

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0350.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 6

**Subject** Respiratory Protection Program Overview

**Approved:**

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### 1.0 General:

In providing response to emergency incidents, firefighters are often exposed to environments that may contain substances that are harmful to human health. Some contaminants at an emergency incident, under specific circumstances, may prove fatal if inhaled. In addition, during medical emergencies, firefighting personnel may be exposed to atmospheres that contain airborne particulates that increase the potential for the transmission of disease between the patient and the firefighter. It is imperative that the fire district provide proper protection from such exposures. It is equally imperative that fire district personnel comply with the provisions established to protect their personal health and the health of patients served.

Recognizing that such conditions may exist, North Whatcom Fire and Rescue hereby establishes a respiratory protection program that is an adopted element of the firefighter safety program.

### 2.0 Purpose:

It is the purpose of this policy to provide an overview of the district's respiratory protection program to minimize exposure to known respiratory risks. Fire district policies that identify various elements of the respiratory protection program include:

Policy 400.350	Respiratory Protection Program Overview
Policy 400.351	Respiratory Medical Evaluations
Policy 400.352	Self-Contained Breathing Apparatus Mask Fit Testing
Policy 400.353	Self-Contained Breathing Apparatus Training, Use, and Inspection
Policy 400.354	Self-Contained Breathing Apparatus Maintenance
Policy 400.355	High Efficiency Particulate Air (HEPA) Respirators
Policy 400.356	High Efficiency Particulate Air Respirator Fit Testing
Policy 400.357	Respiratory Equipment Cleaning
Policy 400.358	Maintenance of Respiratory Equipment Records
Policy 400.359	Respiratory Program Evaluation
Policy 400.3510	Quarterly Testing of Breathing Air

### 3.0 Scope:

This policy applies to all fire district members who are exposed to, or have the potential for being exposed to, a hazardous or infectious atmosphere and/or to those fire district members who wear any form of respirator while on-duty with the fire district.

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

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### 4.0 Policy:

4.0.1 North Whatcom Fire and Rescue, recognizing that firefighter response personnel may be exposed to hazardous and/or infectious environments, will establish a Fire District Respiratory Program to protect the health of all fire district employees.

4.0.2 All members of North Whatcom Fire and Rescue who may be exposed to any hazardous and/or infectious atmosphere will comply with the policies and procedures contained in the Fire District Respiratory Protection Program.

### 4.1 Definitions:

Breathing Zone: Air that most nearly represents that inhaled by a respirator user, and generally within three (3) feet of the facepiece.

Facepiece: The component of the respirator that covers the wearer's nose, mouth, and eyes. It is designed to make a gas-tight fit with the face and includes the headbands, exhalation valve(s), and connections for an air-purifying device or respirable gas source, or both.

Fit Check: A test conducted by the wearer to determine if the respirator is properly sealed to the face.

Fit Test: The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 400.352.00 Appendix A: "Fit Test Procedure."

Hazardous Atmosphere: Any atmosphere, either immediately or not immediately dangerous to life, which is oxygen deficient and/or which may contain a toxic or disease-producing contaminant.

High-Efficiency Particulate Air (HEPA) Filter: A filter that removes from air 99.97% or more of monodisperse dioctyl phthalate (DOP) particles having a mean particle diameter of 0.3 microns.

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.

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

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Odor Threshold Limit: The lowest concentration of contaminant in air that can be detected by the olfactory sense (smell).

Oxygen Deficient Atmosphere: An atmosphere with an oxygen content below 19.5% by volume, or has a partial pressure of 148 millimeters of mercury or less.

Positive Pressure Respirator: A respirator in which the air pressure inside the respiratory-inlet covering exceeds the ambient air pressure outside the respirator.

Qualitative Fit Test: A pass/fail fit test that relies on the individual's response to the test agent to assess the adequacy of respirator fit for an individual.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. At North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

### 4.2 Policy Statements

- 4.2.1 The Fire District shall provide respirators, when necessary, to protect the health of all members against recognized respiratory hazards including an excess of the permissible exposure limits or the potential for exposure to airborne particles that could cause infection and/or disease.
- 4.2.2 The Fire District shall only provide respirators that are NIOSH-approved and that are suitable for the purpose intended.
- 4.2.3 All members who are required to wear any type of respirator shall comply with the policies and operating procedures of the Respiratory Protection Program. Members shall maintain proficiency in the care and use of all respirators to be used within the fire district. Failure of a member to abide by the policies and standard operating procedures identified in the Respiratory Protection Program may result in disciplinary actions to include termination.
- 4.2.4 The District Fire Chief shall determine whether or not a member may be assigned to a task requiring the use of a respirator. The fire district approved Physician or other Licensed Health Care Professional (PLHCP) will assist the District Fire

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

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Chief in identifying a member's ability to wear a respirator. The District Fire Chief will annually evaluate a member's medical status and ability to wear a respirator as part of the annual fit testing requirement.

4.2.5 The District Fire Chief shall be responsible for the supervision and administration of the Respiratory Protection Program. The District Fire Chief shall have the full authority to act on any and all matters relating to the administration and operation of the respiratory protection program, including, but not limited to:

- Identifying job descriptions which require the use of respiratory protection equipment in the course of performing the duties and responsibilities of the job description.
- Identifying all personnel that are qualified and authorized to wear respiratory protection equipment in the course of performing their duties and responsibilities.
- Assuring that members/employees identified in this program comply with all provisions and conditions of the respiratory protection policy and standard operating procedure which includes medical surveillance, fit testing, respiratory use training, respiratory equipment inspection and maintenance.
- The overall implementation of the respiratory protection program.
- Assuring that all fire district respirators in use are thoroughly inspected in accordance with the manufacturer's recommended inspection procedures.
- Assuring that all fire district respirators in use are maintained in accordance with the manufacturer's maintenance directives and that all annual testing is performed.
- Assuring that written records are maintained for all respirators being used by the fire district for all inspections, testing, maintenance, and repairs.
- Assuring that all respirators are thoroughly inspected and cleaned at least once each week and after each use. Such inspections and cleaning will be recorded on a written record.
- Assuring that the respiratory protection program is adhered to by all employees/members who wear a respirator.
- Assuring that the respiratory protection program is reviewed annually in order to evaluate its effectiveness.

4.2.6 The Division Chief of Training shall be responsible for supervising the completion of annual respirator qualitative testing. The Division Chief of Training may delegate the annual fit testing tasks to a subordinate officer provided that the subordinate officer is trained and qualified to administer the test, and that written documentation of the testing is maintained.

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

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- 4.2.7 The Division Chief of Technical Services shall be responsible for the purchase and procurement, assignment, major maintenance, repair and documentation of all self-contained breathing apparatus in use by the fire district. In addition, the Division Chief of Technical Services will be responsible for quarterly air quality testing, and maintenance and repair of fire district fixed air refill stations and mobile air units.
- 4.2.8 The Division Chief of Training shall be responsible for training all fire district members who wear a respirator. The actual training of fire district personnel in the care and use of respirators may be delegated to additional/other instructors provided that the individual presenting the instruction is trained and qualified to provide such training, and that written records of all such training are maintained.
- 4.2.9 The Division Chief of Training shall be responsible for administering the annual screening process to all members who wear a respirator.
- 4.2.10 The Division Chief of Training shall be responsible for ensuring that an annual written test is administered and completed by all members who wear self-contained breathing apparatus. Such written testing shall evaluate each member's knowledge of the self-contained breathing apparatus currently being used by the fire district, operational procedures, safety procedures associated with SCBA care and use, and the appropriate fire district policies and procedures regarding care and use of self-contained breathing apparatus.
- 4.2.11 The Shift Captains, Shift Lieutenants and Volunteer Station Captains shall be responsible for the operational readiness and maintenance of all self-contained breathing apparatus and respirators assigned to their specific shift and/or station.
- 4.2.12 The Shift Captains, Shift Lieutenants and Volunteer Station Captains shall be responsible for immediately removing from service any respirator that is damaged, not working properly, or otherwise not operationally ready. In addition, the Shift Captains, Shift Lieutenants and Volunteer Station Captains shall notify the Division Chief of Technical Services of the removal from service and request repair.
- 4.2.13 The Shift Captains, Shift Lieutenants and Volunteer Station Captains shall be responsible for the replacement of air cylinders when air quantity is below 1800 psi. In addition, the Shift Captains, Shift Lieutenants and Volunteer Station Captains shall be responsible for verification of weekly inspections, and for the

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

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proper care and use of self-contained breathing apparatus and other respirators assigned to their station and personnel.

4.2.14 All Fire District Members shall protect self-contained breathing apparatus from damage. Members shall be responsible for the replacement of air tanks and maintaining their issued SCBA facepiece in a sanitary and operational condition. Members shall be responsible for reporting any damage to a respirator or damage to their assigned equipment to their immediately superior officer.

4.2.15 All Fire District Members, when performing weekly apparatus checks, shall inspect all of the self-contained breathing apparatus assigned to that apparatus as well as all other SCBA's assigned to that station. Inspections will occur in accordance with the provisions outlined in Policy 400.353.01 "Self-Contained Breathing Apparatus Training, Use and Inspection". Fire district members shall document such inspections on the weekly inspection report.

### **5.0 Control Mechanisms:**

5.1 All fire district members shall maintain proficiency in the care and use of respirators as defined by the Fire District Respiratory Protection Program policies and procedures. Firefighter personnel and their supervisors who fail to adhere to the policies and procedures contained in these Respiratory Protection Program policies and procedures that have been established for their personal safety, shall be considered in violation of WAC 296-305-01511 and violations may result in disciplinary action to include termination.

5.2 The District Fire Chief shall be responsible for reviewing the Respiratory Protection Program policies and procedures whenever necessary, but in no instance shall such review be less than annually.

### **6.0 References:**

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue  
Date: \_\_\_\_\_

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**Cancels:** 0400.0350.00 Respiratory Protection Overview

