

NORFOLK VOLUNTEER FIRE DEPARTMENT, INC

119 YEARS OF SERVICE JULY 1902 - JULY 2021



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Self Contained Breathing Apparatus (SCBAs) & Respiratory Protection Program

Per OSHA Respiratory Protection Standard (29 C.F.R. 1910.134) – "In any workplace where respirators/SCBAs are necessary to protect the health of the employee or whenever respirators/SCBAs are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator/SCBA use

The purpose of this program is to assure that all personnel are prepared to perform emergency operations while maintaining the highest degree of personal safety for all members operating in an IDLH atmosphere.

The use of self-contained breathing apparatus (SCBA) and respirators is an essential part of the complete personal protective equipment provided for each interior member of this department.

FIT Testing will be performed annually by every interior member. Members not having a current FIT test on file will not be allowed to utilize the SCBA.

All personnel are expected to use the SCBA whenever the need for respiratory protection is needed. This shall include any atmosphere that is contaminated with smoke, gases or other byproducts of combustion or any atmosphere that contains any known contaminants not normally present in clean air (any IDLH atmosphere).

Each member is responsible for restoring to service the SCBA they used during an emergency. This shall include replacing the cylinder with a full cylinder, cleaning of the face piece and harness, testing the unit for proper operation and storing the SCBA back in its assigned position on the apparatus.

Any problems with an SCBA or respirator shall be immediately reported to the officer in charge and be tagged as "OUT OF SERVICE" and removed from service immediately.

All firefighters at a fire scene or any incident requiring the use of an SCBA will have on a PASS device and it will be in operation.

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<u>1.</u> <u>Purpose</u>

The Norfolk Volunteer Fire Department has determined that certain employees in our facility may become exposed to IDLH Atmospheres and/or airborne transmissible diseases, such as COVID-19. The purpose of this Respiratory Protection Program is to ensure that all members are protected from exposure to IDLH situations and these airborne transmissible diseases through appropriate use of respiratory protection. Engineering and administrative controls are also used to protect employees; however, these controls are not always feasible. In these situations, respirator use may be needed.

2. <u>Scope and Application</u>

This Program applies to all employees who are required to wear respirators when performing their job duties. It also applies to employees who wish to voluntarily wear a respirator, except for those employees who voluntarily choose to wear a filtering facepiece respirator ("FFR").

3. <u>Responsibilities</u>

a. Program Administrator (Fire Chief and/or their designee)

The Fire Chief and/or their designee is responsible for administering the Respiratory Protection Program. Responsibilities of the Program Administrator include:

- Identifying situations requiring a mandatory use of respirators.
- Selection of respiratory protection options that meet guidelines for the situation.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage, cleaning, inspections, and maintenance of respiratory stock and testing equipment.
- Ensuring the conduct of fit testing.
- Administering the medical evaluation and surveillance program.
- Maintaining records required by the Program.
- Evaluating the Program.
- Updating the Program, as needed.

The Fire Chief and/or their designee (Chief: Matthew J. Ludwig) and can be contacted at (860-307-8143 norfolkfirect@gmail.com)

b. Supervisor (All NVFD Line Officers)

Supervisors 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 firefighters/responders.

Responsibilities of the supervisor include:

- Ensuring that employees under their supervision (including new members) have received appropriate training, and annual medical evaluation and fit test if duties involve use of a respirator or SCBA.
- Ensuring the availability of appropriate respirators.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, inspected, and stored according to the Respiratory Protection Program.
- Ensuring that respirators fit well and do not cause discomfort.
- Coordinating with the Program Administrator on how to address hazards or other concerns regarding the Program.

c. Interior Firefighters

Interior Firefighters have the responsibility to:

- Wear their respirators when and where required and in the manner in which they were trained for donning and doffing.
- Care for and maintain their respirators as instructed, and store them in a clean, sanitary location when reuse protocols are in effect.
- Inform their supervisor if the respirator no longer fits and request a new one.
- Inform their supervisor or the Program Administrator of any respiratory hazards they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the Program.
- Inform their supervisor of need for a medical re-evaluation.

