



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 08-17	<b>Effective Date:</b> December 11, 2023
<b>Division:</b> Health and Safety	
<b>Chapter:</b> Respiratory Protection Program	
<b>By Order of the County Fire Chief:</b> Tiffany D. Green	<b>Previous Revision Date:</b> January 2010

**POLICY**

This General Order establishes a Respiratory Protection Program for all work areas of the Prince George's County Fire/Emergency Medical Services (EMS) Department that contain or potentially contain, hazardous atmospheres to which members could be exposed. The General Order complies with all applicable codes, regulations, and standards pertinent to respirator use for the Department including, but not limited to, OSHA 29 CFR 1910.134 Respiratory Protection.

**SCOPE**

This General Order is intended for all members, career and volunteer, of the Prince George's County Fire & Emergency Medical Services (EMS) Department.

**DEFINITIONS**

**Air-Purifying Respirator** – A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

**EMS ONLY Member** – A volunteer member who participates in an operational capacity as part of an EMS crew only, by personal choice. Without more specific information on the individual's training and/or certification, an EMS ONLY member shall NOT perform any Interior Structural Firefighting activity. However, an EMS ONLY member must be trained and qualified to use the SCBA and maintain certification to wear the SCBA.

**Fire/EMS Department Physician** – A physician employed by or under contract to the Prince George's County Fire/EMS Department. The physician shall be familiar with the operations and operational environment of the Department and with the Respiratory Protection Program.

**Health and Wellness Office (H&WO)** – Shall annually review the effectiveness of the Respiratory Protection/Tuberculosis Program and develop a report to the Fire Chief.

**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.

**Interior Structural Firefighting** – The physical activity of fire suppression, rescue, or both, inside buildings or enclosed structures, which are involved in a fire situation beyond the incipient stage.



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**Operational Activity** – Any duty, responsibility, or function that involves the delivery of service, training, etc. This includes drivers/operators of vehicles, command officers, and emergency medical service providers.

**Member** – Any career employee or volunteer member of the Prince George's County Fire/EMS Department.

**Self-Contained Breathing Apparatus (SCBA)** – A County-approved, atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

**Supplied-Air Respirator (SAR) or Airline Respirator** – An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

### **PROCEDURES / RESPONSIBILITIES**

#### **I. Use of SCBA and Air-Purifying Respirators**

- A. All members who participate in operational activities and/or may be potentially exposed to respiratory hazards shall be qualified and maintain their qualification to use the Department-approved SCBA and air-purifying respirator, which is the N99 respirator.
- B. All members who are involved in any operational activities shall obtain and maintain certification to wear SCBA.
- C. All members who are, or could be, exposed to IDLH atmospheres, and who could be required to enter an IDLH during an emergency response and/or training exercise shall use SCBA or SAR, as appropriate. Personnel shall have it immediately available for donning and use in the following conditions:
  1. Any 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.
  2. Oxygen-deficient atmospheres.
  3. Carbon monoxide incidents.
  4. Confined space rescue operations.
  5. Hazardous materials incidents.
- D. Air-purifying respirators (filter masks) may be used to provide respiratory protection in situations where SCBA use is not required. This includes:
  1. Protection from asbestos particles during salvage, overhaul, and fire investigation.
  2. Certain hazardous materials incidents.
  3. Dust-producing activities.
- E. Air-purifying respirators shall not be used in areas that are or have the potential, to become IDLH or oxygen-deficient atmospheres. The particular filter media (filter or chemical canister) to be utilized must be selected for the specific application.



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- F. An N99 respirator shall be used in accordance with General Order 08-22, Tuberculosis Exposure Control Program.
- G. Unit officers or command officers who have "Observer/ Ride Alongs" (as defined by General Order 13-02, Ride Along Observer Program) on board their unit shall be responsible for ensuring that these persons do not enter any potential IDLH zone that exists or may present itself during any incident. Observer/Ride-Alongs shall be left outside of all IDLH hazard zones, as required until atmospheric conditions permit their entry.