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

**Number:** 400.351.00 (Appendix D)

**Date:** 9/24/07

**Area:** Safety / Respiratory Protection

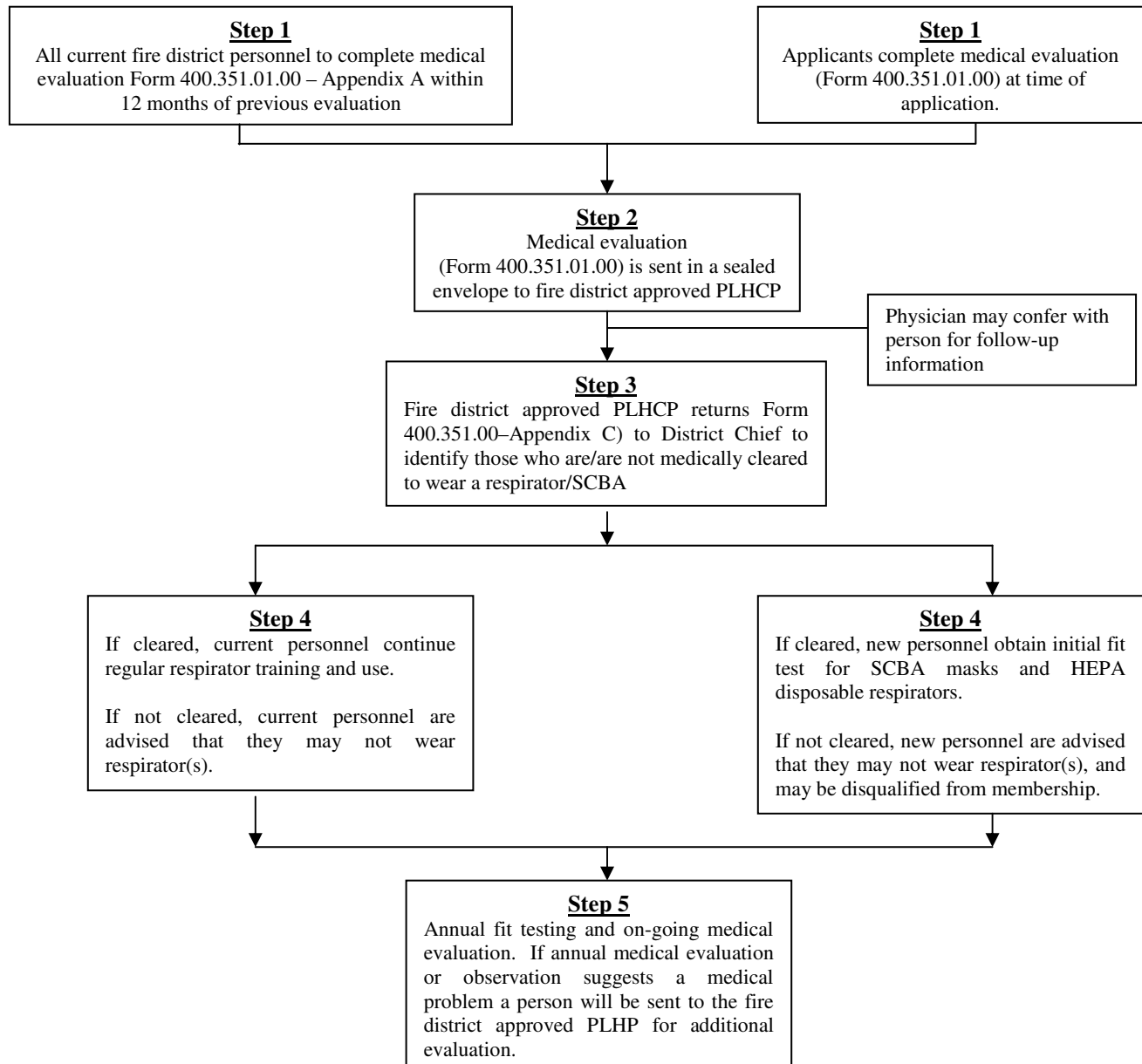
**Page:** 1 of 1

**Subject:** Medical Evaluations

**Approved:**

### Appendix D

#### Medical Evaluation Flow Chart



**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

**Number:** 400.351.00 (Appendix E)

**Date:** 9/24/07

**Area:** Safety/Respiratory Protection

**Page:** 1 of 3

**Subject:** Respiratory Protection Medical Evaluation Results

**Approved:**

### Appendix E

#### NORTH WHATCOM FIRE AND RESCUE RESPIRATORY PROTECTION MEDICAL EVALUATION RESULTS

Per WAC 296-305-04001 and WAC 296-62-07155

Examining Physician:

When the evaluation of Respiratory Protection Medical Evaluation Questionnaire is completed, please complete this form and mail to: Fire Chief, North Whatcom Fire and Rescue, 307 19<sup>th</sup> Street, Lynden, WA 98264 Thank you.

**Fire District Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last name , First name, MI)

**Position(s) for which members has been evaluated:**

- Structural Firefighter
- Support function at emergency scene
- Support function at fire station
- Medical aid provider

**Based on the information submitted by the fire district member on his/her Respiratory Protection medical Evaluation Questionnaire the above named person: (Circle one)**

1. Is medically cleared for work using a respirator under the conditions described for the above listed functions, without limitations.

**Type of respirator this individual is medically approved to use:**

- Self-contained breathing apparatus
- Disposable filtering facepiece (i.e. N-95)

2. Has a medical condition(s) which will not permit him/her to use a respirator.
3. Requires follow-up medical evaluation. The individual  may or  may not use a respirator in the meantime. The recommended schedule for follow-up medical evaluation is: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Cancels:**

**Revised:** 2/12/09

**Reviewed:**



# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 400.351.00 (Appendix E)

**Date:** 9/24/07

**Area:** Safety/Respiratory Protection

**Page:** 2 of 3

**Subject:** Respiratory Protection Medical Evaluation Results

**Approved:**

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**Member notification of test results.** I certify that the above named fire district member for whom his/her respiratory protection medical evaluation result is provided has received a copy of this recommendation.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire District Chief's Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*File in individual personnel record in accordance with WAC 296-305-04001*

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**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 400.351.00 (Appendix E)

**Date:** 9/24/07

**Area:** Safety/Respiratory Protection

**Page:** 3 of 3

**Subject:** Respiratory Protection Medical Evaluation Results

**Approved:**

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**Cancels:**

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**NORTH WHATCOM FIRE AND RESCUE  
RESPIRATORY PROTECTION MEDICAL EVALUATION RESULTS**

Per WAC 296-305-04001 and WAC 296-62-07155

Examining Physician:

When the evaluation of Respiratory Protection Medical Evaluation Questionnaire is completed, please complete this form and mail to: Fire Chief, North Whatcom Fire and Rescue, 4581 Birch Bay Lynden Rd, Blaine, WA 98230. Thank you.

**Fire District Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last name , First name, MI)

**Position(s) for which members has been evaluated:**

- Structural Firefighter
- Support function at emergency scene
- Support function at fire station
- Medical aid provider

**Based on the information submitted by the fire district member on his/her Respiratory Protection medical Evaluation Questionnaire the above named person: (Circle one)**

1. Is medically cleared for work using a respirator under the conditions described for the above listed functions, without limitations.

**Type of respirator this individual is medically approved to use:**

- Self-contained breathing apparatus
- Disposable filtering facepiece (i.e. N-95)

2. Has a medical condition(s) which will not permit him/her to use a respirator.

3. Requires follow-up medical evaluation. The individual  may or  may not use a respirator in the meantime. The recommended schedule for follow-up medical evaluation is: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Member notification of test results.** I certify that the above named fire district member for whom his/her respiratory protection medical evaluation result is provided has received a copy of this recommendation.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire District Chief's Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*File in individual personnel record in accordance with WAC 296-305-04001*

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

**Number:** 400.351.00 (Appendix F)

**Date:** 9/24/07

**Area:** Safety/Respiratory Protection

**Page:** 1 of 2

**Subject:** Respiratory Protection Annual Screening

**Approved:**

### Appendix F

#### NORTH WHATCOM FIRE AND RESCUE RESPIRATORY PROTECTION ANNUAL SCREENING

Per WAC 296-3005-04001 and WAC 296-62-07739

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

Date: \_\_\_\_\_

*If, at any time during the activity regimen an individual exhibits signs of shortness of breath, chest pain, excessive fatigue or similar factors that affect performance, the activity regimen shall be stopped and the individual referred to the District physician for medical evaluation.*

Baseline Vitals (Resting)

Taken by: \_\_\_\_\_

Time: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ / \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Respiratory rate: \_\_\_\_\_

The fire fighter shall don full protective clothing and a self-contained breathing apparatus and perform the follow activities.

#### Step 1.

- The fire fighter shall remove a 14-foot ladder from an engine, carry it 50 feet and raise it to the roof of a building.
- The firefighter shall pick up a fifty foot length of 2 ½ inch hose and place it on his/her shoulder.
- The fire fighter shall then climb up and down the ladder.
- The fire fighter shall lower the hose to the ground and then lower the ladder to the ground place it against the building.
- The fire fighter shall proceed to Step 2.

#### Step 2.

- The fire fighter shall pick up a ten (10) pound mall and simulating a chopping motion strike the end of a railroad tie until has been moved a horizontal distance of six feet.
- The fire fighter shall set the mall down and proceed to Step 3.

**Cancels:**

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# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 400.351.00 (Appendix F)

**Date:** 9/24/07

**Area:** Safety/Respiratory Protection

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**Subject:** Respiratory Protection Annual Screening

**Approved:**

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Step 3.

- The fire fighter shall pick up a charged (but not flowing) 100 foot, 1 ¾-inch hose line and advance it to its full length, then open the nozzle and momentarily flow water.
- The fire fighter shall set the hose down and proceed to Step 4.

Step 4.

- With a second person, the fire fighter shall carry a gas-powered fan from an engine 50 feet to the front door of a building.
- The fire fighter shall start the gas-powered fan.
- The fire fighter shall proceed to Step 5.

Step 5.

- The fire fighter shall remove the respirator and protective clothing (coat only).
- The fire fighter's heart rate, blood pressure and respiration rate shall be monitored and documented.

Post Screening Vitals

Taken by: \_\_\_\_\_

Time: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ / \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Respiratory rate: \_\_\_\_\_

Member's signature: \_\_\_\_\_

*File in individual personnel record in accordance with WAC 96-305-04001.*

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**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0351.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 4

**Subject:** Medical Evaluations

**Approved:**

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### 1.0 General:

North Whatcom Fire and Rescue recognizes the importance of respiratory protection in maintaining a safe work place for firefighter personnel as well as other members. It is essential that members who wear a respirator be evaluated as to their physical ability to wear and use any respirator currently in service and being used by the fire district. It is important that wearers of respirators do not have any unidentified medical condition that may compromise their personal health and/or safety and/or the safety of their fellow firefighters. Medical evaluations conducted in confidentiality by a fire district approved Physician or Licensed Health Care Professional (PLHCP) are crucial when determining a respirator user's ability to wear and use such equipment.

### 2.0 Purpose:

It is the purpose of this policy to identify the necessity for initial and an on-going medical evaluation for all members who wear any form of respirator. In addition, it is the purpose of this policy to identify the requirement for annual physical evaluations of any wearer of self-contained breathing apparatus to determine their physical ability to wear such a respirator.

### 3.0 Scope:

This policy applies to all fire district members who are exposed to or have the potential for being exposed to a hazardous atmosphere and/or to those individuals who wear any form of respirator while on-duty with the fire district.

### 4.0 Policy:

#### 4.1 Definitions:

*Annual Screening:* A physical activity regimen, as defined in this policy and associated standard operating procedures, that will identify any potential change in the member's medical condition that could effect his/her ability to wear a respirator.

*Medical Evaluation:* A medical assessment conducted by the fire district approved PLHCP based on information provided by the member to determine if a member has any physiological, psychological, or medical condition that would prevent that member from using a respirator.

*Medical Evaluation Result:* A confidential report from the fire district approved PLHCP to the Fire Chief that describes whether an individual may or may not use a respirator without limitations.

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**Cancels:** 0400.0351.00 Medical Evaluations

**Revised:**

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# North Whatcom Fire and Rescue

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**Number:** 0400.0351.01

**Date:** 2/12/09

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**Subject:** Medical Evaluations

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**Approved:**

Initial Screening: A medical evaluation performed by the fire district approved PLHCP prior to any member being “fit tested” for, issued, and/or required to wear any respirator.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

Respiratory Protection Medical Questionnaire: A confidential document approved by the fire district and the fire district approved PLHCP, which provides specific information to the physician or health care provider to assist in identifying a wearer’s physiological, psychological, and/or medical fitness to wear a respirator. The completion of the questionnaire does not constitute a complete medical evaluation.

Respiratory Protection Medical Questionnaire – Short Form: A confidential document approved by the fire district and the fire district approved PLHCP, which provides specific information to the physician or health care provider to assist in identifying a wearer’s continued physiological, psychological, and/or medical fitness to wear a respirator. The completion of the questionnaire does not constitute a complete medical evaluation.

Self-Contained Breathing Apparatus: An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user. At North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

### **4.2 Policy Statement / Medical Evaluation:**

- 4.2.1 All members who are required through their job description to wear a respirator or may become subject to an IDLH atmosphere shall complete an initial medical evaluation prior to becoming an approved member of the fire district. Further, it is the policy of the fire district that all members who are required by their job description to wear a respirator shall complete additional medical evaluations in accordance with Appendix B: “Medical Evaluation Flow Chart”.
- 4.2.2 All members who are required through their job description to wear a respirator shall complete an annual screening to determine if there are any potential changes in a member’s medical condition that could affect his/her ability to wear a respirator.
- 4.2.3 The Fire Chief shall identify those members who will be assigned to any tasks that require the use of a respirator. The guidelines and recommendations of the fire district approved PLHCP will be used in determining whether a member may wear a respirator.

