10.04.01 PURPOSE

To promulgate procedures creating a respiratory protection program in conformance with Occupational Safety and Health Administration (OSHA) Respiratory Protection Standards 29 CFR 1910.120 and 1910.134, as they pertain to the use of air-purifying respirators (APRs).

10.04.02 POLICY

It is the policy of the Florida Highway Patrol (FHP) to formulate directives and to implement programs which will contribute to/preserve the health and safety of its members and employees through proper equipment selection, medical screenings, fit testing, training, usage, and maintenance of respirators to be used by the following:

1. Members who are issued respirators to be used for escape from hazardous atmospheres.

2. Members who are issued respirators to be used while maintaining perimeters at hazardous materials incidents. These are members who will be stationed in the “cold zone,” where contaminants are not expected to exceed levels deemed safe for unprotected persons, as determined by the incident commander.

3. Members who, in exigent or emergency situations, are required to enter an area where CS, CN, smoke, or other tearing agents have been expelled.

4. Members who are assigned to specialty teams.

10.04.03 DEFINITIONS

A. AIR-PURIFYING RESPIRATOR (APR) - A device designed to protect the user by removing harmful substances from the air through the use of filters, cartridges, or canisters that have been tested and approved for use in specific types of contaminated atmospheres by the National Institute for Occupational Safety and Health (NIOSH). Air-purifying respirators DO NOT supply oxygen and MUST NOT be used in oxygen deficient atmospheres or in environments where substances "immediately dangerous to life or health" may be encountered. Air-purifying respirators are designed to protect the wearer for short periods ONLY.
B. IMMEDIATELY DANGEROUS TO LIFE OR HEALTH - Any condition that poses either an immediate threat to life or health or an immediate threat of severe exposure to contaminants, such as toxic or radioactive materials, which are likely to have adverse delayed effects on health. An oxygen deficient environment is life threatening as are materials listed in U.S. Department of Transportation publication "DOT P 5800.4," entitled "Emergency Response Guidebook."

C. RIOT CONTROL AGENTS - Any CS/CN or other tear gas munitions, as defined in Chapter 10.02. The Aerosol Subject Restraint (ASR) issued to individual members is excluded from this definition.

D. QUALITATIVE RESPIRATOR-FITTING TEST - A member wearing a Florida Highway Patrol issued gas mask is exposed to an irritant smoke, an odorous vapor, or other suitable test agent. An air-purifying respirator must be equipped with an air-purifying element(s) (canisters) which effectively removes the test agent from inspired air. If the member is unable to detect penetration of the test agent into the respirator, the wearer has achieved a satisfactory fit with the gas mask.

E. PERSONAL PROTECTIVE EQUIPMENT (PPE) COORDINATOR – Member designated by the Troop Commander (or Chief Training Officer for the Academy) to oversee all issues regarding PPE. The member will have the basic training and knowledge to make repairs or adjustments to respirators. PPE coordinators shall document all repairs made to any PPE.

10.04.04 OBJECTIVES

A. To formulate procedures which will facilitate development of specifications for procurement of APRs that will permit the FHP to deliver law enforcement services in accordance with its assigned tactical mission.

B. To delineate standards which will provide:

1. Periodic screening of personnel assigned to work in any environment in which APRs are used.

2. Introductory/annual in-service training for all sworn members of the FHP in the capabilities, care and use of APRs.

C. To prescribe measures for the review of tactical applications involving the use of riot control agents by members of the FHP and of the overall effectiveness of APRs supplied to sworn personnel.

10.04.05 RESPONSIBILITIES

A. PPE Program Administrator shall:

Serve as the respiratory protection program administrator. The PPE program administrator will be located at the FHP Training Academy and selected by the Chief Training Officer. The PPE program administrator shall be cognizant and knowledgeable of the requirements of OHSA 1910.120 and 1910.134 and all elements of the respiratory protection policy. The program
administrator will be responsible for assuring implementation of all elements of this policy. The program administrator is responsible for ensuring that the respiratory protection policy is implemented in a consistent manner throughout the Division.

B. Troop Commanders shall:

1. Ensure that members who are deployed to the scene of any riot, insurrection, hazardous materials incident, or other incident in which the use of any riot control agent or harmful substance is anticipated receive a briefing on the capabilities, care and use of the APR prior to initiating any action at the site of such incident.

2. Ensure compliance with the investigative and reporting provisions of Chapter 10.01 if riot control agents are dispensed in any tactical enforcement setting within the geographic limits of his or her command.