### **II. Training Policy**

- A. All members who are expected to perform or have the potential to be exposed to an IDLH atmosphere, shall be qualified to use SCBA and N99.
- B. Members may not use respirators in hazardous atmospheres or at emergency incidents unless they have been trained and qualified to use the specific type and model of respirator.
- C. Requirements for the initial qualification process to use a respirator, including SCBA, are:
  - 1. Medical evaluation that includes the OSHA Respiratory Medical Evaluation Questionnaire.
  - 2. Demonstration of proficiency.
  - 3. Training.
  - 4. Fit testing.
- D. Members must qualify annually to use respirators. Qualification requires:
  - 1. Annual medical clearance utilizing an OSHA Respiratory Medical Evaluation Questionnaire.
  - 2. Demonstration of proficiency.
  - 3. Annual refresher training within 60 days of fit testing.
  - 4. Fit testing.
- E. The Breathing Air (BA) Shop at the Apparatus Maintenance Division (AMD) shall maintain the records of all qualified members to use each type of respirator. These records shall be provided monthly to the Executive Management Team (OFC, ESC, SSC, VSO) to identify the members who are qualified to participate in operational activities. This list shall be distributed to station-level leadership to ensure compliance.

### **III. Availability**

- A. An adequate number of approved SCBAs shall be provided on each primary fire suppression and EMS vehicle for crewmembers who are expected to perform interior fire suppression operations and/or operate in an IDLH atmosphere.
- B. Additional SCBA shall be provided to ensure that one is available for each member who is required to use a SCBA. This includes extra SCBAs provided for:



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1. Staff and command vehicles.
  2. Special use vehicles.
  3. Training.
  4. Replacement of units that are out-of-service for maintenance or repairs.
- C. At least one spare air cylinder shall be carried on each fire apparatus for each SCBA assigned to that vehicle. Additional spare air cylinders and/or refilling capabilities shall be provided for long-duration incidents.
- D. SCBA carried on apparatus for the use of crewmembers shall be secured in brackets and stored in a manner that protects the SCBA from contamination by dirt, dust, or weather conditions. Additional respirators shall be in enclosed compartments and/or carrying cases.
- E. An adequate number of approved N99 respirators shall be provided on each fire suppression and emergency medical vehicle for crewmembers who are expected to perform emergency medical duties. These respirators shall be stored in a manner that protects them from contamination by dirt, dust, and weather conditions.

### IV. Respirator Selection

- A. All members of the Prince George's County Fire/EMS Department shall use the approved standard respirator for fire suppression and other IDLH emergency operations as identified in General Order 02-30, SCBA Approved for Use by Members of the PGFD.
- B. Only approved supplied air respirators (airline breathing apparatus) may be used in IDLH or potential IDLH atmospheres. Supplied air respirators are reserved for special applications requiring long duration and/or reduced weight and bulk, including confined space rescue and hazardous material incidents. These units shall only be used by members who have been trained in their use.
- C. The Scott AV-3000 HT with filter adapter and canisters is approved as an alternative respirator for non-IDLH exposure to hazardous vapors, gases, and/or particulate matter. Air purifying respirators shall only be used in situations where the atmosphere contains at least 19.5% oxygen, the nature and concentration of the contaminant(s) are known, and the appropriate chemical or particulate air-purifying cartridge is available. All other respiratory exposure situations require the use of SCBA.
- D. All members shall wear the NIOSH-approved N99 respirator when providing care to the following high-risk group of patients or patients who exhibit signs and symptoms (persistent cough for three (3) weeks, bloody sputum, night sweats, weight loss, anorexia, and fever) or have a suspicion of Tuberculosis (TB):
1. Persons known with highly infectious communicable diseases, TB cases, foreign-born persons from countries with a high prevalence of TB (e.g., Asia, Africa, Latin America, and some Caribbean and European countries), or medically underserved, low-income populations, including the homeless and residents of shelters.