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**Cancels:** 0400.0351.00 Medical Evaluations

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- 4.2.4 The Fire Chief shall review the respirator user's medical status annually to determine their suitability for wearing a respirator. Such review will occur during annual fit testing, but prior to the actual annual fit test itself.
- 4.2.5 All members who may wear a respirator shall complete one of the following which will be reviewed by the fire district approved PLHCP. The questionnaire shall be completed at a time and place that is convenient for each member.
- Appendix A: Respiratory Protection Medical Questionnaire – New Hire
  - Appendix B: Respiratory Protection Medical Questionnaire – Long Form
  - Appendix C: Respiratory Protection Medical Questionnaire – Short Form
- 4.2.6 Appendix A “Respiratory Protection Medical Questionnaire – New Hire” is to be completed by members that are new to the fire district. Appendix C “Respiratory Protection Medical Questionnaire – Short Form” may be completed when a “New Hire” or “Long Form” respiratory questionnaire has been completed within the last two years and the member can truthfully answer “No” to all of the questions. Appendix B “Respiratory Protection Medical Questionnaire – Long Form” must be completed at a minimum every three years and whenever a member cannot truthfully answer “No” to all questions in the “Short Form”.
- 4.2.7 The completed medical questionnaire shall be protected by the laws regarding patient/physician confidentiality, and shall not be viewed by any member of the fire district unless the affected individual and/or his/her physician agree in writing to release the contents of the questionnaire.
- 4.2.8 All members who are required to wear a respirator shall receive an initial medical evaluation by the fire district approved PLHCP and shall not wear or use any respirator prior to completing the medical evaluation. Under no circumstance shall a member wear, use or don a respirator until the results of the medical evaluation and the recommendations of the fire district approved PLHCP have been forwarded to the Fire Chief. Approval to wear a respirator shall be given in writing to the member before any use of a respirator occurs. The Fire Chief must approve the applicant as a member of the fire district before the member will be authorized to wear a respirator.
- NOTE: District members who have been previously authorized to wear respirators may continue to do so during the implementation of this policy and standard operating procedures.*
- 4.2.9 The fire district approved PLHCP shall submit to the Fire Chief Appendix E: “Respiratory Protection Medical Evaluation Results” as soon as practical after the medical evaluation has been completed.

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**Cancels:** 0400.0351.00 Medical Evaluations

**Revised:**

**Reviewed:**



# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0351.01

**Date:** 2/12/09

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4.2.10 All members who wear respirators shall participate in the annual screening process to identify potential changes in an individual's medical condition that could affect his/her ability to wear a respirator. The annual screening test will be administered in accordance with Appendix F: "Respiratory Protection Annual Screening".

4.2.11 All fire district personnel shall follow Appendix D: "Medical Evaluation Flow Chart" when obtaining respiratory use approval.

### 5.0 Control Mechanisms:

5.1 The Fire Chief shall be responsible for reviewing this policy and the district policies on an annual basis.

5.2 The District Training Officer shall be responsible for ensuring that all members who wear a respirator complete the annual screening process within thirteen (13) calendar months of the initial medical evaluation and/or the last annual screening.

5.3 A failure to complete the annual screening process within the specified time will result in the individual being restricted from responding to any incident where a contaminated atmosphere would require the use of self contained breathing apparatus.

### 6.0 References:

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0351.00 Medical Evaluations

**Revised:**

**Reviewed:**



# NORTH WHATCOM FIRE AND RESCUE

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## **0400.0351.01 – Appendix A Respiratory Protection Medical Questionnaire – New Hire**

**Ref. WAC 296-3005-04001 and WAC 296-62-07155**

You must complete this questionnaire, and the results must be received by the fire district, before you are eligible to participate in a fire district approved fit test and/or before you are authorized to wear a self-contained breathing apparatus face mask and/or other respirator device. You will be evaluated for your medical ability to wear a MSA Firehawk M7 4500 psi self-contained breathing apparatus with a forty-five minute (45) rated service duration, and disposable filtering facepiece respirators.

North Whatcom Fire and Rescue will allow you to complete this questionnaire at a time and place that is convenient for you. To maintain your confidentiality, no fire district personnel may look at your answers. The only information the fire district will receive from the fire district approved Physician or Licensed Healthcare Provider (PLHCP) is the evaluation results.

Once you have completed this questionnaire, seal it in the enclosed, stamped envelope and mail it to the fire district approved PLHCP as addressed on the envelope. The fire district approved PLHCP will review the questionnaire and make a recommendation regarding your ability to wear a respirator. He/she may contact you for additional information or to schedule a follow-up medical evaluation. If you have any questions, you can contact the fire district approved PLHCP.

Please complete all of the information requested to the best of your ability. If you have difficulty reading or understanding the questions, the fire district will ensure you are provided with an independent individual that will assist you with interpreting this questionnaire. Please print or type.

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*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

**Part A. Section 1**

1. Today's date: \_\_\_\_\_
2. Your full name: \_\_\_\_\_  
(Last Name, First Name, MI)
3. Your age: (to nearest year) \_\_\_\_\_
4. Your sex: \_\_\_\_\_
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your membership title:  
 New Applicant       Firefighter       EMS Provider Only  
 Lieutenant       Captain       Assistant Chief  
 Fire Chief
8. Telephone number where you can be reached by the healthcare provider who will review this questionnaire: \_\_\_\_\_
9. The best time to call you at this number: \_\_\_\_\_
10. Will the fire district require you to use a respirator?       Yes       No
11. If "yes" what type(s):  
 Self-contained breathing apparatus       Demand       Positive pressure  
 N, R, or P disposable respirator  
 Half mask       Full facepiece       Helmet hood       Escape  
 Non-powered cartridge/canister  
 Powered air purifying cartridge respirator       Supplied air or air line
12. Has the fire district instructed you on how to contact the health care professional who will review this questionnaire?       Yes       No
13. Have you ever worn a respirator?       Yes       No  
If "yes" what type(s): \_\_\_\_\_

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

**Part A. Section 2**

- 1. Do you **currently** smoke tobacco, or have smoked tobacco in the last three months?  Yes  No
- 2. Prior to the last three months, have you **ever** smoked at least ½ pack of cigarettes, or equivalent, per day for a total of six months?  Yes  No
- 3. Have you **ever** had any of the following conditions?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Seizures   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Diabetes (Sugar Disease)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Allergic Reactions that interfere with your breathing          |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Claustrophobia (Fear of enclosed spaces)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Inability to smell odors                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | f. "Panic attacks" (Anxiety) related to any type of work activity |

- 4. Have you **ever** had any of the following pulmonary or lung conditions?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Asbestosis   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Asthma – If you answered "yes" have you had any episodes or taken any medications for asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Chronic Bronchitis   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Emphysema  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Pneumonia – If you answered "yes" please list the approximate dates of illness: _____<br>Have you completely recovered from pneumonia?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Tuberculosis   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Silicosis  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Pneumothorax – If you answered "yes" please list the approximate dates of illness: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Lung cancer  |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Broken ribs – If you answered "yes" please list the approximate dates of illness: _____<br>Have you completely recovered from broken ribs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Any chest injuries or surgeries – If you answered "yes" please describe: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Any chest injuries or surgeries – If you answered "yes" please describe: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Rash on face, other than acne, which recurred or lasted more than one month – If you answered "yes" please describe: _____   |

- 5. Do you **currently** have any of the following symptoms of pulmonary or lung disease?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Shortness of breath at rest or while laying down   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Shortness of breath when walking with other people at an ordinary pace on level ground       |

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

- d. Have had to stop for breath when walking at your own pace on level ground
- e. Shortness of breath when washing or dressing yourself
- f. Shortness of breath that interferes with your job
- g. Do you have frequent chest colds (one every month for three months in a row)? Has this occurred on a regular basis in the past two or three months?  Yes  No
- h. Coughing that produces phlegm (thick sputum) – If you answered “yes” please list the approximate dates: \_\_\_\_\_
- i. Coughing that wakes you early in the morning
- j. Coughing that occurs mostly when you are lying down
- k. Coughing up blood in the last month
- l. Wheezing – If you answered “yes” have you had any episodes or taken any medications within the last year?  Yes  No
- m. Wheezing that interferes with your job
- n. Chest pain when you breathe deeply
- o. Any other symptoms that you think may be related to lung problems

6. Have you ever had any of the following cardiovascular or heart problems?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Heart attack   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Stroke   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Angina   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Heart failure  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Heart arrhythmia (heart beating irregularly) – If you answered “yes” please specify: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. High blood pressure – If you answered “yes” please give approximate dates: _____<br>Have you taken any medication in the past year for this?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Any other heart problem you’ve been told about – If you answered “yes” please describe: _____  |

7. Have you ever had any of the following cardiovascular or heart symptoms?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Frequent pain or tightness in your chest  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Pain or tightness in your chest during physical activity  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Pain or tightness in your chest that interferes with your job   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. In the past two years, have you noticed your heart skipping or missing a beat   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Heartburn or indigestion that is not related to eating  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Any other symptoms you think may be related to heart or circulatory problems – If you answered “yes” please describe: _____ |

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

8. Do you **currently** take any medication for any of the following problems?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Breathing or lung problems                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Heart problems  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Blood pressure  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Seizures – If you answered “yes” please list any medications: |
- 

9. Have you **ever** had an abnormal chest x-ray?  Yes  No

10. If you have used a respirator, have you ever had any of the following problems?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Eye irritation   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Skin allergies or rashes   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Anxiety related to respirator use  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. General weakness or fatigue related to work or occurring in the past year  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Any other problem that interferes with your use of a respirator –<br>If you answered “yes” please explain: _____ |

11. Have you **ever** lost vision in either eye (temporarily or permanently)?  Yes  No

12. Do you **currently** have any of the following vision challenges?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Wear contact lenses when using self-contained breathing apparatus (SCBA)      |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Wear glasses when using a SCBA  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Color blindness   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Any other eye or vision problem – If you answered “yes” please explain: _____ |

13. Have you **ever** had an injury to your ears, including a broken eardrum?  Yes  No

14. Do you **currently** have any of the following hearing challenges?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Difficulty hearing  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Wear a hearing aid  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Any other hearing problem – If you answered “yes” please explain: _____ |

15. Have you ever had a back injury?  Yes  No

If “yes” please explain: \_\_\_\_\_

If “yes” has the back pain ever interfered with you ability to work using a SCBA?  Yes  No

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

16. Do you **currently** have any of the following musculo-skeletal problems?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Weakness in any arm, hand, leg or foot  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Back pain   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Difficulty moving you arms and/or legs  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Pain or stiffness when you lean forward or backward at the waist  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Difficulty fully moving your head up or down  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Difficulty moving your head side to side  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Difficulty bending your knees   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Difficulty squatting to the ground  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Difficulty climbing a flight of stairs or a ladder while carrying more than 25 pounds                         |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Any musculo-skeletal problem that interferes with using an SCBA – If you answered “yes” please explain: _____ |

17. Would you like to talk to the health care provider who will review this questionnaire about your answers to the questionnaire?  Yes  No

**Part B.**

1. In your present occupation, are you working at high altitudes (over 5000 ft.) or in a place that has lower than normal amounts of oxygen?  Yes  No

If your answer is “yes”, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?  Yes  No

2. At home or at work, have you **ever** been exposed to hazardous solvents, hazardous airborne chemicals (such as gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?  
 Yes  No

If you answered “yes” name the chemicals if you know them. \_\_\_\_\_

Describe how frequently exposure to these chemicals occurs, and the average duration of each exposure. (For example, “I work daily with wood dust, and am exposed to it for 8 hours a day”) \_\_\_\_\_

3. Have you **ever** worked with any of the materials or under any of the conditions described below?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Asbestos   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Silica   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Tungsten/cobalt (for example: grinding or welding this material) |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Beryllium  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Aluminum   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Coal (for example: mining)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Iron   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Tin  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Dusty Environments   |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Any other hazardous exposures – If “yes” please explain: _____   |

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

4. Please describe any job or side business (other than the fire district) which you have:

---

5. List your previous occupations:

---

---

6. List your current and previous hobbies:

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

If you answered "yes", were you ever exposed to biological or chemical agents in training or combat?