3. Arrange for a post operational evaluation of equipment and tactics to be conducted within ten working days subsequent to deployment at the site of any riot or insurrection within the boundaries of his or her command. Such evaluation shall include a discussion of any medical problems or equipment deficiencies noted. A written report will be prepared and forwarded to the appropriate Deputy Director.

4. Ensure that medical evaluations, consistent with the requirements of OSHA Standards 29 CFR 1910.134, are performed on all members.

5. Incorporate APRs in all monthly line inspections conducted within his or her command to include expiration date of the canisters and arrange for annual respirator fitting tests.

6. Ensure that all FHP sworn members within his or her respective command complete and submit a medical evaluation questionnaire, which is designed to detect conditions which would preclude their use of an APR.

7. Ensure that members, who report on their medical evaluation questionnaire any conditions which might preclude their use of an APR, are examined by a licensed physician or other licensed health care professional before being assigned to riot control or other hazardous materials related duties.

C. The Chief Training Officer, FHP Training Academy, shall prepare a curriculum designed to address the introductory/in-service training needs of members, regarding the capabilities, care and use of APRs. Such training shall, at a minimum, encompass each of the following topics and shall be provided to all sworn personnel annually:

1. Identification of typical riot and other hazardous materials atmospheres requiring respiratory protection.

2. Discussion of the capabilities and limitations of issued APRs.
3. Demonstration of methods for donning and adjusting APRs.
4. Inspection/testing of issued equipment for fit and tightness in accordance with Section "D" below.
5. Operating principles of APRs.
6. Care, cleaning and maintenance.

**10.04.06 PROCEDURES**

**A. USE OF RIOT CONTROL AGENTS/"USE OF CONTROL"

1. Any tactical use of any riot control agent is herewith defined as constituting a "Use of Control" as described in Chapter 10.01 and subject to reporting requirements stated therein.

2. Responsibility for preparation of the "Use of Control" Reports, required by the provisions of Chapter 10.01, shall be vested with the officer in tactical command of the formation that utilizes such riot control agents, and the narrative may be limited to his/her comments and observations of the situation.

**B. PREPARATION AND SUBMISSION OF MEDICAL EVALUATION QUESTIONNAIRES

1. Troop Commanders (Deputy Directors for headquarters personnel) shall require each sworn subordinate to prepare and submit a medical evaluation questionnaire when respiratory protective equipment is initially assigned to the member.

2. Medical evaluations are also required when:
   a. The member reports medical signs or symptoms that are related to the ability to wear a respirator.
   b. A physician or other licensed health care professional informs the Division that a member needs to be re-evaluated.
   c. Observations made during fit testing indicate a need for re-evaluation.
   d. A change occurs in the workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on the member.

3. Medical evaluation questionnaires will be submitted to only authorized physicians or other licensed health care professionals. Members are also authorized to submit medical evaluation questionnaires to their personal physicians to receive medical clearance for APR usage.

4. No member of the FHP shall be required to perform riot control or other hazardous materials related duties involving the wearing of an
APR without having been certified as being medically fit to utilize such devices.

5. Members, who manifest any disqualifying medical conditions that cannot be alleviated or otherwise accommodated by treatment, shall be excused from riot control or other hazardous materials related duty and shall surrender their riot control equipment to their Troop Office Operations Consultant.

6. If no disqualifying condition(s) are reported, the authorized physician or licensed health care professional shall certify that the member is fit for APR usage by affixing his/her signature to the medical evaluation questionnaire form.

7. Copies of the medical evaluation questionnaires shall be retained in the member's confidential medical file at troop headquarters.

C. Annual in-service training requirements may, at the option of the Troop Commander, be fulfilled during district meetings or at times when other training/certification requirements are completed. The Troop Training Coordinator shall prepare and maintain appropriate records for such in-service training, with copies forwarded to the FHP Training Academy.

D. RESPIRATOR-FITTING TESTS

At the time of initial issuance and thereafter on an annual basis, a qualitative respirator-fitting test shall be used to determine the ability of each member to obtain a satisfactory fit with the FHP issued gas mask. All qualitative respirator-fitting test results shall be recorded on the “Qualitative Fit Test Record” form (HSMV 60052). The “Qualitative Fit Test Record” form shall be maintained by alphabetical listing at each troop headquarters. Upon the transfer of a member to a different location, the “Qualitative Fit Test Record” form(s) shall be forwarded to the receiving Troop Commander.