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2. Alcoholics and intravenous drug users, persons currently incarcerated or with a history of incarceration, or residents of mental institutions and long-term care facilities.
3. Persons with medical conditions such as silicosis, gastrectomy, jejunioileal bypass, chronic renal failure, diabetes mellitus, leukemia and lymphomas, conditions requiring prolonged, high-dose corticosteroid and other immunosuppressive therapy, and weight of 10% or more below ideal body weight.
4. The use of other alternative respirators for particular situations may be authorized, in writing, by the Fire Chief or his/her designee. This shall be based on a detailed review of the specific situation and the alternatives that are available.

E. Additional information can be found in General Order 08-22, Tuberculosis Exposure Control Program.

### **V. Medical Evaluation**

#### A. Initial Evaluation

1. The Fire/EMS Department physician shall examine each member before being authorized to use a respirator. The physician shall issue a written recommendation that the member is medically qualified to use a respirator and to engage in emergency operations before the member shall be permitted to be fit tested or to use a respirator within a hazardous environment.
2. A confidential medical file shall be maintained for each member under the control of the Manager of Risk Management. The physician's recommendation shall be maintained in the member's file. A copy of the physician's recommendation will be provided to the member upon written request to the Manager of Risk Management. The member will have the opportunity to discuss the recommendation with the physician.

#### B. Re-evaluation

1. Members shall be reevaluated for respirator use by the Fire/EMS Department physician if:
  - a) The member reports medical signs or symptoms relating to his/her ability to use a respirator to a supervisor or to the Fire/EMS Department physician.
  - b) Responses to items in the medical questionnaire indicate the need for reevaluation.
  - c) The supervisor has reason to believe that the member requires further medical evaluation or requires a member to be reevaluated for any other reason.
  - d) There is a significant change in the member's work conditions related to respirator use.
2. All members who are scheduled for a full physical examination by the Fire/EMS Department physician shall also have their status for respirator use reviewed at that time using an OSHA Respiratory Medical Evaluation Questionnaire.



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3. All members will complete an OSHA Respiratory Medical Evaluation Questionnaire annually.

### **VI. Confidentiality of Records**

- A. The questionnaire is a confidential medical record, and the responses shall only be reviewed by the Fire/EMS Department physician or a qualified medical professional working under the direction of the Fire/EMS Department physician. If the need for a medical reevaluation is identified, the member shall be notified to contact the Fire/EMS Department physician within 30 days. If the member has not responded to the notification within 30 days, the Manager of Occupational Safety and Health will be notified and the member's authorization to use a respirator shall be suspended until the medical reevaluation has been completed.

### **VII. Fit Testing**

#### **A. Test Requirements**

1. Members shall successfully complete a quantitative fit test administered by the Prince George's County Fire/EMS Department before being authorized to use SCBA or other respirators in a hazardous or potentially hazardous atmosphere. Annual fit testing shall be required for all members to retain their qualification to use respirators and participate in operational activities.
2. Fit testing shall be conducted as part of the initial training program and the annual respirator training program by individuals who have been previously fit tested in Prince George's County and are qualified to use the fit testing apparatus. The fit test records will be maintained by the Breathing Air Shop at the Apparatus Maintenance Division (AMD).
3. Members who have any presence of facial hair that comes between the sealing surface of the face piece and the face, or interferes with the operation of the unit, shall not be fit tested. Additional fit testing may be required if:
  - a) The member reports changes in his/her physical condition or problems maintaining a seal during respirator use.
  - b) Recommended by a supervisor or the Fire/EMS Department physician.
  - c) A new or different type of face piece is to be used by the member.

#### **B. Use Requirements**

1. Members shall only use the type and size of face piece that was used when completing the fit test.
2. Members shall be issued a properly fitting face piece for their personal use.



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3. Members who have any presence of facial hair that comes between the sealing surface of the face piece and the face, or hair that could interfere with the operation of the unit, shall not be permitted to use respiratory protection at emergency incidents, IDLH, or potentially IDLH atmospheres, and shall not be authorized to participate in operational activities. These restrictions shall apply regardless of the specific fit test measurement that can be obtained under test conditions.
4. Nothing shall be allowed to enter or pass through the area where the respirator face piece is designed to seal with the face, regardless of any specific fit test measurement that can be obtained.
5. Members shall always perform a self-check of the face piece seal when donning an SCBA before entering a hazardous atmosphere.

