines within the Buxton Fire-Rescue Respiratory Protection Program ("the Program"). Buxton Fire - Rescue shall be responsible for any required expenses resulting from the employees' participation in the Program.

### Responsibilities:

The Fire-Rescue Chief shall have the overall responsibility to administer the Program including:

- Development of the Respiratory Protection Program
- Development of Policies, Rules and Regulations
- Budgeting for program implementation
- Determining those employees required to participate in the Program

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<sup>1</sup> Definition from [http://www.ehso.com/RespProtection\\_Glos.htm](http://www.ehso.com/RespProtection_Glos.htm) ; retrieved on 1/2/2013

<sup>2</sup> Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005

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**Program Administrator:**

The Program Administrator is the Fire-Rescue Chief and can be contacted via cellular phone at (207) 294-1175 or via email at nschools@buxtonfr.org

Duties of the Program administrator include:

- Identifying work areas, processes or tasks that require employees to wear SCBA with face piece, or face piece with cartridge particulate filter.
- Selection of respiratory protection options (at the time of the most recent revision the only option for employees working in an IDLH Atmosphere are the provided Scott X3 SCBA with AV 3000 HT face pieces. Employees shall use an AV 3000 HT face piece with cartridge particulate filter while working in/on incidents where a suspected or known airborne illness is identified.
- Monitoring SCBA use to ensure that they are used in accordance with individual employee certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage and maintenance of SCBA's.
- Conducting quantitative testing with a PortaCount machine or other like testing unit (applicable for SCBA and face piece as well as face piece and cartridge particulate filter).
- Administering the medical surveillance program.
- Maintaining records required by "the Program".
- Updating the written program, annually and as necessary.
- Will ensure an adequate supply of cleaning and disinfecting material at the fire stations, as well as field cleaning material.
- Shall ensure that the compressed air maintains Grade D Quality and that the air compressor is serviced and tested at least annually.
- Providing to the Medical professional the necessary information about the standard including:
  - Copy of the Respiratory Protection Standard
  - List of hazards encountered in the work environments
    - For each employee requiring evaluation:
      - His or her work area or job title
      - Proposed SCBA type and weight
      - Length of time required to wear SCBA
      - Expected physical work effort
      - Potential temperature extremes
      - Information regarding type and weight of protective clothing.

**Supervisors:**

Supervisors (by definition are all officers of Buxton Fire-Rescue) are responsible for ensuring that the respiratory protection program is implemented. In addition to being knowledgeable about the Program requirements for their own protection, supervisors must also ensure that the Program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate medical evaluations, fit testing, and training (in that order) according to the medical professionals recommended schedule.

*Natt & Sle*

- Ensuring the availability of respirators.
- Being aware of tasks requiring the use of respirators.
- Enforcing the proper use of respirators when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection program.
- Ensuring that respirators fit well and do not cause discomfort.
- Ensuring that facial hair does not contact the seal of the facemask.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Report to the Program Administrator, or Chief, should an employee have difficulty wearing or using a respirator.
- Coordinate with the Program Administrator how to address respiratory hazards or other concerns regarding the Program.

### **Employees:**

Each employee has the responsibility to wear his/her respirator when and where required and in the way they were trained. Each employee must also:

- Care for, maintain, and store respirators as instructed and/or trained.
- Inform their supervisor if the face piece no longer fits well, and request a new one that fits properly.
- Inform their supervisor should they have difficulty when wearing or using a respirator.
- Inform their supervisor, or the Program Administrator, of any respiratory hazards that they feel is not adequately addressed in the workplace and any other concerns that they have regarding the Program.

### **Program Elements:**

#### *Selection Procedures-*

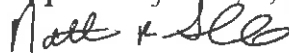
Buxton Fire-Rescue currently utilizes Scott X3 SCBA with AV 3000 HT face pieces. All SCBA's are NIOSH certified and shall be used in accordance with the terms of that certification. Employees shall be fit tested annually, utilizing a medium sized AV 3000 HT mask (as are found on apparatus), or fit tested to their personally assigned mask (smaller or larger mask, as determined by quantitative fit testing). SCBA will be selected during all events with a suspected or defined IDLH atmosphere, as defined by OSHA.

Buxton Fire-Rescue currently uses Scott AV 3000 HT face pieces with canister particulate filters for use where airborne illness is suspected or determined, and the employee has made a predetermined choice to maintain the additional protection.