Yes  No

8. Have you ever worked on a hazardous materials incident response team in industry or for a fire department?  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 medications for any reason (including over the counter medications)?  Yes  No

If you answered "yes", please list them if you know them.

---

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

Yes

No

- a. HEPA Filters
- b. Full facepiece (for example: SCBA facepiece)
- c. Canisters (for example: gas mask)
- d. Cartridges

11. How often are you expected to wear an SCBA or respirator at work and/or for the fire district? (Check all that apply. If you are an applicant, describe your experience at work)

Yes

No

- a. Less than five (5) hours per week
- b. Less than two (2) hours per day
- c. Two (2) to four (4) hours per day
- d. More than four (4) hours per day

12. To the best of your knowledge, have you ever been exposed to a toxic substance while fighting a fire in an industrial setting?  Yes  No

If you answered "yes" please explain: \_\_\_\_\_

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**



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I have read this questionnaire and answered the questions truthfully to the best of my knowledge and ability. I understand that providing intentional false answers or other false information to any of the questions in this questionnaire may lead to a condition that could be detrimental to my health and well being. Further I understand that should I intentionally provide answers that are not truthful, I may be subject to disciplinary action to include termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**



# NORTH WHATCOM FIRE AND RESCUE

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## 0400.0351.01 – Appendix B Respiratory Protection Medical Questionnaire – Long Form

Ref. WAC 296-3005-04001 and WAC 296-62-07155

All members who are required through their job description to wear a respirator shall complete an annual screening to determine if there are any potential changes in a member's medical condition that could affect his/her ability to wear a respirator.

You must complete this questionnaire, and the results must be received by the fire district before you are authorized to continue to wear a self-contained breathing apparatus face mask and/or other respirator device. You will be evaluated for your medical ability to wear a MSA Firehawk M7 4500 psi self-contained breathing apparatus with a forty-five minute (45) rated service duration, and disposable filtering facepiece respirators.

North Whatcom Fire and Rescue will allow you to complete this questionnaire at a time and place that is convenient for you. To maintain your confidentiality, no fire district personnel may look at your answers. The only information the fire district will receive from the fire district approved Physician or Licensed Healthcare Provider (PLHCP) is the evaluation results.

Please complete all of the information requested to the best of your ability. If you have difficulty reading or understanding the questions, the fire district will ensure you are provided with an independent individual that will assist you with interpreting this questionnaire. Please print or type.

The fire district approved PLHCP will review the questionnaire and make a recommendation regarding your ability to wear a respirator. He/she may contact you for additional information or to schedule a follow-up medical evaluation. If you have any questions, you can contact the fire district approved PLHCP.

### Instructions

Once you have completed this questionnaire, take it with you to your annual medical physical or return it in the envelope provided.

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*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

**Part A. Section 1**

1. Today's date: \_\_\_\_\_
2. Your full name: \_\_\_\_\_  
(Last Name, First Name, MI)
3. Your age: (to nearest year) \_\_\_\_\_
4. Your sex: \_\_\_\_\_
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your membership title:  
 New Applicant       Firefighter       EMS Provider Only  
 Lieutenant       Captain       Assistant Chief  
 Fire Chief
8. Telephone number where you can be reached by the healthcare provider who will review this questionnaire: \_\_\_\_\_
9. The best time to call you at this number: \_\_\_\_\_
10. Will the fire district require you to use a respirator?       Yes       No
11. If "yes" what type(s):  
 Self-contained breathing apparatus       Demand       Positive pressure  
 N, R, or P disposable respirator  
 Half mask       Full facepiece       Helmet hood       Escape  
 Non-powered cartridge/canister  
 Powered air purifying cartridge respirator       Supplied air or air line
12. Has the fire district instructed you on how to contact the health care professional who will review this questionnaire?       Yes       No
13. Have you ever worn a respirator?       Yes       No  
If "yes" what type(s): \_\_\_\_\_

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

**Part A. Section 2**

- 1. Do you **currently** smoke tobacco, or have smoked tobacco in the last three months?  Yes  No
- 2. Prior to the last three months, have you **ever** smoked at least ½ pack of cigarettes, or equivalent, per day for a total of six months?  Yes  No
- 3. Have you **ever** had any of the following conditions?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Seizures   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Diabetes (Sugar Disease)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Allergic Reactions that interfere with your breathing          |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Claustrophobia (Fear of enclosed spaces)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Inability to smell odors                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | f. "Panic attacks" (Anxiety) related to any type of work activity |

- 4. Have you **ever** had any of the following pulmonary or lung conditions?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Asbestosis   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Asthma – If you answered "yes" have you had any episodes or taken any medications for asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Chronic Bronchitis   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Emphysema  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Pneumonia – If you answered "yes" please list the approximate dates of illness: _____<br>Have you completely recovered from pneumonia?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Tuberculosis   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Silicosis  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Pneumothorax – If you answered "yes" please list the approximate dates of illness: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Lung cancer  |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Broken ribs – If you answered "yes" please list the approximate dates of illness: _____<br>Have you completely recovered from broken ribs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Any chest injuries or surgeries – If you answered "yes" please describe: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Any chest injuries or surgeries – If you answered "yes" please describe: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Rash on face, other than acne, which recurred or lasted more than one month – If you answered "yes" please describe: _____   |

- 5. Do you **currently** have any of the following symptoms of pulmonary or lung disease?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Shortness of breath at rest or while laying down   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Shortness of breath when walking with other people at an ordinary pace on level ground       |

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

- d. Have had to stop for breath when walking at your own pace on level ground
- e. Shortness of breath when washing or dressing yourself
- f. Shortness of breath that interferes with your job
- g. Do you have frequent chest colds (one every month for three months in a row)? Has this occurred on a regular basis in the past two or three months?  Yes  No
- h. Coughing that produces phlegm (thick sputum) – If you answered “yes” please list the approximate dates: \_\_\_\_\_
- i. Coughing that wakes you early in the morning
- j. Coughing that occurs mostly when you are lying down
- k. Coughing up blood in the last month
- l. Wheezing – If you answered “yes” have you had any episodes or taken any medications within the last year?  Yes  No
- m. Wheezing that interferes with your job
- n. Chest pain when you breathe deeply
- o. Any other symptoms that you think may be related to lung problems

6. Have you ever had any of the following cardiovascular or heart problems?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Heart attack   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Stroke   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Angina   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Heart failure  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Heart arrhythmia (heart beating irregularly) – If you answered “yes” please specify: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. High blood pressure – If you answered “yes” please give approximate dates: _____<br>Have you taken any medication in the past year for this?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Any other heart problem you’ve been told about – If you answered “yes” please describe: _____  |

7. Have you ever had any of the following cardiovascular or heart symptoms?

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Frequent pain or tightness in your chest  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Pain or tightness in your chest during physical activity  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Pain or tightness in your chest that interferes with your job   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. In the past two years, have you noticed your heart skipping or missing a beat   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Heartburn or indigestion that is not related to eating  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Any other symptoms you think may be related to heart or circulatory problems – If you answered “yes” please describe: _____ |

8. Do you currently take any medication for any of the following problems?

- | Yes                      | No                       |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Breathing or lung problems |

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

- b. Heart problems
- c. Blood pressure
- d. Seizures – If you answered “yes” please list any medications: \_\_\_\_\_

9. Have you **ever** had an abnormal chest x-ray?  Yes  No

10. If you have used a respirator, have you ever had any of the following problems?

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Eye irritation  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Skin allergies or rashes  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Anxiety related to respirator use   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. General weakness or fatigue related to work or occurring in the past year                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Any other problem that interferes with your use of a respirator – If you answered “yes” please explain: _____ |

11. Have you **ever** lost vision in either eye (temporarily or permanently)?  Yes  No

12. Do you **currently** have any of the following vision challenges?

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Wear contact lenses when using self-contained breathing apparatus (SCBA)      |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Wear glasses when using a SCBA  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Color blindness   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Any other eye or vision problem – If you answered “yes” please explain: _____ |

13. Have you **ever** had an injury to your ears, including a broken eardrum?  Yes  No

14. Do you **currently** have any of the following hearing challenges?

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Difficulty hearing  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Wear a hearing aid  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Any other hearing problem – If you answered “yes” please explain: _____ |

15. Have you ever had a back injury?  Yes  No

If “yes” please explain: \_\_\_\_\_

If “yes” has the back pain ever interfered with your ability to work using a SCBA?  Yes  No

16. Do you **currently** have any of the following musculo-skeletal problems?

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Weakness in any arm, hand, leg or foot                           |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Back pain  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Difficulty moving your arms and/or legs                          |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Pain or stiffness when you lean forward or backward at the waist |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Difficulty fully moving your head up or down                     |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Difficulty moving your head side to side                         |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Difficulty bending your knees                                    |

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**

- h. Difficulty squatting to the ground
- i. Difficulty climbing a flight of stairs or a ladder while carrying more than 25 pounds
- j. Any musculo-skeletal problem that interferes with using an SCBA – If you answered “yes” please explain: \_\_\_\_\_

17. Would you like to talk to the health care provider who will review this questionnaire about your answers to the questionnaire?  Yes  No

**Part B.**

1. In your present occupation, are you working at high altitudes (over 5000 ft.) or in a place that has lower than normal amounts of oxygen?  Yes  No

If your answer is “yes”, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?  Yes  No

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

If you answered “yes” name the chemicals if you know them. \_\_\_\_\_

Describe how frequently exposure to these chemicals occurs, and the average duration of each exposure. (For example, “I work daily with wood dust, and am exposed to it for 8 hours a day”)

3. Have you ever worked with any of the materials or under any of the conditions described below?

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Asbestos   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Silica   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Tungsten/cobalt (for example: grinding or welding this material) |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Beryllium  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Aluminum   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Coal (for example: mining)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Iron   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Tin  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Dusty Environments   |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Any other hazardous exposures – If “yes” please explain: _____   |

4. Please describe any job or side business (other than the fire district) which you have:  
 \_\_\_\_\_

5. List your previous occupations:  
 \_\_\_\_\_  
 \_\_\_\_\_

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

**North Whatcom Fire and Rescue  
 Respiratory Protection Medical Questionnaire**

6. List your current and previous hobbies:

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

If you answered "yes", were you ever exposed to biological or chemical agents in training or combat?  
 Yes  No

8. Have you **ever** worked on a hazardous materials incident response team in industry or for a fire department?  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 medications for any reason (including over the counter medications)?  Yes  No

If you answered "yes", please list them if you know them.