### **VIII. Training**

#### **A. Initial Training**

1. All members who perform fire suppression operations and/or any other emergency operational activities shall be trained and certified in the use of SCBA and the N99 respirator prior to being authorized to participate in emergency incidents, training exercises, or other activities that involve respiratory hazards.
2. Members who are expected to use other types of respirators shall be trained in the use of that specific equipment prior to use.
3. The initial training shall ensure that the member is thoroughly familiar with the respirator and has experience in using it in a non-hazardous environment. The initial training shall address:
  - a) Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protection.
  - b) Capabilities and limitations of the respirator.
  - c) Inspection, donning, doffing, seal checking, and normal use of the respirator.
  - d) Emergency procedures, including situations that involve malfunction of the respirator, maintenance, and storage procedures.
  - e) Recognition of medical signs and symptoms that may limit or prevent effective use of the respirator.
  - f) The general requirements of 29 CFR 1910.134, Respiratory Protection.
4. Each member shall demonstrate proficiency in the proper procedures for:
  - a) User inspection of the respirator.
  - b) Donning the respirator, including the seal check.
  - c) Confident use of the respirator.
  - d) Emergency procedures.
  - e) Doffing, cleaning, and maintenance.



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### **B. Annual Refresher Training**

1. Each member who is authorized to participate in operational activities and required to use SCBA, the N99 respirator, or other respirators, shall be required to participate in an annual refresher training and re-qualification program. The refresher training shall ensure the member is able to meet the objectives listed for initial training and provide any new information that is required. Each member shall also demonstrate proficiency in the same skills as are required for the initial training program.

### **C. Training Records**

1. Personal Protective Equipment and Self-Contained Breathing Apparatus Refresher Training Forms shall be scanned and uploaded into the Annual Respiratory Fit Test Credential in Target Solutions during the member's update by the Breathing Air Shop at Apparatus Maintenance Division.
2. Supervisors shall ensure that all members maintain their SCBA and N99 qualifications to use respirators and ensure that all members participating in operational Fire/EMS Department activities have met the specific requirements.

## **IX. Maintenance and Inspections**

### **A. Inspection**

1. Respirators shall be maintained in working order and in a clean and sanitary condition. Units that require maintenance or repairs shall be removed from apparatus and tagged to prevent inadvertent use.
2. Regular inspections of respirators shall be conducted in accordance with the following schedule:
  - a) SCBA carried on in-service apparatus for the regular use of crewmembers shall be checked daily.
  - b) SCBA and spare air cylinders carried on apparatus, including reserve apparatus, command, and staff vehicles, shall be checked weekly.
  - c) SCBA reserved for training and spare units shall be checked before each use and before being placed in regular service.
  - d) Other types of respirators shall be checked weekly and before each use.
  - e) All respirators shall be checked after each use, after cleaning and servicing, and before being placed back in service.
3. Respirator inspections shall follow the manufacturer's recommended procedures. Regular user inspections of SCBA shall include verification that:
  - a) The air cylinder is full - cylinders shall be refilled if the pressure is found to be below 90% of the rated capacity (4950 psi for a 5500 psi SCBA).



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- b) The regulator, low-pressure alarm, heads-up display, and integral PASS device function properly.
- c) All parts are in operable condition.
- d) The unit is clean and ready for use.

### **B. Cleaning and Sanitizing**

1. SCBA sanitizing and maintenance for all respirators shall be cleaned and sanitized in accordance with General Order 02-31, SCBA Sanitizing and Maintenance.

### **C. Function Testing**

1. Each SCBA unit shall be thoroughly inspected and flow tested annually by a qualified technician following the manufacturer's recommended procedures. Units shall also be flow tested after major maintenance or repairs are conducted, and before being returned to service.
2. Maintenance, inspection, and flow test records for each SCBA unit shall be maintained by the Manager of Apparatus Maintenance.