#### *Hazard Evaluation-*

The Program Administrator shall conduct hazard evaluations for each operation, process, work area, or job function to determine when respiratory hazards may occur and to make recommendations for policy changes regarding the use of SCBA or Scott AV 3000 HT face piece with canister particulate filters. The hazard identification will include:

- Identification and development of a list of hazardous operations where respiratory hazards may be encountered.



- Review of work processes to determine where potential exposures to respiratory hazards may occur. This review shall be conducted by surveying the workplace, reviewing the operations, and talking with employees and supervisors.
- Air monitoring to ensure the proper use of SCBA.
- Departmental Policy and Standard Operating Guidelines will identify required personal protective equipment needed for each type of incident/process employees are faced with.

Current Hazard Evaluation-

Structural Firefighting: Structural firefighting is known to pose a respiratory hazard. This hazard has only increased with the amount of plastics and synthetic material used in construction and home furnishings. Ventilation, even the use of positive pressure ventilation, cannot ensure the lack of respiratory hazard. Therefore, all members of the Buxton Fire – Rescue engaged in interior structural firefighting shall use SCBA, when entering an environment determined to be an IDLH atmosphere until overhaul is complete and air monitoring is complete with a multi gas meter(s) and Hydrogen Cyanide Meter (HCN) to determine that the air quality is safe for employees. Firefighters who are performing exterior functions at a structural fire may be required to use SCBA, depending on the operation and potential hazard as determined by the OIC, Safety Officer, or Company Officer.

Vehicle Fires: Vehicle fires are known to produce toxic gases that may be IDLH. Firefighters who are engaged in vehicle firefighting operations shall use SCBA while performing these operations.

Dumpster or other Container Fires: Dumpsters/containers, when involved in fire present respiratory hazards. Firefighters engaged in these operations shall use SCBA while performing these operations.

Carbon Monoxide Incidents: Carbon monoxide (CO) also known as the silent killer poses an IDLH atmosphere for employees. Firefighters who are operating at the scene of a carbon monoxide emergency are required to use SCBA until the atmosphere has been determined to be safe by air monitoring.

Hazardous Materials Incidents: Firefighters who respond to hazardous materials incidents may be exposed to a variety of known and unknown respiratory hazards. SCBA shall be worn by firefighters working in the Hot Zone, Warm Zone and Decontamination Line as determined by the OIC or the Haz Mat Group Supervisor.

- Buxton Fire-Rescue employees are trained to the Hazardous Materials Operations Level Only.
- In the event of a hazardous materials call that requires technician level responders, Maine Emergency Management Agency will be notified in conjunction with York County Emergency Management Agency, to deploy the most suitable hazardous materials team available.
  - Buxton Fire-Rescue is equipped to identify, evacuate and secure a technician level event until appropriate teams are in place.

Special Rescue Situations: May include below grade and confined spaces where the OIC cannot ensure the quality of the atmosphere. In these cases, employees shall utilize SCBA. Engineering controls such as ventilation may be used provided constant monitoring can ensure with certainty the quality of the atmosphere in the rescue environment.

- If an emergent entry to a confined space is required to make a rescue of a viable victim, use of SCBA is required. Buxton Fire-Rescue does not train or act as a confined space rescue team.

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- In the event of a permit required confined space rescue situation, Buxton Fire-Rescue will request assistance from Gorham Fire Rescue Department, through a signed Mutual Aid Agreement. Gorham has a trained and equipped confined space rescue team.
- Buxton Fire-Rescue's SOG covering confined space rescue, [SOG HR.LF.1.1 -- Confined Space Rescue Operations](#), can be found in the department Policy/SOG binder.

Airborne Pathogens: Scott AV 3000 HT face piece with cartridge particulate filter may be indicated in rescue situations where airborne pathogens are present.

- The current risk assessment determined that Buxton Fire-Rescue is a *"setting in which patients with suspected or confirmed TB disease are not expected to be encountered."* Persons with suspected or confirmed infectious TB disease who are transported in an ambulance should wear a surgical or procedure mask, if possible, and drivers, Healthcare Workers, and other staff who are transporting the patient might consider wearing a respirator. The ambulance ventilation system should be operated in a nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution.