---

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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. HEPA Filters                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Full facepiece (for example: SCBA facepiece) |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Canisters (for example: gas mask)            |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Cartridges                                   |

11. How often are you expected to wear an SCBA or respirator at work and/or for the fire district? (Check **all** that apply. If you are an applicant, describe your experience at work)

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| Yes                      | No                       |                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Less than five (5) hours per week |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Less than two (2) hours per day   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Two (2) to four (4) hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | d. More than four (4) hours per day  |

12. To the best of your knowledge, have you ever been exposed to a toxic substance while fighting a fire in an industrial setting?  Yes  No

If you answered "yes" please explain: \_\_\_\_\_

---

I have read this questionnaire and answered the questions truthfully to the best of my knowledge and ability. I understand that providing intentional false answers or other false information to any of the questions in this questionnaire may lead to a condition that could be detrimental to my health and well being. Further I understand that should I intentionally provide answers that are not truthful, I may be subject to disciplinary action to include termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*This document is strictly confidential and is to be reviewed only by the fire district approved PLHCP.*

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**North Whatcom Fire and Rescue  
Respiratory Protection Medical Questionnaire**



# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

**Number:** 400.352.00 (Appendix A)

**Date:** 9/24/07

**Area:** Safety / Respiratory Protection

**Page:** 1 of 5

**Subject:** SCBA Mask Fit Testing

**Approved:**

### Appendix A

**North Whatcom Fire and Rescue**  
**RESPIRATOR/SCBA MASK FIT TEST PROCEDURE**  
**Saccharin Test Protocol**  
Per WAC 296-305-04001 and WAC 296-62-07202,07205, Appendix A-2

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

**Member Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

**Member Title:**  Firefighter  Lieutenant  Captain  Batt. Chief  
 Div. Chief  Ass't. Chief  District Fire Chief

**Respirator:** MSA Firehawk M7 4500 psi

**Manufacturer:** MSA

**NIOSH Approval No:** \_\_\_\_\_

**Conditions which could affect respirator fit:** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Clean shaven         | <input type="checkbox"/> Facial scars                                      |
| <input type="checkbox"/> 1-2 day beard growth | <input type="checkbox"/> Dentures absent                                   |
| <input type="checkbox"/> 2+ day growth        | <input type="checkbox"/> Eyeglasses  |
| <input type="checkbox"/> Mustache             | <input type="checkbox"/> Weight change of 10% or more since previous test. |
| <input type="checkbox"/> Other _____          |  |

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Able to detect saccharin:** Pre-test:  Yes  No Post-test:  Yes  No

**Face piece size:**  Small  Medium  Large  Extra-Large

**Fit check:**

Negative pressure mode:  Pass  Fail  Not done

Positive pressure mode:  Pass  Fail  Not done

**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 400.352.00 (Appendix A)

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**Area:** Safety / Respiratory Protection

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**Approved:**

---

**Fit testing:** Qualitative Saccharin Taste method:  
(See test procedures attached)

Taste Threshold \_\_\_\_\_

Pass

Fail

**Comments:**

---

---

**Employee acknowledgement of test results:**

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Test conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Chief's review: \_\_\_\_\_

Date: \_\_\_\_\_

### FIT CHECK PROCEDURES

1. **Negative pressure test** is performed by covering the open end of the mask and inhaling slightly. If a leak exists, the air can be felt as it enters.
2. **Positive pressure test** is performed by blocking the open end of the mask and exhaling lightly. Air leakage can be felt if a leak is present.

*NOTE: If leaks are found, the respirator must be adjusted and re-tested.*

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**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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### QUALITATIVE FIT TEST PROCEDURES

Qualitative Fit testing will be accomplished using only the Mine Safety Appliance “Qualitative Fit Test Kit”.

#### Establishing Taste Threshold:

1. Member must not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the threshold test is administered.
2. Member is to don the enclosure over his/her head and shoulders with the clear portion facing forward.
3. While performing this test the member must breathe through a slightly open mouth with tongue extended.
4. The member must be instructed to report when they detect a sweet test.
5. Using the nebulizer provided in the Scott Fit Test kit, spray the threshold check solution (-1-Sensitivity Test Solution) into the enclosure. The nozzle must be directed away from the nose and mouth of the individual being tested.
6. The nebulizer bulb must be squeezed firmly to fully collapse the bulb and then allowed to fully expand.
7. The nebulizer must be squeezed ten (10) times very rapidly.
8. The person being tested is then asked if the saccharin can be tasted.
9. If the test response is affirmative, note the taste threshold on the form as being “10”. If the test response is negative, ten (10) more squeezes should be administered into the enclosure.
10. Again, ask if the person being tested can taste the saccharin. If the test response is affirmative, note the taste threshold as being 20. If the test response is negative, administer ten (10) more squeezes.
11. The person being tested is again asked if they can taste the saccharin. If the test response is affirmative note the taste threshold as being 30.
12. If the test response is negative, the person being tested cannot taste saccharin and the “Saccharin Test” should not be used for this person to conduct fit testing.

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**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 400.352.00 (Appendix A)

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### Actual Fit Test:

1. Member must not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the fit test is administered.
2. Member is instructed to don appropriate respirator. The SCBA facepiece must have the appropriate filter attached.
3. Member is to don the enclosure over his/her head and shoulders with the clear portion facing forward.
4. While performing this test, the member must breathe through a slightly open mouth with tongue extended.
5. The member must be instructed to report when they detect a sweet test.
6. Using the nebulizer provided in the MSA Fit Test kit, spray the test solution (-2- Fit Test Solution) into the enclosure. The nozzle must be directed away from filters of the respirator on the individual being tested.
7. The nebulizer bulb must be squeezed firmly to fully collapse the bulb and then allowed to fully expand.
8. The nebulizer must be squeezed at a minimum ten (10) times very rapidly. If the threshold number is larger than ten (10) then the bulb is to be squeezed the same number of times as the taste threshold indicated on the form. This will ensure the same amount of saccharin is administered to trigger a taste in the threshold test.
9. The person being tested is then instructed to perform the following:
  - a. Normal Breathing – In a normal standing position without talking the member must breathe normally.
  - b. Deep Breathing – In a normal standing position the member must breathe slowly and deeply, taking caution not to hyperventilate.
  - c. Turning head side to side – In a normal standing position the member must slowly turn their head from side to side between the extreme positions on each side, momentarily holding their heads at each extreme so they can inhale at each side.

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**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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- d. Moving head up and down – In a normal standing position the member must slowly move their head up and down, inhaling in the up position when looking at the ceiling and when looking down at the floor.
  - e. Talking – the member must talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The member should read the following passage:

*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 for it, but never find it. When people look for something beyond reach, their friends say they are looking for the pot of gold at the end of the rainbow.*
  - f. Member must jog in place.
  - g. Member must then repeat the normal breathing as defined in (a) above.
- 10. Each test exercise as outlined above must be performed for one minute.
  - 11. The members should be questioned if he/she tastes any saccharin or sweetness. A positive response indicates a fit test failure and the members must be re-fit with the same respirator or another size whichever is most appropriate.
  - 12. Members are to be questioned about the comfort of the respirator after completing the exercises. If the respirator has become unacceptable, another model of respirator must be used or the individual being tested must be restricted from participating in any activity where the use of that respirator is required.
  - 13. Members who make adjustments of the respirator during the actual fit test, cause the test to be invalid and the testing procedure must start over.
  - 14. All test results will be recorded on the respirator fit test form.

*File in individual personnel record in accordance with WAC 296-305-04001.*

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**Cancels:**

**Revised: 2/12/09**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0352.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>1 of 5</b>
<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Mask Fit Testing</b>	<b>Approved:</b>	

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### 1.0 General:

The protective quality of a self-contained breathing apparatus is dependent on a proper fit of the facepiece to the face of the member wearing the SCBA. To identify whether a member using an SCBA is using the properly fitted facepiece, it is essential that the fire district conduct periodic fit testing of all members for each type and style of SCBA used. Periodic fit testing will assure that the facepiece conforms to the face of the member wearing the SCBA, thus preventing the leakage of atmospheric contaminants that could be detrimental to the health and safety of the member.

### 2.0 Purpose:

It is the purpose of this policy to identify the requirement for annual fit testing of the facepiece of a self-contained breathing apparatus to the face of any member who wears an SCBA. This policy is for a self-contained breathing apparatus facepiece only, and does not apply to the fit testing of the facepiece of other types of respirators.

### 3.0 Scope:

This policy applies to all fire district members who are exposed to, or have the potential for being exposed to, a hazardous atmosphere, and/or to those individuals who wear any form of respirator while on duty with the fire district.

### 4.0 Policy:

#### 4.1 Definitions:

*Facepiece:* The component of the respirator that covers the wearer's nose, mouth, and eyes. It is designed to make a gas-tight fit with the face and includes the headbands, exhalation valve(s), and connections for an air-purifying device or respirable gas source, or both.

*Fit Check:* A test conducted by the wearer to determine if the respirator is properly sealed to the face.

*Fit Test:* The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 400.352.00 Appendix A: "Fit Test Procedure."

*Hazardous Atmosphere:* Any atmosphere, either immediately or not immediately dangerous to life, which is oxygen deficient and/or which may contain a toxic or disease producing contaminant.

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**Cancels:** 0400.0352.00 SCBA Mask Fit Testing

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

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Odor Threshold Limit: The lowest concentration of contaminant in air that can be detected by the olfactory sense (smell).

Qualitative Fit Test: A pass/fail fit test that relies on the individual's response to the test agent to assess the adequacy of respirator fit for an individual.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. In North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

### **4.2 Policy Statement – Negative Pressure Fit Check:**

4.2.1 All members who are expected to wear a self-contained breathing apparatus shall perform a negative pressure fit check when they don a self-contained breathing apparatus facepiece.

4.2.2 The negative pressure fit check will result in the wearer ensuring that a complete seal of the facepiece is attained before entering a hazardous atmosphere.

### **4.3 Policy Statement – Self-Contained Breathing Apparatus Fit Testing:**

4.3.1 All members who are expected to wear a self-contained breathing apparatus and are being considered for inclusion in the respiratory protection program shall participate in the fire district confidential medical screening program prior to participating in any fit testing or initial respirator training.

4.3.2 All members who are expected to wear a self-contained breathing apparatus shall participate in a qualitative fit test, and receive a positive result indicating a proper facepiece fit, as part of their initial self-contained breathing apparatus training. Such qualitative testing shall occur prior to the wearer using an SCBA in a hazardous atmosphere.

4.3.3 The Fire Chief, using guidelines established by the fire district approved Physician or Licensed Health Care Professional (PLHCP), shall determine whether a member may or may not be assigned to a task requiring the use of a respirator.

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**Cancels:** 0400.0352.00 SCBA Mask Fit Testing

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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4.3.4 All members who are expected to wear a self-contained breathing apparatus, and who display physical limitations such as, but not limited to, respiratory impairments, and/or display mental limitations such as, but not limited to, claustrophobia when wearing a respirator shall not be assigned to tasks requiring the use of a respirator unless the fire district approved PLHCP has determined that they are physically and mentally capable to perform the work and use the specific equipment.

4.3.5 The medical status of all members who are expected to wear a self-contained breathing apparatus shall be reviewed annually during fit testing. Such review is intended to identify any changes in the wearer's medical status. Any changes noted in a wearer's physical performance while wearing a respirator shall be reviewed by the fire district approved PLHCP.

#### **4.4 Policy Statement – Frequency of Fit Testing:**

4.4.1 Fit testing shall be completed at least once every twelve (12) calendar months. (Annual Fit Test)

4.4.2 Fit testing shall be completed whenever there are changes in the type, make or model of SCBA, or facepiece used.

4.4.3 Fit testing shall be completed whenever there are significant physical changes in the user such as a weight change of ten (10) percent or more, significant scarring of the face where such a scar may interfere with the seal of the facepiece, dental changes where such changes may interfere with the seal of the facepiece, or any other condition that may effect the fit or facepiece seal.

#### **4.5 Policy Statement – Qualitative Fit Testing:**

4.5.1 The fire district will use an approved qualitative testing method for evaluating the proper fit of a self-contained breathing apparatus facepiece.

4.5.2 Qualitative testing procedures will be accomplished in accordance with Appendix A: "Respirator/SCBA Mask Fit Test Procedures".

4.5.3 A record of an individual's qualitative test results will be maintained in accordance with the fire district records policy.

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**Cancels:** 0400.0352.00 SCBA Mask Fit Testing

**Revised:**

**Reviewed:**



# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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4.5.4 All records of qualitative fit testing shall include:

- Applicable written procedures for the respirator fit testing program including pass/fail criteria
- The type, make, model and size of the respirator and facepiece being tested
- The type of qualitative fit test used
- The name or identification of the test operator
- The name of the member being tested
- Date the test was administered
- Test results

### 5.0 Control Mechanisms:

- 5.1 The fire district approved PLHCP will ensure that any change in a member's medical status is evaluated before that individual is permitted to continue using a respirator.
- 5.2 The Fire Chief will review each users medical status annually during fit testing.
- 5.3 All members who are expected to wear a self-contained breathing apparatus will participate in annual fit testing and will not wear/use a self-contained breathing apparatus if they have not completed a successful annual fit test and respiratory screening within the last thirteen (13) months.