### **D. Maintenance and Repairs**

1. Maintenance and repairs shall only be performed by Apparatus Maintenance Personnel who have been trained and certified to perform such operations on the specific make and model of respirator, and by using parts and procedures approved by the manufacturer. Personnel who have been trained and certified by the manufacturer shall perform repairs or adjustments to high-pressure components, regulators, or low-pressure alarms. SCBA respirators requiring maintenance shall be sent to Apparatus Maintenance.
2. A maintenance record for each SCBA respirator shall be maintained at Apparatus Maintenance.

### **E. Air Quality**

1. Breathing air compressors, air storage systems, and refill stations shall be regularly inspected and maintained in compliance with the manufacturer's recommendations. The Manager of Apparatus Maintenance is responsible for ensuring that all such systems are properly inspected and maintained.
2. Compressed gaseous breathing air for SCBA cylinders shall meet the requirements of ANSI/CGA G-7.1, Commodity Specification for Air with a minimum air quality of Grade D, even though it will be tested to Grade E specifications.



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3. Air produced by each of the Department's compressors and refill systems shall be tested at least quarterly by an independent laboratory to ensure that it meets the required specifications. The test results shall be maintained by the Breathing Air Shop at AMD.
4. A certificate of compliance certifying that the air has been analyzed by a reputable testing agency, and complies with the required specification, shall accompany air obtained from other sources. These certificates shall be maintained at the location where the air is stored until it is expended then forwarded to the Manager of the Risk Management Office (RMO).
5. The BA Shop at Apparatus Maintenance shall maintain a record of each SCBA respirator noting the dates of acquisition and assignment, annual inspections and function tests, modifications, overhaul, and repairs.
6. The BA Shop at Apparatus Maintenance shall also maintain records for each breathing air refill system, including compressors, filters, air storage cylinders, and refill stations. This record shall track all maintenance, inspection, repairs, and modifications to the system.

### **X. Program Evaluation**

- A. The Manager of RMO and the Infection Control Officer shall annually review the effectiveness of the Respiratory Protection/Tuberculosis Program and develop a report to the Fire Chief. This review shall include:
  1. An assessment of compliance with the program requirements.
  2. Analysis of reports of respiratory injuries and exposures.
  3. Review of changes to applicable regulations and consensus standards.
  4. Advances in respiratory protection technology.
- B. The Manager of Occupational Safety and Health and the Infection Control Officer shall periodically develop and issue updates to this Respiratory Protection/Tuberculosis Program and to related procedures and practices.

### **XI. Responsibilities**

- A. All members who are required to wear tight-fitting respirators as a condition of maintaining their operational status shall not have hair worn between the sealing surface of the face piece and the face or worn in a manner to interfere with valve function as identified in this General Order.
- B. All members are required to comply with the specific requirements of the program that relate to their duties and activities. Authorization to participate in operational activities shall be dependent upon the member's full compliance with the specific requirements.



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- C. All operational members shall be responsible for ensuring that they maintain their certification with SCBA.
- D. All supervisors are responsible for ensuring that all operational members under their supervision are in full compliance with the specific requirements.
- E. The Manager of RMO is responsible for the overall administration and management of the Respiratory Protection Program and is designated as the Program Administrator.
- F. The Infection Control Officer is responsible for all aspects of the Tuberculosis Control Program (see General Order 08-26, Tuberculosis Exposure Control Program) and management of suspected or confirmed Tuberculosis exposure incidents.
- G. The Director of the Training and Leadership Academy is responsible for the training components of the Respiratory Protection Program and will provide any needed updates to ensure the proficiency of the training program.
- H. The Manager of Apparatus Maintenance is responsible for the maintenance of respirators and associated equipment and administering the fit testing of respirators.

### **REFERENCES**

OSHA 29 CFR 1910.134 Respiratory Protection  
ANSI/CGA G-7.1, Commodity Specification for Air  
General Order 02-30, SCBA Approved for Use by Members of the PGFD  
General Order 02-31, Sanitizing and Maintenance

### **FORMS / ATTACHMENTS**

N/A