Other Respiratory Hazards: Nothing in this policy is intended to restrict the OIC from requiring employees to use SCBA when he/she suspects a potential respiratory hazard. OICs are encouraged to adequately size-up each situation and to consider the safety of the employee when making decisions regarding SCBA use.

#### Updating the Hazard Assessment:

The Program Administrator shall revise and update the hazard assessment annually and as needed (i.e. any time through new technology or new processes, any changes occur that may affect the atmosphere in the working environment that may potentially affect employee exposure).

Immediate updates to the Hazard Assessment will be seen in the departments Hazard Assessment, [A.P.11.1 Hazard Assessment for Personal Protective Equipment](#).

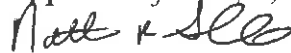
#### Program Flow:

Employees must complete the following tasks (in order) prior to using a respirator:

1. Complete medical evaluation
2. Receive follow up from medical professional regarding the need for full physical exam, or for immediate use of respirator
3. Fit Testing for applicable sized Scott AV 3000 HT face piece
4. Training with specific respirator
5. Unrestricted use for training, calls, etc.

#### Medical Evaluation:

Employees who are required to wear respirator must pass a medical evaluation before being permitted to wear a respirator. Employees are not permitted to wear a respirator until a Medical professional has determined that they are medically able to do so. Any employee refusing a medical evaluation will not be allowed to use or work in an area requiring use of a respirator.



Based on the current risk assessment of LOW, employees with potential occupational exposure to M. Tuberculosis infection shall be screened using one BAMT or 2 Step TST upon hire and upon unprotected exposure to M. Tuberculosis.

A licensed Medical professional will provide the medical evaluation. Medical evaluation procedures are as follows:

1. To the extent feasible, the Buxton Fire-Rescue will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the Medical professional for medical evaluation.
2. All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the Chiefs Office, where groups of questionnaires will be collected and either mailed or delivered to the Departments Occupational Health Provider. Employees will be compensated for completing the questionnaire.
3. Follow up medical evaluations will be provided to employees as required by this standard, or as required by the Medical professional.
4. All employees will be granted the opportunity to speak with the Medical professional about their medical evaluation, if they so request.

After an employee has received clearance and begun to wear a respirator, additional medical evaluations will be provided under the following circumstances and as directed by a medical professional:

- An employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- The Medical professional or supervisor informs the Program Administrator that the employee needs to be reevaluated.
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
- A change occurs in the workplace, which may result in an increased physiological burden on the employee.

All examinations, evaluations and questionnaires are to remain confidential between the employee and the Medical professional.

### **Fit Testing:**

Fit Testing is required for all employees wearing a respirator and will be conducted in accordance with the following schedule:

- Prior to being allowed to wear a respirator.
- Required annually.
- When there are changes in the employee's physical condition that could affect respirator fit (obvious changes in body weight, facial scarring, etc.).
- Quantitative testing with a PortaCount machine or other like testing unit (SCBA and face piece, or face piece and cartridge particulate filter).

Employees will be fit tested with the make, model, and size of the respirators that they will use.

*Matt R. Lee*

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**Respirator Use:**

Respirator use is required for all employees engaged in the following activities:

- Structural firefighting
- Hazardous materials incidents
- Vehicle fires
- Dumpster fires
- Carbon monoxide emergencies
- Emergency medical incidents where a suspected or known airborne illness exists
- Special rescue situations
- Any incident that a respiratory hazard exists or has the potential to exist, or as the OIC requires

**General Use Procedures:**

Employees will use respirators under conditions specified by this program, in accordance with the [Administrative Policy 11.1 Hazard Assessment for Personal Protective Equipment](#), and in accordance with training received on the use of SCBA or SCBA face piece with cartridge particulate filter. 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 'User Seal Checks' each time that they wear their respirator. Employees shall use either positive or negative pressure check (depending on which test works best for them).

Employees who detect operational problems with, or experience failure of the respirator shall immediately notify their supervisor, sound their PASS Alarm, and leave the hazardous environment with their partner. If failure is determined prior to entry to the IDLH atmosphere, the respirator must be placed out of service so that no other employee will use the respirator.

Employees are not permitted to wear any jewelry, ear protection, eyeglasses, or protective hoods in a manner that may interfere with the face-to-face piece seal. Facial hair or any other hairstyle may not interfere with the face-to-face piece seal.