4. Program Elements

a. Hazard Assessment and Respirator Selection

The Fire Chief and/or his designee will select respirators/SCBAs to be used based on the airborne transmissible disease and or hazards to which employees are exposed and in accordance with all applicable OSHA standards. The Fire Chief and/or his designee will conduct a hazard evaluation and document the evaluation. The hazard evaluation will involve a review of job tasks to determine where potential exposures may occur with employees.

The Fire Chief and/or his designee will revise and update the hazard assessment as needed. If an employee feels that respiratory protection is needed during a particular activity, he/she is to contact his or her Line Officer or the Fire Chief. The Fire Chief and/or his designee will then:

- Evaluate the potential hazard, arranging for outside evaluation as necessary.
- Communicate the results of that assessment back to the employees.
- If it is determined that respiratory protection is necessary, all other elements of this Program will be in effect for those tasks, and this Program will be updated accordingly.

c. Medical Evaluation

Members who are either required to wear respirators/SCBAs or choose to do so and are covered by this Program, must pass a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators, as covered by this Program, until cleared to do so by a physician or licensed healthcare professional ("PLHCP").

Any employee who refuses the medical evaluation will not be allowed to work in a position requiring respirator use. All affected employees will be given a copy of the medical questionnaire to complete.

The PLHCP will provide the medical evaluations. Medical evaluation procedures are as follows:

- The evaluation will be conducted using the questionnaire provided in Appendix C of OSHA's Respiratory Protection Standard: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC.
- The Fire Chief and/or his designee or assigned PLHCP will provide a copy of this questionnaire to all employees requiring medical evaluations. The PLHCP should be present during the completion of the questionnaire or the employee should be given an opportunity to place it in a sealable envelope with PLHCP identification. The Fire Chief and/or his designee will ensure the medical evaluations are given to the PLHCP.
- To the extent feasible, the Norfolk Volunteer Fire Department 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 PLHCP for medical evaluation.

Members will:

- Be permitted to fill out the questionnaire on Company time.
- Be granted follow-up medical examinations as required by the Respiratory Protection Standard, and/or as deemed necessary by the PLHCP.
- Be granted the opportunity to speak with a PLHCP about their medical evaluation, if they so request.
- If a PLHCP needs to be consulted, they will be provided with the following information:
 - o A copy of this Program, and a copy of the Respiratory Protection Standard.
 - o List of infectious diseases or hazards the member may come into contact with during the course of their job duties.
 - o The members title.
 - o Proposed respirator type and length of time required to wear the respirator.
 - o Expected physical workload (light, moderate, or heavy), potential temperature and humidity extremes.
 - o Any additional protective clothing required (Ie Firefighter PPE).

After an member has received clearance and begun to wear his or her respirator/SCBA, additional medical evaluations will be provided if:

- The employee reports signs and/or symptoms related to their use of a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- The PLHCP or Line Officer informs the Fire Chief and/or his designee that the employee needs to be re-evaluated. An example where the PLHCP or members officer may request a medical re-evaluation is if there has been a change in job activities that may result in an increased physiological burden on the member.
- Information from this Program, including observations made during fit testing and program evaluation, indicates a need for re-evaluation.

Employees who are required to wear tight-fitting respirators will be fit tested:

- Prior to being allowed to wear any tight-fitting respirator;
- Annually; and
- When there are changes in the employee's physical condition that could affect respirator fit (e.g., obvious change in body weight, facial scarring, etc.).

Employees will be fit tested with the make, model, and size of SCBA mask/respirator that they will actually wear.

The Fire Chief and/or his designee will ensure fit tests are conducted in accordance with any appropriate and OSHA-approved protocol from Appendix A of the Respiratory Protection Standard: <u>https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA</u>.

e. Respirator Use - Responsibilities for Members

All members wearing an SCBA/respirator are responsible for and agree to:

- Use respirators under conditions specified by this Program, and in accordance with their training. The respirator must not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- Conduct user seal checks each time the respirator is worn, in accordance with the Respiratory Protection Standard:

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB1.