### 6.0 References:

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0352.00 SCBA Mask Fit Testing

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0352.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 5 of 5

**Subject:** Self-Contained Breathing Apparatus Mask Fit Testing

**Approved:**

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**Cancels:** 0400.0352.00 SCBA Mask Fit Testing

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

**Number:** 400.353.00 (Appendix A)

**Date:** 9/24/07

**Area:** Safety / Respiratory Protection

**Page:** 1 of 2

**Subject:** Respiratory Protection Program Overview

**Approved:**

### Appendix A

## NORTH WHATCOM FIRE AND RESCUE

### RESPIRATOR TRAINING

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

**Member Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

**Member Title:**  Firefighter  Lieutenant  Captain  Batt. Chief  
 Div Chief  Ass't. Chief  District Fire Chief

**Respirator:** MSA Firehawk M7 4500 psi

**Manufacturer:** MSA

**NIOSH Approval No:** \_\_\_\_\_

I have received training for the MSA self-contained breathing apparatus (respirator) as follows:

- Recognizing hazards that may be encountered while wearing breathing apparatus
- The components and operation of the self-contained breathing apparatus
- The safety features and limitations of the self-contained breathing apparatus
- Donning and doffing the self-contained breathing apparatus
- North Whatcom Fire and Rescue policies and procedures for wearing self-contained breathing apparatus
- The requirements, need and procedures for regular fit testing
- Other

I acknowledge that I am not permitted to participate in any fire district activities or emergency responses where self-contained breathing apparatus may be required unless I have obtained and maintained approved self-contained breathing apparatus training in accordance with the regularly scheduled requirements of WAC 296-305-04001.

I also acknowledge that I am not permitted to use any self-contained breathing apparatus for which I have not been trained, nor may I use any self-contained breathing apparatus for which I have not completed a fit test within the last twelve months.

**Cancels:**

**Revised:** 2/12/09

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>400.353.00 (Appendix A)</b>	<b>Date:</b>	<b>9/24/07</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>2 of 2</b>
<b>Subject:</b>	<b>Respiratory Protection Program Overview</b>	<b>Approved:</b>	

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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Acknowledgement of Training:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Training Conducted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief's Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*File in individual personnel record in accordance with WAC 296-305-04001*

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**Cancels:**

**Revised: 2/12/09**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0353.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 7

**Subject:** Self-Contained Breathing Apparatus Training, Use,  
and Inspection

**Approved:**

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### 1.0 General:

It is important that all members who are expected to wear a self-contained breathing apparatus (SCBA) are trained in the care, use and inspection of the SCBA. It is also important for the wearer to have a thorough understanding of the limitations of the SCBA being used, as well as a knowledge of how the SCBA will function normally and when the wearer may experience failure. Training ensures the wearer is well acquainted with the respirator and routine practice will ensure the initial training continues to be applied. Routine inspections of the respirator will ensure the unit is functioning in a manner suitable for operational use.

### 2.0 Purpose:

It is the purpose of this policy to identify the minimum training requirements, standards for use and inspection requirements for SCBA.

### 3.0 Scope:

This policy applies to all fire district members who are expected to wear a SCBA.

### 4.0 Policy:

#### 4.1 Definitions:

*Breathing Zone:* Air that most nearly represents that inhaled by a respirator user, and generally within three (3) feet of the facepiece.

*Facepiece:* The component of the respirator that covers the wearer's nose, mouth, and eyes. It is designed to make a gas-tight fit with the face and includes the headbands, exhalation valve(s), and connections for an air-purifying device or respirable gas source, or both.

*Fit Check:* A test conducted by the wearer to determine if the respirator is properly sealed to the face.

*Fit Test:* The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 400.352.00 Appendix A: "Fit Test Procedure."

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0353.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>2 of 7</b>
<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Training, Use, and Inspection</b>	<b>Approved:</b>	

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Hazardous Atmosphere: Any atmosphere, either immediately or not immediately dangerous to life, which is oxygen deficient and/or which may contain a toxic or disease producing contaminant.

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.

Inspection: A check performed by the wearer to ensure that the SCBA is performing as designed and operationally ready for use in a hazardous atmosphere.

Oxygen Deficient Atmosphere: An atmosphere with an oxygen content below 19.5% by volume, or has a partial pressure of 148 millimeters of mercury or less.

PASS Device (Personal Alarm Safety System): An alerting device that activates when a wearer of an SCBA is motionless indicating that the wearer may be injured. North Whatcom Fire and Rescue PASS devices are manufactured by MSA and are integrated into the air system of the SCBA, and meet the requirements of NFPA Standard 1982, "Standard on Personal Alarm Safety Systems for Firefighters".

Qualitative Fit Test: A pass/fail fit test that relies on the individual's response to the test agent to assess the adequacy of respirator fit for an individual.

PSI: Pounds per square inch (gauge pressure).

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A SCBA is a type of respirator.

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. At North Whatcom Fire and Rescue this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

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**Cancel:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0353.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>3 of 7</b>
<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Training, Use, and Inspection</b>	<b>Approved:</b>	

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### **4.2 Policy Statements - Self-Contained Breathing Apparatus Training:**

- 4.2.1 All members who are expected to wear a SCBA shall receive a medical evaluation by the approved physician or licensed health care provider (PLHCP) and shall not be authorized to wear a respirator until that medical evaluation is complete. Members who are expected to wear a SCBA shall not wear an SCBA prior to completing appropriate fit testing and training.
- 4.2.2 No member shall wear/use a SCBA until that person has been approved by the Fire Chief.
- 4.2.3 All members who are expected to wear a SCBA shall complete the approved fire district respirator training program prior to wearing/using a SCBA in a hazardous atmosphere.
- 4.2.4 Members who are expected to wear a SCBA shall be trained only on the respirators currently in use by the fire district. Currently the SCBA being used is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration. Fire district members shall not use any other type of SCBA during fire district operations requiring the use of an SCBA.
- 4.2.5 Other SCBA training offered by other fire departments/districts or other employers shall not qualify for meeting the training requirements of this policy.
- 4.2.6 The fire district SCBA training program will include, but is not limited to, the following subjects:
- When the respirator is to be used, to include recognizing the hazards that may be encountered.
  - Why the respirator is necessary and how improper fit, use, or maintenance can compromise the protective effect of the respirator.
  - What the respirator is capable of accomplishing and what limitations exist for the specific respirator being used.
  - Effective use of the respirator in emergency situations, to include respirator emergency procedures during respirator malfunction.
  - A detailed explanation of all components of the SCBA.
  - Proper use of the respirator, to include donning and doffing, fit check, and inspection of entire respirator unit.
  - Proper maintenance and storage procedures.

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0353.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>4 of 7</b>
<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Training, Use, and Inspection</b>	<b>Approved:</b>	

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- Recognition of medical signs and symptoms that may limit or prevent the effective use of a respirator.
- The general requirements of WAC 296-62 Part E.

4.2.7 Upon completion of initial training, all members who are expected to wear a SCBA shall practice at least once per calendar quarter (every three months) the step-by-step procedures for donning and doffing a SCBA and checking it for proper function and operation.

4.2.8 All members who are expected to wear a SCBA shall participate in an annual review training of care and use of SCBA. Such training shall include, but not be limited to:

- Safety with respect to wearing a SCBA
- Fire District policies and standard operating procedures
- Fit testing
- Fit checks and proper facepiece seal
- SCBA components, use, emergency procedures, inspections, and maintenance procedures

4.2.9 All members who are expected to wear a SCBA shall be trained in accordance with the manufacturer's recommendations and instructions on emergency procedures such as use of a regulator by-pass valve and the action to take in the event of a facepiece or pressure hose failure.

### **4.3 Policy Statements - Self-Contained Breathing Apparatus Use:**

4.3.1 Any member who is expected to wear a SCBA and who has not received a medical evaluation and approval, respiratory protection training, and applicable fit testing in accordance with the respiratory protection program shall not be assigned to any duty where respiratory protection is required.

4.3.2 All members who are expected to wear a SCBA shall be allowed to use only the make, model, and size respirator for which they have been trained and passed a fit test within the previous twelve (12) calendar months. No member shall use a SCBA from another fire department/district during fire district operations that require respiratory protection.

4.3.3 All members who are expected to wear a SCBA and who are assigned to work in hazardous atmospheres shall be provided with an approved SCBA.

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**



# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0353.01</b>	<b>Date:</b>	<b>2/12/09</b>
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- 4.3.4 All members who are expected to wear a SCBA and who are assigned to work in hazardous atmospheres shall wear the approved SCBA at all times while in the hazardous atmosphere. Only members with properly fitting facepieces shall be permitted to function using a SCBA in a hazardous atmosphere.
- 4.3.5 All members who are expected to wear a SCBA when operating in a hazardous atmosphere shall, as a minimum, operate in teams of two or more.
- 4.3.6 All members who are expected to wear a SCBA shall not have any facial hair that comes between the sealing periphery of the facepiece, and/or in any way interferes with the any valve function of the SCBA.
- 4.3.7 All members who are expected to wear a SCBA shall not be permitted to wear contact lenses if the risk of eye damage is increased by such use.
- 4.3.8 All members who are expected to wear a SCBA and must wear spectacles, goggles, or face shields with the respirator facepiece shall wear these devices in such a manner so as not to adversely affect the seal of the facepiece to the face.
- 4.3.9 Straps or eyeglass temple bars shall not pass between the seal and/or surface of the respirator facepiece and the user's face.
- 4.3.10 All members who wear a SCBA in a hazardous atmosphere shall be decontaminated prior to removal of the respirator whenever operations within the hazardous atmosphere results in hazardous substance contamination.
- 4.3.11 When exchanging air cylinders during operations in a hazardous atmosphere, reasonable precautions shall be taken to maintain an uncontaminated atmosphere to the breathing zone and facepiece air supply hose.
- 4.3.12 When using a properly functioning SCBA, members shall not compromise the protective integrity of the respirator by removing the facepiece for any reason in a hazardous atmosphere or atmospheres where the quality of the air is unknown.
- 4.3.13 SCBAs are not approved or safe for use as self-contained underwater breathing apparatus. SCBAs shall not be used in water or other unusual circumstances without authorization from the Fire Chief.
- 4.3.14 Any failure of a SCBA or any component of the respirator shall be identified immediately with a tag labeling the unit "Defective Equipment", and the unit will

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0353.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

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**Subject:** Self-Contained Breathing Apparatus Training, Use,  
and Inspection

**Approved:**

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immediately be removed from service. Defective SCBAs are to be reported in writing to the district maintenance person and the District Safety Officer.

#### **4.4 Self Contained Breathing Apparatus – Inspection:**

- 4.4.1 All SCBAs will be thoroughly cleaned and inspected after each use.
- 4.4.2 All SCBAs will be inspected weekly in accordance with standard operating procedures.
- 4.4.3 A written record of weekly inspections on each individual SCBA shall be maintained in the apparatus logbook and turned into the data collection manager at the end of each month.
- 4.4.4 All SCBAs shall be inspected monthly in accordance with standard operating procedures.
- 4.4.5 A written record of monthly inspections on each individual SCBA shall be maintained in the apparatus logbook and turned into the office at the end of each month.

#### **5.0 Control Mechanisms:**

- 5.1 All members who are expected to wear a SCBA shall maintain proficiency and competency in the care and use of SCBAs as identified by district policy and standard operating procedure.
- 5.2 All members who are expected to wear SCBAs and their immediate supervisors, who fail to comply with the requirements of the fire district respiratory protection program established for their safety, may face disciplinary action.
- 5.3 The Fire Chief shall be responsible for reviewing this policy at least annually and whenever additional review is deemed necessary.

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0353.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 7 of 7

**Subject:** Self-Contained Breathing Apparatus Training, Use,  
and Inspection

**Approved:**

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### 6.0 References:

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite

Approved: \_\_\_\_\_

Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0353.00 Training, Use & Inspection

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0354.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 2

**Subject:** Self-Contained Breathing Apparatus Maintenance/Repairs **Approved:**

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### 1.0 General:

The maintenance of self-contained breathing apparatus (SCBA) is the responsibility of all users. Respirators that are in poor condition, not well maintained, or dirty could expose the wearer to hazardous atmospheres or disease by failing. It is essential that all respirators currently being used by the fire district be maintained in operational ready status, and that reliability be ensured through an aggressive care and maintenance program.

