	UNIFIED FIRE AUTHORITY ORGANIZATIONAL POLICY MANUAL	
	Affiliation: Safety, Health, and Wellness	
	Title: **Respiratory Protection Program** Number: **1200-120**	
	Approved: 1/6/2025	By: Fire Chief Dominic Burchett
	Last Reviewed: 12/23/2025	By: Battalion Chief Bret Fossum

REFERENCES:
OSHA CFR 1910.134
DOT 49 CFR part 180
NFPA 1404: Standard for Fire Service Respiratory Protection Training
NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program
NFPA 1852: Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)
NFPA 1981: Standard on Open-Circuit Self-Contained (SCBA) for Emergency Services
NFPA 1989: Standard on Breathing Air Quality for Emergency Services Respiratory Protection

DEFINITIONS:
Air-purifying respirator (APR) - respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element

Atmosphere-supplying respirator - respirator supplies breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SARs), self-contained breathing apparatus (SCBA), and combination SAR/SCBA units.

Filtering Facepiece Respirator (***FFR) –*** disposable particulate respirator that has been approved with the following designations such as N95, Surgical N95, N100, and P100

Hazardous Atmosphere – Any atmosphere that is oxygen deficient or contains a toxic or disease-producing contaminant

IDLH – Immediately Dangerous to Life and Health

PEL – Permissible Exposure Limit

Respirator – wearable device that protects the user from airborne particles, pathogens, chemicals, and gases or provides clean air respirable from another source

SAR – Supplied Air Respirator

Surgical N95 - An N95 that also provides a physical barrier for large droplets of blood and other body fluids

SCBA – Self-contained breathing apparatus

LEADERS INTENT:
To comply with UOSH/OSHA, DOT, and NFPA regulations and standards regarding respiratory

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protection.

PURPOSE:
Establish the procedures and requirements necessary to ensure that personnel are protected from exposure to respiratory hazards or oxygen-deficient atmospheres that may be present at fires and emergency scenes.

POLICY:

1.0 General

1.1. All respirators are to be approved by NIOSH.

1.2. SCBA will be certified as compliant with NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus for Fire and Emergency Services.

2.0 Respirator selection

2.1. Respirators will be worn if the potential exists for employees to be exposed to air contaminants above the OSHA PEL or in an atmosphere that is determined to be IDLH.

2.1.1. Interior structural firefighting in all stages, including overhaul, should be assumed to be IDLH until a determination is made that IDLH conditions do not exist.

2.2. An atmosphere-supplying respirator (SCBA, combination SAR/SCBA) must be used when:

2.2.1. Oxygen deficiency is assumed to be less than 19.5%.

2.2.2. Toxic products of combustion may be present.

2.2.3. The hazardous atmosphere is IDLH, suspected of being IDLH, or unknown.

2.2.4. Air contaminants are present in concentrations above the OSHA permissible exposure limit (PEL); no other effective respirator for that contaminant is available for those concentrations.

2.3. A reusable elastomeric half-facepiece or full-facepiece APR can be used with the following considerations:

2.3.1. Understanding of the respiratory hazard (type and/ or warning properties)

2.3.2. Knowledge of the extent of the hazard (concentration)

2.3.3. Awareness of work requirements and conditions

2.3.4. Characteristics and restrictions of these respirators

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2.3.5. Canisters and filters selected are appropriate for the hazard encountered

2.4. A FFR should be worn if there is a potential to be exposed to inhalation hazards or high concentrations of particulates and respiratory pathogens.

2.4.1. N95 respirators should be used for protection from known potentially airborne infectious pathogens.

2.4.2. A surgical N-95 respirator should be used when there is potential exposure to large amounts of blood or bodily fluids droplets.

2.4.3. FFRs DO NOT protect from chemical exposure and are NOT to be used for IDLH environments.

3.0 Procedures for proper respirator use

3.1. Respirators are to be used in accordance with their NIOSH certification and manufacturer instructions.

3.2. Whenever respiratory protection is required, all personnel will utilize the appropriate level of protection.

3.3. Persons required to use a respirator will not have facial hair that interferes with the facepiece seal or inhalation/exhalation valves. This stays in effect even if the person passes a fit test with facial hair.

3.4. Persons who require corrective eyeglasses should not wear eyeglasses with a full-face respirator since the eyeglass frame can interfere with the face-to-facepiece seal. Employees should obtain an eyeglass insert provided by the respirator manufacturer. The employee is responsible for paying for the eye examination to determine their prescription. The UFA is responsible for paying for the eyeglass insert.

3.5. Conduct a user seal check each time a respirator is donned. Persons using a respirator may not have any condition that prevents them from achieving a good facepiece seal. Individuals are prohibited from wearing articles that may interfere with the face-to-facepiece seal.

3.6. APR cartridge and filter service life is to be determined by the following:

3.6.1. Use manufacturer's recommendations, or

3.6.2. Use the NIOSH MultiVapor application to determine breakthrough and service life.

3.6.3. Consider mixtures, intermittent use, concentrations, the user’s breathing rate, filtering capacity, and environmental factors.

3.6.4. Use a conservative approach to maintain appropriate levels of protection

3.7. FFRs should be disposed of after single use but can be reused by the initial wearer multiple times over one shift, until they are damaged, soiled, or causing

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noticeably increased breathing resistance.

3.8. SCBA cylinders must have a minimum service life rating of 30 minutes. When the low air alarm is activated, personnel must leave the IDLH area. The alarm must be activated when the apparatus is reduced to within 20-25% of its rated service time.

