

# SPOKANE COUNTY FIRE DISTRICT 8

## Standard Operating Procedures

**40.03.11**  
**RESPIRATORY FIT**  
**TESTING**



Adopted: 04/12/17  
Reviewed: 11/18/21  
Revised: 11/18/21

Approved:

A handwritten signature in black ink, appearing to read "J. J. Baker", is written over a horizontal line.

**Purpose:** This procedure has been established for annual respiratory fit testing for users of Self-Contained Breathing Apparatus (SCBA) and other respirators within Spokane County Fire District 8 as required by Washington Administrative Code WAC296-842, Part E and (WAC) 296-305.

**References:** WAC 296-305-04001, Safety Standards for Fire Fighter, Respiratory Equipment Protection, WAC296-842, General Occupational Health Standards, Part E, Respiratory Protection, WAC296-842, Part I-1, General Occupational Health Standards, Asbestos, Tremolite, Anthophyllite, and Actinolite.

**Procedure:**

1. Fit Testing.

- a) It is the procedure of the District to provide and operate with the highest possible levels of safety and health for all members/employees.
- b) The District established a Fit Testing Program to protect the health of the employee to ensure the proper protection from harmful exposures within Immediate Danger to Life and Health (IDLH) atmospheres including oxygen deficient atmospheres.
- c) Each member of the Fire District must have his/her SCBA face piece and/or filtering facepiece respirators fit tested annually.
- d) A fit test is used to assess whether a given type, model and size of a respirator can adequately fit the wearer, thereby forming a satisfactory seal or barrier between the wearer and the contaminated atmosphere outside of the face piece.
- e) Without a good face seal, airborne contaminants can enter the wearer's respiratory system and thus not provide the wearer the needed protection.
- f) The District utilizes Quantitative Fit Testing (QNFT) procedures using the QuantiFit with FitTrack Gold Software as the primary method.
- g) The District utilizes Qualitative (QLFT) procedures for N95 and other filtering facepiece respirators where Quantitative Fit Testing is not practical.
- h) Fit testing shall be completed:
  - i. Prior to initial use of the respirator.
  - ii. At least once every 12 months.
  - iii. Whenever there are changes in the type of SCBA face piece or filtering facepiece respirator used.
  - iv. Whenever the employee reports to the District or the Physician or Licensed Health Care Provider (PLHCP) observes changes in the employee's physical condition that could affect respirator fit.
  - v. Such conditions include, but are not limited to:

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1. Facial scarring.
  2. Dental changes.
  3. Cosmetic surgery.
  4. An obvious change in body weight.
2. Fit factor pass level.
    - a) SCBA users with a full facemask must have a minimum passing fit factor level of 500.
  3. New members.
    - a) New firefighters (Career, Part-time, Resident, and Volunteer) must complete fit testing as part of the entry process prior to acceptance into the department and prior to wearing an SCBA in a hazardous (IDLH) atmosphere.
    - b) New firefighters will not need to be tested again with their assigned group as long as the interval between subsequent tests is not more than one year.
  4. Record keeping.
    - a) Records of respirator fit tests shall reference written guidelines for the respirator fit test procedure including pass/fail criteria and shall be kept for at least the duration of employment.
    - b) Documentation is produced through the use of FitTrack Gold Software for Quantitative tests.
    - c) Documentation for Qualitative tests will be recorded on the Certification of Qualitative Fit Test form.
  5. Medical questionnaire.
    - a) New and existing respirator users must complete a medical questionnaire prior to the completion of fit testing.
    - b) The medical questionnaire is used to determine the employee's ability to use a respirator.
    - c) The medical questionnaire shall be completed as per the District's Respiratory Protection Program and WAC 296-26 Part E.
    - d) Each questionnaire completed by an employee must be evaluated by a chosen PLHCP or other licensed health care professional.
    - e) The District must identify a PLHCP –WAC296-842-14005.
    - f) The PLHCP reviews information on the questionnaire and determines what additional questions, if any, to add.
    - g) The questionnaire must be administered to the employee in a confidential manner.

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- h) The PLHCP completes any follow-up medical evaluations with the employee and completes the required written recommendation.
- i) A copy of the recommendation is sent to the District.
- j) Written recommendations are kept on file for each individual respirator user.

This procedure satisfies WAC 296-842, Part E and WAC 296-305.

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## Spokane County Fire District 8 Certification of Qualitative Fit Test

**Member Name:**

**Member ID:**

**Fit Test Date:**

**Mask Model:**

**Mask Size:**

This form certifies that the above member has successfully passed a qualitative fit test for the mask model and size indicated above. Certification is good for 1 year from Fit Test date.

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Test Administrator

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Member Signature