**Interior Structural Firefighting-**

Employees engaged in Interior Structural Firefighting shall:

- Use SCBA for all fires that pose an IDLH Atmosphere.
- Continue to use SCBA until the completion of 'Overhaul' and air monitoring to determine that an IDLH atmosphere does not exist.
- Work in a minimum of pairs and maintain voice or visual contact with members of the team.
- Be supported by, two standby members who are available for immediate rescue of interior firefighters. Each standby member shall be dressed in full-protective clothing and SCBA. The function of one of the standby members shall be the accountability of the firefighters inside the building. The other standby member may assume other duties including OIC or Pump Operator provided this individual is able to perform rescue assistance without jeopardizing the safety or health of any firefighter working at the incident (2 in – 2 out).



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Nothing herein shall prohibit the OIC from establishing a Rapid Intervention Team (RIT) to replace the two firefighters outside.

In the event the OIC determines the need to perform emergency rescue activities upon arrival before the assembly of the entire team when there is a known rescue, the OIC must:

- Notify dispatch of entry without the two standby members.
- Enter with or without a charged hand line, perform the emergent rescue, and immediately leave the structure.
- After the incident, document in writing, to the chief, a detailed explanation regarding the deviation of policy.

#### Use other than Interior Structural Firefighting-

For incidents requiring SCBA use other than for interior structural firefighting, employees shall use SCBA whenever they may be exposed to environments which may become IDLH or a respiratory hazard exists, or as directed by the OIC.

During incidents involving airborne illness, where known or suspected, employees shall utilize an SCBA face piece and canister particulate filter, to protect themselves from spread of the illness.

#### Cleaning, Maintenance, and Storage

SCBA Respirators are to be cleaned and disinfected after each use. The cleaning procedure is as follows:

- Disassemble SCBA, removing cylinder, and mask.
- Clean the back frame with water and mild detergent. Do not submerge the backpack frame assembly or any parts of the assembly including the regulator, pass device, or hose connections.
- Wash the face piece with 70 % Isopropyl Alcohol wipes, or 70% Isopropyl Alcohol spray solution with a clean towel. If mass decontamination is needed spray the mask with water only and allow to dry either passively or with a pressurized airline. Once dried finish cleaning with 70% Isopropyl Alcohol.
- Reassemble the SCBA, replace any defective parts, and test the function.
- Place back on the apparatus, masks and regulators are to be stored in a bag, or within an enclosed cab. If the facepieces are still damp leave them outside of the bag until dry.

If using an SCBA face piece in conjunction with canister filters, while working in an environment with airborne particulate contaminants, dispose of the particulate filters after one use, and replace the filters in the apparatus. The mask cleaning should follow the same steps as outlined above.

Field cleaning of respirators is to be done using 70% Isopropyl Alcohol wipes. There will be no sharing of respirator masks in the field without proper field cleaning.

The Program Administrator will ensure an adequate supply of cleaning and disinfecting material at the fire station, as well as field cleaning material. If supplies are low, employees should notify their supervisor who will in turn notify the Program Administrator.

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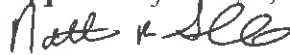
Maintenance

SCBA are to be properly maintained at all times in order to ensure that they function properly and adequately to protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer, except by those trained by the manufacturer to do such repairs. Repairs beyond the scope of our trained repair personnel will be conducted by the manufacturer or their designee.

The following items are to be checked, after each use and monthly. The findings of these checks are to be properly recorded in the SCBA Maintenance Log:

- Face piece:
  - Cracks, tears or holes
  - Face piece distortion
  - Cracked, loose, or damaged lens
- Head straps:
  - Breaks or tears
  - Broken buckles
- Valves:
  - Residue or dirt inside the valve(s)
  - Damage to valve or valve material
- Gauges, Regulators & Air Lines:
  - Damage to or inaccuracy of regulators
  - Leaks
- PASS Alarm:
  - Operation
  - Battery condition
- Body Harness:
  - Tears, rips, fraying or otherwise damaged straps
  - Broken buckles
- Cylinder:
  - Air supply full, or meeting the requirements of NFPA Standard
  - Hydrostatic test date
  - General cylinder condition

SCBA's that are defective, or that have defective parts, shall be taken out of service immediately. If, during an inspection or during use, an employee discovers an SCBA with a defect he/she is to bring the defect to the attention of his/her supervisor. Mark/tag all defective SCBAs out of service, with an out of service tag, and enter a work order in the work order program (Emergency Reporting), so the report can be sent to the Program Administrator. The Program Administrator will make repair arrangements with the SCBA vendor prior to putting the SCBA back in-service.