- Not wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal.
- Not wear headphones, jewelry, or other articles that may interfere with the seal.

f. Emergency Procedures (respirator malfunction)

For any malfunction of an SCBA, N95, or similar respirator (e.g., breakthrough, facepiece leakage, or improperly working valve in valve models), the respirator wearer must inform his or her supervisor that the respirator no longer functions, go to a designated safe area (away from the IDLH atmosphere or resident care areas), and follow proper decontamination procedures to maintain the respirator. The supervisor must ensure the members respirator is repaired or is provided with a new respirator.

g. Cleaning, Maintenance, and Training

Cleaning – When respirators are authorized to be reused, care must be taken. Transmission from contact with a contaminated respirator can be reduced by not reusing respirators known to be contaminated (i.e., having come in contact with infected bodily fluid). Members should consider use of a face shield over the respirator to reduce surface contamination, clean and sanitize hands before putting on and after taking off the respirator, and use clean gloves when putting a respirator on and performing the seal check. All employees shall follow the applicable cleaning procedures set forth in the Respiratory Protection Standard: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB2.

Maintenance

- Respirators are to be properly maintained at all times to ensure that they function properly and adequately 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. The following checklist will be used when inspecting respirators:
 - o Facepiece:
 - § cracks, tears, or holes
 - § facemask distortion
 - § cracked or loose lenses/faceshield
 - o Valves:
 - § Residue or dirt
 - § Cracks or tears in valve material
 - o Headstraps:
 - § breaks or tears
 - § broken buckles
 - o Filters/Cartridges:
 - § approval designation
 - § gaskets
 - § cracks or dents in housing
 - § proper cartridge for hazard
- Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations in original manufacturer's packaging.
- Respirators that are damaged, crushed, and defective or have defective parts, must be taken out of service immediately and presented to the Fire Chief and/or his designee for evaluation.
- If, during an inspection, an employee discovers a defect in a respirator, it should be brought to the attention of a Line officer.
- Line officers will give all defective respirators to the Fire Chief and/or his designee. The Fire Chief and/or his designee will decide whether to take the respirator out of service until it can be repaired; perform a simple fix on the spot such as replacing a head strap; or dispose of the respirator due to an irreparable problem or defect. When a respirator is taken out of service, it must not be reused, and the member must be given a replacement of the same make, model, and size. If the member is not given a replacement of the same make, model and size, then the member must be fit tested for a new make, model, and size available before being allowed to use the respirator in a care situation.

Training

The Fire Chief and/or his designee will provide training to respirator users and their Line officers on the Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard.

- Members will be trained prior to using a respirator in the workplace.
- The training must be comprehensive and understandable, and must recur annually, and more often if necessary.
- As with any member, Line Officers must be trained prior to using an SCBA/respirator in the workplace; they also should be trained prior to supervising members who must wear respirators if the supervisors themselves do not use a respirator.
- Supervisors will ensure that each employee using a respirator can demonstrate knowledge of at least the following:

o Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.

o What the limitations and capabilities of the respirator are.

o How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.

- o How to inspect, put on and remove, use, and check the seals of the respirator.
- o What the procedures are for maintenance and storage of the respirator.
- o How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- o The general requirements of the Respiratory Protection Standard.

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

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

5. <u>Program Evaluation</u>

The Fire Chief and/or their designee will conduct periodic evaluations of the workplace to ensure that the provisions of this Program are being implemented and employee training is documented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, and a review of records. Program evaluations should include documentation of discussion points with employees. Problems identified will be noted and corrected by the Fire Chief and/or their designee .

6. Documentation and Recordkeeping

The following documentation and recordkeeping will be maintained:

• A written copy of this Program and the Respiratory Protection Standard is kept in the Fire Chiefs office and is available to all employees who wish to review it.

- Copies of training materials will be maintained in the Fire Chiefs office.
- Copies of fit test records will be maintained in the Fire Chiefs office.

• Records will be updated as new employees are trained and as existing

employees receive refresher training.

• Medical evaluation and examination records. The Fire Chief will maintain copies of medical evaluation and examination records for all employees covered under the Program. These records will be treated as confidential and will remain with the Fire Chief in a locked and secure location with limited access.

7. Definitions:

Immediately dangerous to life or health (IDLH) means an atmospheric concentration of any toxic, corrosive or asphyxiant substance that poses an immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous atmosphere.