

**MERIDIAN TOWNSHIP POLICE DEPARTMENT
GENERAL ORDER**

Subject: RESPIRATOR PROTECTION PROGRAM	General Order: 1241
Effective Date: November 1, 2002 Revision Date:	Distribution: All Sworn Employees

I. PURPOSE

This policy is designed to comply with MIOSHA requirements for development and implementation of a written respiratory protection program.

II. POLICY

Whenever available, Meridian Township Police Department will use NIOSH or MSHA approved or accepted respirators, also commonly called a gas mask. The Meridian Township Police Department will assign reusable respirators to individual employees. Each employee should mark his or her name or identification number on the respirator. The marking should be done in a manner that will not interfere with the respirator's performance.

III. PROCEDURES

A. Respirator Fit Testing

1. Each officer assigned a respirator must receive proper training and be fit tested prior to respirator use.
2. There are two protocols for fit testing: qualitative and quantitative. **All fit testing protocols are completely described in National Institute for Occupational Safety and Health, Guide to Industrial Respiratory Protection**; one of those protocols, will be used when doing fit testing. (See Appendix A for fit test method used)
3. Timeliness
 - a. **Qualitative** fit testing shall be done on an annual basis.
 - b. This testing shall be on the exact respirator assigned to the individual.
 - c. In addition, every time an officer puts on a respirator, he or she shall do positive and negative pressure fit testing using the respirator that he or she will be wearing.
4. Written records will be maintained of the results of all annual testing, including any failed tests. These records should include the following information as a minimum. (See Appendix B)

- a. Employee name and signature.
 - b. Date, type of fit test performed.
 - c. Examiner name and signature.
 - d. Exact respirator used.
 - e. Specific results of test protocol.
5. The training supervisor is responsible for scheduling fit testing and maintaining the records required.

B. Employee Training

1. A qualified person shall instruct all personnel assigned this equipment.
2. Training shall include:
 - a. Proper fitting instructions including hands on demonstration and practice in a normal atmosphere and finally a test atmosphere.
 - b. Discussion of the contaminate involved: including basic description, route of transmission, and potential effects on the human body.
 - c. Discussion of engineering and administrative controls involved.
 - d. Discussion of respirator selected, its function and limitations and the limitations and applications for the issued filters.
 - e. Discussion regarding how to recognize and handle emergencies.
 - f. Demonstration and instruction in the proper care, maintenance, repair and storage of the respirator.
3. Periodic checks shall be done to verify worker diligence in observing proper respirator procedures. Training should be reinforced annually or whenever there is a process or respirator change.
4. Appropriate documentation must be maintained on all training procedures.
 - a. Documentation shall be completed by the qualified instructor and forwarded to the police-training supervisor.

C. Equipment and Maintenance

1. All sworn personnel shall be issued a properly fitted respirator that is at minimum suitable for use with riot control.
2. All sworn personnel are required to participate in annual fit testing to ensure compliance with OSHA standards.
3. Sworn personnel shall carry their assigned respirator in their patrol vehicle while assigned to patrol duties to ensure the availability of the equipment during emergency/hazardous situations.

4. Officers are responsible for the care and maintenance of their issued respirator. Damage, improper fit, expired canister or other circumstances that could affect the reliability of the equipment shall be promptly reported to the officer's supervisor and then the patrol division lieutenant.
 - a. The Patrol Division Lieutenant is responsible for making the proper correction on reportedly deficient respirators.
5. Meridian Township Police currently issue the MSA Advantage 100 respirator or its equivalent that is equipped at minimum with a riot control agent canister.
6. Meridian Township Police also provide a HEPA-filter respirator to be used while performing Medical First Responder (MFR) duties. These respirators are located in the MFR equipment bags.

IV. CANCELLATIONS

None

Authorized by:

Gary F. Gibbons, Chief of Police

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Application: This directive constitutes department policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law.

Appendix "A"

QUALITATIVE FIT TESTING PROTOCOLS

A. SENSITIVITY TEST

1. Don test hood without respirator.
2. Have test subject breathe through their mouth.
3. Using nebulizer #1 with Test Solution #1 (either saccharin or Bitrex), remove caps and squeeze ten (10) times into test hood.
 - a. Ask if they note a sweet taste for saccharin or bitter taste for Bitrex
 - If yes go to Fit Test
 - If no repeat
 - b. Give ten (10) more squeezes, ask if they note a sweet or bitter taste
 - If yes go to Fit Test
 - If no repeat again
 - c. Give ten (10) more squeezes, ask if they note a sweet or bitter taste
 - If yes go to Fit Test
 - If no test ends, need to find another test method i.e.: if sweet was used, change to bitter

B. FIT TEST

1. Don and fit check the respirator.
2. Don the hood.
3. Have test subject breathe through their mouth.
4. Using nebulizer #2 with Test Solution #2, remove caps and squeeze ten (10) times into test hood.
 - a. Maintain the concentration by using five (5) squeezes from nebulizer #2 with Test Solution #2- squeeze **every 30 seconds** during the test.
 - b. Stop the test any time the test subject tasted a sweet or bitter taste, if not continue on with the test.
5. Begin tests, instruct test subject to:
 - a. Inform the test administrator at any time a sweet taste or bitter taste is noted (depending on solution used).
 - b. Breathe normally for 60 seconds.
 - c. Deep breathe (regular and deep) for 60 seconds.
 - d. Turn head from side to side (one turn per second) for 60 seconds.
 - e. Nod head up and down (one nod per second) for 60 seconds.
 - f. Talk aloud and slowly (read Rainbow Passage or count from 100 to zero) for 60 seconds.
 - g. Breathe normally for 60 seconds.
6. If test is terminated, wait 15 minutes to retest. Readjust, change size or model as needed.
7. If no sweet or bitter taste is noted by the test subject during the entire test, the test is successful and the respirator fit has been successful.
8. Document the test results on fit test form.

RAINBOW PASSAGE

When the sunlight strikes the 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, but no one ever finds it. When a man looks for something beyond its reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Appendix "B"

RESPIRATORY PROTECTION PROGRAM

RESPIRATOR FIT TEST RECORD

Test Subject _____ CAD # _____ Date _____

SENSITIVITY TEST

Number of pumps to taste sweet taste _____ Unable to taste after 30 pumps
 Number of pumps to taste bitter taste _____ Unable to taste after 30 pumps

FIT TEST

Mask Make & Model			
Size			
Normal Breathing	Pass/Fail	Pass/Fail	Pass/Fail
Deep Breathing	Pass/Fail	Pass/Fail	Pass/Fail
Head Side to Side	Pass/Fail	Pass/Fail	Pass/Fail
Head Up & Down	Pass/Fail	Pass/Fail	Pass/Fail
Talking	Pass/Fail	Pass/Fail	Pass/Fail
Bending Over	Pass/Fail	Pass/Fail	Pass/Fail
Normal Breathing	Pass/Fail	Pass/Fail	Pass/Fail
Status	Pass/Fail	Pass/Fail	Pass/Fail

I administered this (these) test as prescribed by OSHA regulations:

Signature of test administrator _____ Date _____

I understood the directions and provided truthful information about this fit test.

Signature of test subject _____ Date _____