### 2.0 Purpose:

It is the purpose of this policy to identify the maintenance requirements of SCBAs and to delegate the actual maintenance functions based on the qualifications for the different levels of maintenance.

### 3.0 Scope:

This policy applies to all members who may be required to wear a SCBA and to those personnel trained and qualified to perform the different levels of required maintenance.

### 4.0 Policy:

#### 4.1 Definitions:

Air Pressure Regulating Device: The positive pressure regulators on the MSA Firehawk M7 that regulates the amount of positive air pressure delivered to the facepiece. The MSA Firehawk M7 has two regulators, the First Stage Regulator and the MMR regulator.

Disposable Respirator: A device intended for one-time use to protect the wearer from the inhalation of harmful atmospheres of infectious materials. A high-efficiency particulate-air (HEPA) N-95 respirator for infection control is an example of a disposable respirator.

Facepiece: The component of the respirator that covers the wearer's nose, mouth, and eyes. It is designed to make a gas-tight fit with the face and includes the headbands, exhalation valve(s), and connections for an air-purifying device or respirable gas source, or both.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

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**Cancels:** 0400.0354.00 SCBA Maintenance

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0354.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>2 of 2</b>
<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Maintenance/Repairs Approved:</b>		

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*Self-Contained Breathing Apparatus (SCBA):* An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. In North Whatcom Fire and Rescue this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

### **4.2 Policy Statement – Authorized SCBA Maintenance/Repairs:**

- 4.2.1 Only those individuals who have been authorized by the manufacturer or the manufacturer's representative to perform a manufacturer's pre-defined level of maintenance will perform maintenance or repair on fire district SCBAs.
- 4.2.2 All maintenance of fire district SCBAs will be conducted in accordance with the maintenance procedures published by the manufacturer.
- 4.2.3 Maintenance and/or repairs of fire district SCBAs by the manufacturer shall have authorization of the Division Chief of Technical Services prior to such maintenance or repair occurring.

### **4.3 Policy Statement – Fire District Authorized Levels of Repair:**

- 4.3.1 North Whatcom Fire and Rescue shall be authorized to perform Level I maintenance on district SCBAs provided:
  - 4.3.1.1 The individual performing the maintenance has been trained and qualified by the Division Chief of Technical Services and has received additional training from a MSA representative prior to performing such maintenance.
  - 4.3.1.2 All Level I maintenance is documented in accordance with Fire District Policy 400.358.00.

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0354.00 SCBA Maintenance

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0355.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>1 of 4</b>
<b>Subject:</b>	<b>High Efficiency Particulate Air (HEPA) Respirator</b>	<b>Approved:</b>	

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### 1.0 General:

When fire district personnel respond to emergency medical incidents, there exists a risk that disease may be transmitted between the patient and the responder through contact with air-borne pathogens or other potentially infectious materials. With this in mind, it is imperative that responding personnel be aware of the risk of contacting an infectious disease, and take the appropriate precautions to reduce the possibility for contacting any potentially infectious material, substance, or air-borne particulate.

### 2.0 Purpose:

It is the purpose of this policy to identify to the emergency medical care responder the risk of exposure to and contracting of an infectious disease from air-borne particulates. Further, it is the purpose of this policy to provide guidelines for protecting against such exposure through a respiratory protection program.

### 3.0 Scope:

This policy applies to all fire district personnel who could, by responding to an emergency medical incident, come in contact with any airborne infectious disease.

### 4.0 Policy:

#### 4.1 Definitions:

*Disposable Respirator:* A device intended for one-time use to protect the wearer from the inhalation of harmful atmospheres or infectious materials. A high-efficiency particulate-air (HEPA) or N-95 respirator for infection control is an example of a disposable respirator.

*Fit Check:* A test conducted by the wearer to determine if the respirator is properly sealed to the face.

*Fit Test:* The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 400.352.00 Appendix A: "Fit Test Procedure."

*Hazardous Atmosphere:* Any atmosphere, either immediately or not immediately dangerous to life, which is oxygen deficient and/or which may contain a toxic or disease-producing contaminant.

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**Cancels:** 0400.0355.00 High Efficiency Particulate Air Respirator

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0355.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>2 of 4</b>
<b>Subject:</b>	<b>High Efficiency Particulate Air (HEPA) Respirator</b>	<b>Approved:</b>	

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High-Efficiency Particulate Air Filter: A filter which removes from the air 99.97% or more of particles having a mean particle diameter of 0.3 microns.

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.

Oxygen Deficient Atmosphere: An atmosphere containing less than 19.5% oxygen by volume or has a partial pressure of 148 millimeters of mercury or less.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. At North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

Suspected Tuberculosis: An individual who displays four (4) or more of the symptoms associated with tuberculosis including:

- A productive cough of more than three weeks
- Coughing up blood
- Weight loss
- Appetite loss
- Lethargy
- Night sweats
- Fever

Tuberculosis: The bacterium Mycobacterium Tuberculum that is carried through the air in infectious droplets.

#### **4.2 Policy Statement – Provision and Wearing of HEPA Respirators:**

4.2.1 The fire district will provide fire district personnel with high-efficiency particulate air (HEPA) respirators when responding to emergency medical incidents.

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**Cancels:** 0400.0355.00 High Efficiency Particulate Air Respirator

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0355.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>3 of 4</b>
<b>Subject:</b>	<b>High Efficiency Particulate Air (HEPA) Respirator</b>	<b>Approved:</b>	

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- 4.2.2 All fire district emergency medical care apparatus will be equipped with HEPA respirators for use by fire district personnel. The HEPA respirators provided will be of various sizes so that the identified size for responding personnel may be selected.
- 4.2.3 Responding emergency medical personnel will don and wear a (HEPA) respirator when responding to, or coming into contact with patient(s) who are known, or are suspected of being infected with any airborne disease that could be transmitted to the responder.
- 4.2.4 HEPA respirators are not suitable for use as a self-contained breathing apparatus and shall not be used in atmospheres that are oxygen deficient or atmospheres that are immediately dangerous to life or health.
- 4.2.5 Self-contained breathing apparatus (SCBA) may be used according to fire district policy and operating instructions in atmospheres that are oxygen deficient or immediate dangerous to life or health, and may be used for personal protection from tuberculosis or suspected tuberculosis.

### **4.3 Policy Statement – Medical Evaluation and Fit Testing Prior to Use:**

- 4.3.1 All fire district members who may be required through their job description to wear a HEPA respirator shall complete a medical evaluation as identified in Policy 400.351.01 “Medical Evaluations” prior to wearing the respirator.
- 4.3.2 All fire district members who may be required through their job description to wear a HEPA respirator shall complete respirator fit testing as identified in Policy 0400.0356.01 “HEPA Filter Respirator Fit Testing” prior to wearing the respirator.

### **4.4 Policy Statement – Proper Care, Use, and Disposal of HEPA Respirators:**

- 4.4.1 HEPA respirators will be stored on each emergency medical care response apparatus in such a manner so that the respirator remains clean and in original condition. Care should be taken to store the respirator so that its shape is not deformed thus altering the proper fit of the respirator.
- 4.4.2 HEPA respirators are to be worn as identified by the manufacturer and care will be taken to ensure that the proper face seal is attained.
- 4.4.3 HEPA respirators are disposable and shall be discarded into an approved biohazard waste container after use. Disposal of contaminated respirators will be accomplished

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**Cancels:** 0400.0355.00 High Efficiency Particulate Air Respirator

**Revised:**

**Reviewed:**



# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0355.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 4 of 4

**Subject:** High Efficiency Particulate Air (HEPA) Respirator

**Approved:**

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in accordance with approved procedures identified in the fire district infectious waste disposal policy.

### 5.0 Control Mechanisms:

- 5.1 All fire district members shall maintain proficiency in the care and use of HEPA respirators. Failure to comply with fire district policy may result in disciplinary action.
- 5.2 Fire district supervisors will comply with fire district policy regarding the care and use of HEPA respirators and will ensure compliance by members assigned to their responsibility.
- 5.3 The Fire Chief shall be responsible for reviewing this policy on an annual basis.

### 6.0 References:

- WAC 296-305-04001
- WAC 296.62; Part E Respiratory Protection
- WAC 296-62; Part J Biological Agents

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0355.00 High Efficiency Particulate Air Respirator

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0356.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 4

**Subject:** High-Efficiency Particulate Air (HEPA) Respirator Fit Testing **Approved:**

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### 1.0 General:

Fire district personnel must ensure that the high-efficiency particulate air (HEPA) protective respirator provided by the fire district fits properly and is capable of reducing the risk of infection caused by infectious air-borne particulates.

### 2.0 Purpose:

It is the purpose of this policy to identify the need for HEPA filter fit testing and the minimum testing requirements.

### 3.0 Scope:

This policy applies to all personnel who may, through their job description, be required to wear a HEPA filter respirator.

### 4.0 Policy:

#### 4.1 Definitions:

Disposable Respirator: A device intended for one-time use to protect the wearer from the inhalation of harmful atmospheres or infectious materials. A high-efficiency-particulate air (HEPA) or N-95 respirator for infection control is an example of a disposable respirator.

Fit Check: A test conducted by the wearer to determine if the respirator is properly sealed to the face.

Fit Test: The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 0400.0352.01 Appendix A: "Fit Test Procedure."

High-Efficiency Particulate Air Filter: a filter which removes from the air 99.97% or more of particles having a mean particle diameter of 0.3 microns.

Nebulizer: A testing device that injects test solution into a hooded test apparatus.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

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**Cancels:** 0400.0356.00 HEPA Filter Respirator Testing

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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<b>Number:</b>	<b>0400.0356.01</b>	<b>Date:</b>	<b>2/12/09</b>
<b>Area:</b>	<b>Safety / Respiratory Protection</b>	<b>Page:</b>	<b>2 of 4</b>
<b>Subject:</b>	<b>High-Efficiency Particulate Air (HEPA) Respirator Fit Testing Approved:</b>		

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Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. In North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

Suspected Tuberculosis: An individual who displays four (4) or more of the symptoms associated with tuberculosis including:

- A productive cough of more than three weeks
- Coughing up blood
- Weight loss
- Appetite loss
- Lethargy
- Night sweats
- Fever

Tuberculosis: The bacterium Mycobacterium Tuberculum that is carried through the air in infectious droplets.

### **4.2 Policy Statement – Qualitative Fit Testing:**

4.2.1 All fire district members who through their specific job description may be required to wear a HEPA filter respirator shall participate in a qualitative fit testing process prior to wearing such a respirator.

4.2.2 All fire district members who through their specific job description may be required to wear a HEPA filter respirator shall complete the fire district approved medical evaluation in accordance with Policy 0400.0351.01 “Medical Evaluations” prior to participating in qualitative fit testing and/or prior to wearing a HEPA respirator.

4.2.3 Qualitative Fit Testing shall be completed:

4.2.3.1 Upon acceptance of initial application for membership

4.2.3.2 At least once every twelve (12) calendar months

4.2.3.3 Whenever there are changes in the type of HEPA filter respirator(s) used

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**Cancels:** 0400.0356.00 HEPA Filter Respirator Testing

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0356.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

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**Subject:** High-Efficiency Particulate Air (HEPA) Respirator Fit Testing **Approved:**

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4.2.3.4 Whenever there are significant physical changes in the user such as a weight change of ten percent (10%) or more, scarring of the face seal area, dental changes, cosmetic surgery, or any other condition that may affect the fit of the respirator.

4.2.3.5 Whenever the wearer displays difficulty or the inability to wear the respirator.

4.2.4 Qualitative fit testing will be conducted in accordance with standard operating procedures.

4.2.5 Qualitative fit testing records for all wearers of HEPA filter respirators will be maintained in accordance with fire district policy and will contain:

- Applicable written guidelines for the respirator fit testing program including the pass/fail criteria
- The type of respirator tested including the manufacturer, the model and the size.
- The qualitative fit test method used
- Name or identification of the test operator
- Name of the member tested
- The date of test, and
- The final test results.