When a respirator is taken out of service, it will be appropriately tagged indicating the problems, and stored in the SCBA maintenance room until it can be repaired or sent out for service.

### Storage

Storage of SCBA shall be in their designated place on the apparatus. Masks and regulators shall be stored in plastic or nylon bags, or enclosed apparatus cabs/compartments, to prevent exposure to dirt and/or contaminants.

Spare SCBAs shall be stored in a designated location in fire stations.

### Training

Annually, each employee shall attend and successfully complete, SCBA training that is based on current NFPA Standards and current CDC Guidelines. Training will be knowledge based and hands-on. Training will include:

- The need for respirator use, and how improper fit, usage, or maintenance can compromise the protective effectiveness of the SCBA.
- Limitations and capabilities of the SCBA.
- How to effectively use SCBA.
- How to inspect, don, doff, use, and perform proper seal checks.
- Procedures for maintenance, field cleaning, and storage.
- How to recognize medical symptoms that may compromise the safety of the wearer.
- How to recognize the respiratory hazards that require the use of respirator.
- Signs and symptoms of TB Disease
- M. Tuberculosis transmission
- Infection control policies
- Importance of TB Screening for Healthcare Workers
- Responsibilities of employers and employees regarding M. Tuberculosis infection test conversion and diagnosis of TB Disease

### Program Evaluation

The Program Administrator shall annually, and as needed, evaluate the respiratory protection program to ensure:

- Current written programs are being effective and properly implemented.
- Employees are properly using SCBA, and the Program continues to be effective.

### Record Keeping

The Program Administrator shall keep and maintain all documentation in the areas of:

- Medical Evaluations [Medical professional recommendation only]
- Fit Testing
- Training

**Subject:** Respiratory Protection Standard

**Date Approved:** January 1, 2000

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Licensed Healthcare Professional

Concentra is the contracted healthcare provider to administer the Department's Exposure Control Program, Respiratory Protection Plan, as well as providing emergent/non-emergency medical care for a workplace injury, illness, or exposure.

Concentra Medical Care  
85 Western Avenue  
South Portland, Maine 04106  
Phone: (207) 774-7751  
After hours phone: (207) 774-7751

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**APPENDIX A:**

Buxton Fire -Rescue TB Risk Assessment – June 11, 2018

|  |  |
|--|--|
| <b>Nontraditional facility-based settings</b>  |  |
| How many TB patients are encountered at your setting in 1 year?  | Previous year <u>0</u><br>5 years ago <u>0</u> |
| Does evidence exist that a high incidence of TB disease has been observed in the community that the setting serves?  | Yes      X No                                  |
| Does evidence exist of person-to-person transmission of M. tuberculosis in the setting?  | Yes      X No                                  |
| Have any recent TST or BAMT conversions occurred among staff or clients?   | Yes      X No                                  |
| Is there a high incidence of immunocompromised patients or HCWs in the setting?  | Yes      X No                                  |
| Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?   | Yes      X No                                  |
| When was the first time a risk classification was done for your setting?   |  |
| Considering the items above, would your setting require a higher risk classification?  | Yes      X No                                  |
| Does your setting have a plan for the triage of patients with suspected or confirmed TB disease?   | X Yes      No                                  |
| Depending on the number of patients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting? | <b>Low risk</b>                                |

Completed by: Michael J. Mirisola BSN RN CEN CPEN EMTP  
Designated Infection Control Officer

Reference: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/tuberculosis/documents/CASERATES13-17.pdf>

*Matt & Sle*

MAINE CDC DATA FOR 2017

STATE WIDE DOCUMENTED CASES .....14  
YORK COUNTY DOCUMENTED CASES.....1  
TRANSPORTED BY BUXTON FIRE-RESCUE.....0

MAINE CDC DATA FOR THE PAST 5 YEARS

STATE WIDE DOCUMENTED CASES .....84  
YORK COUNTY DOCUMENTED CASES.....9  
TRANSPORTED BY BUXTON FIRE-RESCUE.....0