1. Fit tests shall be provided prior to initial use of a respirator, whenever a different respirator face-piece (e.g., size, style, model, or make) is used, and at least annually thereafter. Annual fit tests shall be documented on the fit-test roster and forwarded to the FHP Training Academy. Additional fit tests shall be provided whenever the member, supervisor, PPE coordinator, authorized physician, or health care professional makes visual observations of conditions which include, but are not limited to, facial scarring, dental changes, cosmetic surgery, change in eye wear, or an obvious change in body weight.

2. The instructor who administers the fit test shall complete the fit test training roster. Documentation of all training, including fit tests, must be maintained at the troop level, as well as the FHP Training Academy. All personnel qualified to fit-test must remain current on their training.

3. Prior to the fit-test, the member shall be shown the proper procedures for donning a respirator. The member shall demonstrate donning the
4. Members who wear corrective glasses or other personal protective equipment must be sure that such equipment is worn in a manner that does not interfere with the face piece seal. The glasses must be worn with the respirator during the fit-test assessment. The division will provide the eyeglass inserts.

E. RESPIRATOR USE

1. For escape from the release of hazardous materials, members will be provided with a combination cartridge air-purifying respirator.

2. Respirators issued under this program shall not be used to enter any area that is designated as the exclusion “hot zone,” or the contaminant reduction “warm zone” of a hazardous materials incident. They also should not be used to enter any areas that are known or suspected to be oxygen deficient, or that contain concentrations of hazardous substances that are unknown or are immediately dangerous to life or health.

3. For continuous duty in maintaining the perimeter of hazardous materials or crowd control incidents, approved gas masks and other air-purifying respirators shall be used. Respirators shall be selected that are approved for the contaminants that are believed to be present, and wearers shall not be located in atmospheres in which concentrations exceed the protection factor of the respirator. The program administrator shall determine a cartridge change schedule.

4. If a member detects breakthrough, the member shall exit the area immediately, or as soon as safety conditions permit, remove the respirator and perform decontamination procedures. Breakthrough shall be promptly reported to the incident commander or supervisor in charge. The incident commander or supervisor in charge shall re-evaluate potential exposures and determine whether it is necessary to redefine the incident perimeter.

F. RESPIRATOR TRAINING

1. The training shall include at least the following:

   a. The specific circumstances under which respirators are to be used, including illustrative scenarios that identify the proper use by members.

   b. Why the respirator is necessary and how proper fit, usage, or maintenance can ensure the protective effect of the respirator.

   c. What the respirator’s limitations and capabilities are in terms of protecting against chemical agents and other respiratory hazards.
d. How to effectively use the respirators in emergency situations, including situations when the respirator malfunctions.

e. How to inspect, put on, remove, use, and check the seals of the respirator.

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

g. How to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous biological materials.

2. Training shall be provided at the time of initial assignment to respirator use and at least every year thereafter.

3. Additional training shall be provided when there is a change in the type of respiratory protection used, or when inadequacies in the member’s knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

G. RESPIRATOR MAINTENANCE

Maintaining, cleaning, disinfecting, storing, and inspecting all respiratory PPE used by division personnel will be the responsibility of the member the equipment is assigned to. All members shall ensure the PPE assigned to them is readily accessible. Each member’s respirator will be clean, sanitary, and in good working order.

H. RESPIRATOR REPAIRS

Any defective respirators shall be turned in to the troop’s PPE coordinator. The troop’s PPE coordinator will make a decision to remove the respirator from service, have it adjusted, repaired, or discarded as appropriate. Only persons who have been trained to perform such operations shall make repairs or adjustments to respirators. All repairs shall be properly documented by the troop’s PPE coordinator.

I. APPROVED EQUIPMENT

All respiratory protective equipment utilized by the FHP shall be approved by the NIOSH for the environment in which it is going to be used.

J. RECORD KEEPING

1. The PPE program administrator is responsible for ensuring that proper records are kept for this policy. This includes:

a. Personnel medical records shall be maintained in accordance with Division policy and procedures.

b. Documentation of training, inspection, and maintenance of all issued PPE shall be maintained in accordance with Division policy and procedures.
c. Documentation of fit-testing, including:

(1) Type of test (qualitative or quantitative)
(2) Name and ID# of member
(3) Make, model, style, and size of respirator tested
(4) Date of test
(5) Results of the fit test

REGULATIONS

Medical records compiled pursuant to this directive are confidential and not subject to disclosure under the provisions of Chapter 119, Florida Statutes.