### **5.0 Control Mechanisms:**

5.1 Fire district members who through their specific job description may be required to wear a HEPA filter respirator are responsible for ensuring that they have been fit tested prior to wearing the respirator. Failure to do so may result in disciplinary action.

5.2 Supervisors shall ensure that individual members assigned to their area of responsibility comply with this and other applicable respiratory protection program requirements prior to wearing a HEPA filter respirator. Failure to do so may result in disciplinary action.

5.3 The Fire Chief shall be responsible for reviewing this policy on an annual basis.

### **6.0 References:**

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**Cancels:** 0400.0356.00 HEPA Filter Respirator Testing

**Revised:**

**Reviewed:**

# North Whatcom Fire and Rescue

## FIRE DISTRICT POLICY

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**Number:** 0400.0356.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

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**Subject:** High-Efficiency Particulate Air (HEPA) Respirator Fit Testing **Approved:**

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- WAC 296-305-04001
- WAC 296.62; Part E Respiratory Protection
- WAC 296-62; Part J Biological Agents

Approved: \_\_\_\_\_

Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0356.00 HEPA Filter Respirator Testing

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0357.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 3

**Subject:** Self-Contained Breathing Apparatus Cleaning

**Approved:**

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### 1.0 General:

Wearers of respirators should be provided respirators that are operationally ready and clean. When cleaning a respirator, the user will have an opportunity to thoroughly inspect the respirator and identify any potential operational deficiencies that may exist. A routine thorough cleaning of the respirator not only improves maintenance but helps prevent the transmission of disease should another user wear the respirator.

### 2.0 Purpose:

It is the purpose of this policy to identify the cleaning requirements for all respirators currently being used by the fire district.

### 3.0 Scope:

This policy applies to all personnel who shall, in the performance of their assigned duties, wear and/or use a fire district respirator.

### 4.0 Policy:

#### 4.1 Definitions:

Disposable Respirator: A respirator device intended for one-time use to protect the wearer from the inhalation of harmful atmospheres or infectious airborne particulates, and is to be disposed after use by the wearer.

Facepiece: The component of the respirator that covers the wearer's nose, mouth, and eyes. It is designed to make a gas-tight fit with the face and includes the headbands, exhalation valve(s), and connections for an air-purifying device or respirable gas source, or both.

First Stage Regulator: A "balanced type" pressure reducer that keeps the pressure to the mask-mounted regulator at approximately 80 psi throughout the entire operating pressure range of the cylinder and that incorporates a pressure relief valve that vents the first stage automatically if the normal operating pressure is exceeded. This definition is unique to the Scott brand self-contained breathing apparatus currently in use in the fire district.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

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**Cancels:** 0400.0357.00 Respirator Cleaning

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0357.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 2 of 3

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**Approved:**

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*Second Stage Regulator:* A pressure demand, mask-mounted regulator which keeps a positive pressure in the facepiece at all times and incorporates a constant flow by-pass valve that supplies approximately 130 liters per minute to the facepiece. This definition is unique to the MSA brand self-contained breathing apparatus currently in use in the fire district.

*Self-Contained Breathing Apparatus (SCBA):* An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. In North Whatcom Fire and Rescue, this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

### **4.1 Policy Statement – Respirator Cleaning Interval:**

- 4.1.1 All fire district respiratory equipment shall be cleaned and maintained in good working order.
- 4.1.2 Firefighters issued SCBA masks shall be responsible for ensuring their issued mask is clean and maintained in good working order.
- 4.1.3 All wearers of SCBAs will be trained in the proper cleaning procedures for masks as well as the SCBA itself.
- 4.1.4 SCBAs shall be cleaned and disinfected as follows:
  - 4.1.4.1 The SCBA masks issued to each firefighter shall be cleaned and disinfected after each use.
  - 4.1.4.2 SCBA components shall be cleaned and disinfected after each use.

### **4.2 Policy Statement – Proper Cleaning Protocol:**

- 4.2.1 Fire district SCBAs shall be cleaned in accordance with the procedures identified in district standard operating procedures.
- 4.2.2 When cleaning SCBAs, only a manufacturer approved cleaning solution shall be used followed by a rinse in clear, clean water with a temperature not to exceed 120°F.
- 4.2.3 Care will be taken to ensure that the SCBA is not submerged into any cleaning solution or liquid.

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**Cancels:** 0400.0357.00 Respirator Cleaning

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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<b>Subject:</b>	<b>Self-Contained Breathing Apparatus Cleaning</b>	<b>Approved:</b>	

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4.2.4 After proper cleaning and disinfecting of a SCBA, the components shall be dried with a clean towel and left to air-dry until completely dry. SCBA components will not be stored back in their compartment or storage bag until the unit is completely dry.

### **4.3 Policy Statement – After Cleaning Inspection and Documentation:**

4.3.1 After cleaning, disinfecting, and drying a SCBA, the unit will be inspected to ensure operational readiness, prior to placing the unit into service.

4.3.2 Documentation of such inspections shall be maintained in accordance with Policy 0400.0358.01 “Respiratory Equipment Record Maintenance”.

### **5.0 Control Mechanisms:**

5.1 The Division Chief of Technical Services shall be responsible to ensure that cleaning, disinfecting and inspecting of SCBAs is accomplished according to the published recommendations of the manufacturer. It is the responsibility of the Division Chief of Technical Services to ensure that any changes to the manufacturer’s recommendations are subsequently changed in the policies and standard operating procedures.

5.2 The Fire Chief shall be responsible for reviewing this policy on an annual basis.

### **6.0 References:**

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite
- Mine Safety Appliances Co. Ultralite MMR Custom Instructions, Approvals, and Level I Maintenance Manual.

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0357.00 Respirator Cleaning

**Revised:**

**Reviewed:**



# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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**Number:** 0400.0358.01

**Date:** 2/12/09

**Area:** Safety / Respiratory Protection

**Page:** 1 of 4

**Subject:** Maintenance of Respiratory Equipment Records

**Approved:**

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### 1.0 **General:**

It is essential that records of all program elements of the Fire District Respiratory Protection Program be maintained. Such records are essential for ensuring that the program elements, including fit testing, medical screening, and SCBA care and use, training, inspection, and maintenance, occur in a timely fashion in accordance with fire district policies and standard operating procedures.

### 2.0 **Purpose:**

It is the purpose of this policy to identify the record maintenance requirements for documentation of the elements of the fire district Respiratory Protection Program.

### 3.0 **Scope:**

This policy applies to all fire district personnel who by their respective job assignment are required to wear a respirator and to all fire district personnel who are responsible for the maintenance of fire district records.

### 4.0 **Policy:**

#### 4.1 **Definitions:**

**Annual Screening:** A physical activity regimen, as defined in this Policy 400.351.01 "Medical Evaluations" and associated standard operating procedures, that will identify any potential change in the member's medical condition that could affect his/her ability to wear a respirator.

**Fit Check:** A test conducted by the wearer to determine if the respirator is properly sealed to the face.

**Fit Test:** The use of an accepted testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. See Protocol 400.352.00 Appendix A: "Fit Test Procedure."

**Medical Evaluation Result(s):** A confidential report from the fire district approved Physician or Licensed Health Care Provider (PLHCP) that is given to the Fire Chief that describes whether an individual may or may not use a respirator without limitations.

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**Cancels:** 0400.0358.00 Respiratory Equipment Record Maintenance

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

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<b>Number:</b> 0400.0358.01	<b>Date:</b> 2/12/09
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Medical Evaluation Questionnaire: A confidential, fire district document, whose use is authorized by the fire district approved PLHCP, to provide information to the PLHCP to help determine if an individual has any physiological, psychological, or medical conditions that would prevent that individual from wearing a respirator.

Qualitative Fit Test: A pass/fail fit test that relies on the individual's response to the test agent to assess the adequacy of respirator fit for an individual.

Respirator: A device designed to protect the wearer from the inhalation of harmful atmospheres. A self-contained breathing apparatus is a type of respirator.

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be worn by the user. In North Whatcom Fire and Rescue this is the MSA Firehawk M7 4500 psi with forty-five minute (45) rated service duration.

The Washington Administrative Code (WAC): The rules and regulations promulgated by the State of Washington (primarily Department of Labor and Industries) to ensure the legislative intent is satisfied.

### **4.2 Policy Statement – Records Maintenance - Personnel:**

- 4.2.1 All records pertaining to a member's medical questionnaire and medical evaluation shall be identified as "confidential", and as such, these records shall not be given to any individual or organization without expressed written consent of the member.
- 4.2.2 The confidential respiratory medical questionnaire of a member shall be retained permanently by the fire district approved PLHCP.
- 4.2.3 The confidential respiratory protection medical evaluation result(s) shall be retained permanently by the fire district in the individual member's confidential medical file.
- 4.2.4 All annual written examinations that evaluate a member's knowledge of respirator equipment, operation, safety, and fire district policies and procedures shall be maintained in the member's personnel file for a period of seven (7) years.
- 4.2.5 Records of all annual fit testing and annual screening results shall be maintained in the member's individual personnel file for a period of seven (7) years.
- 4.2.6 The individual member's respiratory protection program training records shall be maintained as follows:

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**Cancels:** 0400.0358.00 Respiratory Equipment Record Maintenance

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

## FIRE DISTRICT POLICY

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- Classroom rosters shall remain with the Fire District Training Officer and incorporated into the fire district electronic information management system.
- Individual respirator training records shall remain in the member's individual personnel file.

### **4.3 Policy Statement – Record Maintenance – Equipment:**

- 4.3.1 Weekly inspections of self-contained breathing apparatus (SCBA) shall be maintained by the fire district administration, and shall remain in the administrative maintenance files for a period of not less than seven (7) years.
- 4.3.2 All records of testing, maintenance, and repairs of all SCBAs shall be maintained by the fire district administration and shall remain in the administrative maintenance files for the useful life of the equipment and/or until the equipment is no longer in service with the fire district.
- 4.3.3 All testing, maintenance, and repair records of the mobile air supply unit (Air 1) shall be maintained by the fire district administration, and shall remain in the administrative maintenance files for the useful life of the apparatus and/or until the apparatus is no longer in service with the fire district.
- 4.3.4 All records of air quality testing (air quality reports) shall be maintained by the fire district administration, and shall remain in the administrative maintenance files for a period of seven (7) years.

### **4.4 Policy Statement – Record Maintenance – Program Evaluation:**

- 4.4.1 All records of the respiratory protection program evaluations shall be maintained by the fire district administration and shall be filed with the documentation appropriate for the fire district safety program. Such records shall remain in the appropriate files for a period of seven (7) years.

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**Cancels:** 0400.0358.00 Respiratory Equipment Record Maintenance

**Revised:**

**Reviewed:**

# NORTH WHATCOM FIRE AND RESCUE

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### 5.0 Control Mechanisms:

- 5.1 The District Safety Officer shall be responsible for an annual audit and appraisal of the effectiveness of the respiratory protection program. Such a report will identify any deficiencies and identify any recommended actions to correct such deficiencies. The report shall be submitted to the fire district safety committee for review by March 30 of each year.
- 5.2 The annual effectiveness audit and appraisal shall be reviewed by the fire district safety committee not later than April 30 of each year. Documentation of that review shall be included in the minutes of the safety committee, and shall be maintained by the fire district administration. Such records shall remain in the appropriate files for a period of seven (7) years.
- 5.3 The Fire Chief and the District Safety Officer shall be responsible for reviewing this policy on annual basis.

### 6.0 References:

- WAC 296-305-04001; Respiratory Equipment Protection
- WAC 296-62 Part E; Respiratory Protection
- WAC 296-62 Part I-1; Asbestos, Tremolite, Anthrophyllite, and Actinolite

Approved: \_\_\_\_\_  
Commission Chair  
North Whatcom Fire and Rescue

Date: \_\_\_\_\_

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**Cancels:** 0400.0358.00 Respiratory Equipment Record Maintenance

**Revised:**

**Reviewed:**