3.8.1. For technical rescue incidents, a smaller cylinder for emergency escape purposes will be carried when on a SAR.

4.0 Breathing Air Quality

4.1. Breathing air must meet the minimum requirements for Grade D breathing air described in ANSI/ Compressed Gas Association G-7.1, Commodity Specification for Air.

4.2. Sources of compressed breathing air, such as compressors, cascade systems, and filling stations, must be sampled at least quarterly. The collected samples are to be tested by an independent laboratory to ensure that the air quality meets the minimum standard.

4.3. When air cylinders are purchased through a third party, a certification that the air in the cylinders meets the specifications of Grade D breathing air will be kept on file.

4.4. Breathing air compressors and their components must be maintained according to the manufacturer's recommendations.

4.5. When using air from a compressor, the following conditions must be met:

4.5.1. Oil compressors must have either a carbon monoxide sensor, a heat sensor, or both.

4.5.2. The compressor intake will draw from a clean air environment when in use.

4.5.3. Suitable in-line air-purifying filters must be installed.

4.6 SCBA air cylinders will be filled by someone capable of using an established procedure for the specific air cylinder being utilized. 4.7 SCBA air cylinders must be stored in a fully charged state and will be recharged when pressure falls to 90% of the manufacturer’s recommended pressure level.

4.8 Couplings used to fill breathing air cylinders must be incompatible with couplings for other compressed gas cylinders.

5.0 Cleaning, Inspection, Maintenance, and Storage

5.1. Cleaning

5.1.1. Follow the manufacturer’s recommendations for cleaning and

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maintenance.

5.1.2. Respirator cleaning is to be done with products approved by the respirator. No other chemicals or products are to be used unless otherwise specified.

5.1.3. All reusable respirators must be cleaned and disinfected as often as necessary to maintain a sanitary condition.

5.2. **Inspection**

5.2.1. Inspect the issued or assigned respirator at the beginning of each 48-hour shift or when an employee reports for duty to assess the proper function of all components and warning devices.

5.2.2. Respirators are to be inspected during cleaning and before placing the respirator back in storage.

5.3. **Defective Respirators**

5.3.1. Respirators that are defective or have defective parts will be taken out of service and the Logistics Division or and/or the PPE Specialist will be notified immediately.

5.4. **Maintenance**

5.4.1. Maintain and service respirators according to manufacturer instructions.

5.4.2. Respirator repairs will be performed only by certified technicians or the manufacturer.

5.4.3. SCBA cylinders must be hydrostatically tested every 5 years, with a maximum life of 15 years.

5.5. **Storage**

5.5.1. Store respirators to prevent deformation of the face seal, other damage, or contamination.

6.0 Respirator fit test

6.1. Each employee required to use a respirator must be fit tested for each respirator they may be expected to use.

6.2. Fit testing must be conducted with the same manufacturer, model, and size facepiece that the person uses and at the frequency noted below:

6.2.1. Prior to the first time using the manufacturer/model and size of the respirator.

6.2.2. Annually.

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6.2.3. When there are changes in the individual's physical condition that could affect the face seal (e.g., weight, dentures, facial scarring, etc.).

7.0 Medical Evaluation for authorization to use a respirator.

7.1.1. All personnel using respirators will participate in the fire department medical examination program according to UFA Policies and Procedures – Health Standards and Medical Examinations.

7.1.2. Employees will be medically certified before being permitted to engage in emergency activities (prior to being allowed to use SCBA), and on an annual basis thereafter, pursuant to OSHA 1910.156, 1910.134, 1910.120, and NFPA 1582.

7.1.3. The licensed healthcare professional will provide a statement to the individual's department that the individual is or is not authorized to use a respirator. The documentation should include the date of the evaluation, individual's name, physician's name, and contact information.

7.1.4. Information obtained will comply with UFA Policy, 200-130 Employee Medical Information

8.0 Training

8.1. Training is required for all individuals who are required to use respirators in their job functions.

8.2. Training must be provided before an individual first wears a respirator and annually afterward.

8.3. Training will include, but is not limited to:

8.3.1. Instruction on the type of respiratory hazards encountered.

8.3.2. Instruction in the use of respirators:

8.3.2.1. When use of respirators is required.

8.3.2.2. Inspection procedures prior to use.

8.3.2.3. Seal check and adjusting for comfort.

8.3.2.4. Wearing of respirator.

8.3.2.5. Components of respirators.

8.3.3. Types of respirators used at the workplace, capabilities, and limitations.

8.3.4. How to respond to respirator malfunctions.

8.3.5. SCBA air management and cylinder alarm procedures.

8.3.6. SCBA cylinder filling.

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8.3.7. Fit test.

8.3.8. Cleaning, maintenance, and storage.

8.3.9. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

9.0 Recordkeeping

9.1. The following records will be maintained, in accordance with UFA Policies and Procedures – Records Management and in compliance with UOSH/ OSHA regulations and applicable NFPA standards.

9.1.1. Medical evaluation: certification from an annual department-provided physical evaluation that each individual is medically cleared to wear a respirator.

9.1.2. Fit test records (initial and annual).

9.1.3. Air cylinder purchases, certification of air quality.

9.1.4. Respirator inspection, flow tests (if applicable), and maintenance records.

9.1.5. Respirator training

10.0 Program Evaluation

10.1. The Respirator Program will be reviewed annually by UFA Logistics Division Chief and Safety Officer. The review should cover the following topics, at a minimum:

10.1.1. Adequacy of the respirators being used.

10.1.2. Incidents in which the respirators have failed to provide adequate protection.

10.1.3. Adequacy of training and maintenance on the use of respirators.

10.1.4. Potential changes to and recommendations for the program.

New policy dated: January 6, 2024

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