GERONIMO VILLAGE VOLUNTEER FIRE DEPARTMENT

STANDARD OPERATING GUIDELINES

2096 TALLEY ROAD, SAN ANTONIO, TX 78253
(210) 679-7051 FAX (210) 679-7613

MISSION STATEMENT

- To minimize loss of life and property while providing fire suppression and emergency first responder medical care.
- To promote the education of fire safety and prevention.
- To initiate and promote involvement and participation with our community.
- To strive for excellence in departmental growth and performance and to honorably represent the Department through unselfish acts of kindness.

CHAIN OF COMMAND

1. **Purpose:** Establish a guideline for intra-departmental command structure and duties

2. **Policy:** This guideline is designed to outline for all personnel the direct chain of command they are to follow when addressing department issues. Every effort should be made to follow this chain of command in order to keep all levels of management and personnel informed and instructed on their particular duties. All personnel, either on or off duty, should follow this chain of command.

    A. Fire Chief
        1. Duties, of the Chief, are as defined in the By-Laws, Section B Duties, Article 7.
        2. The Fire Chief is the pinnacle of the operational command structure, but, the Fire Chief answers to the Board of Directors.

    B. First Assistant Chief
        1. Duties, of the First Assistant Chief, are as defined in the By-Laws, Section B Duties, Article 8.
        2. The First Assistant Chief answers to the Fire Chief.

    C. Second Assistant Chief
        1. Duties, of the Second Assistant Chief, are as defined in the By-Laws, Section B Duties, Article 9.
        2. The Second Assistant Chief answers to the First Assistant Chief and the Fire Chief.

    D. EMS/Fireground Captain
        1. Duties, of the EMS/Fireground Captain, are as defined in the By-Laws, Section B Duties, Article 11.
        2. A Captain ranked member should be able to fulfill either one or both functions of EMS and/or fireground leadership.
        3. A Captain ranked member answers to any higher ranking officer.

    E. Lieutenant
        1. Duties, of the Lieutenant, are as defined in the By-Laws, Section B, Article 12.
        2. A Lieutenant ranked member answers to any higher ranking officer.

    F. Firefighter
        1. Duties, of the Firefighter, are as assigned by a higher ranking officer.
        2. A Firefighter answers to any higher ranking officer.

CONDUCT

1. **Purpose**: Establish guidelines for the actions of members.

2. **Policy**: It is the desire, of this department, for all members to present a favorable image, to the general public.

    A. All members, performing services for this department, should behave in a safe, courteous, professional and respectful manner, with all other individuals involved in rendering assistance.
    B. The department recognizes that the forms of service being provided involve highly dangerous and life-threatening situations.
    C. Cooperative and unified action, by members, is imperative.
    D. Members are requested to refrain from any campaign, or other political activity, when working, volunteering, or otherwise providing services, to the department.
    E. On-duty/paid personnel should;
        a. Log their activity into the computer database.
        b. Perform the “Daily Duties”
        c. Get food “to go” and bring back to station.
        d. Keep station / apparatus as clean as possible.
        e. Assist volunteer members with training.
    F. All department personnel are reminded that, as per Federal Law, paid staff are not allowed to serve as volunteers.

PERSONNEL ACCOUNTABILITY SYSTEM

1. **Purpose**: To establish a coordinated system of monitoring and tracking personnel and units to used during all emergency responses, training/drills and exercises.

2. **Policy:** To enable the Incident Commander to identify, locate and account for the function of all personnel operating on the scene of an emergency incident

    A. Each member shall be issued one (1) personnel identification (I.D.) tag. The tag will be attached to the back ring of the firefighting helmet or stored in the turnout gear. At the arrival of an incident, personnel shall remove their I.D. tag from their helmet and place it with the Incident Commander, unless otherwise instructed by the Incident Commander. The I.D. tag will remain at the Command Post until the unit and personnel are returned to service with all assigned personnel accounted for. Each individual is responsible for his/her own I.D. Tag upon leaving the scene of an incident. Additional arriving companies, unit(s), off duty personnel, other personnel shall report to the Command Post to be tagged-in (tags collected) and given an assignment. The I.D. Tag will be utilized for areas where a controlled point of entry has been established. A designated person will collect tags from personnel entering these areas. Upon leaving these areas, personnel will reclaim their tags.

    B. Personnel Accountability Report (PAR): A roll call of units and/or personnel will be necessary to determine if anyone is unaccounted for during an emergency incident. Between twenty (20) minute and no more then thirty (30) minute intervals the Incident Commander or his/her designate will activate a PAR on the operating radio frequency. Command will then initiate the roll call by announcing the unit/personnel or sector designation first and then waiting for a response from that unit. Example: Command - "Engine 1" Engine 1's response - "Captain Jones, Firefighter Sims, Firefighter Wilson accounted for." If a company fails to give a return of the PAR, then the Incident Commander will immediately deploy a Rapid Intervention Team (RIT) to locate the crew that has not given a PAR.

    C. A MAYDAY is issued by personnel that may be trapped or in need of emergency assistance. The IC may also issue a MAYDAY if conditions of the incident warrant. Should a MAYDAY be activated the IC will announce three (3) time over the operating radio frequency “MAYDAY” and give three (3) sets of three blasts of the air horn over the same frequency. Then it will be followed by instructions i.e. evacuate, RIT, etc.

    D. Companies shall remain intact and all personnel shall operate in the same area. If a company must be divided to perform required functions, the sector officer must maintain control of all members assigned to them. When personnel are relieved for rest and rehab, the entire company shall be relieved whenever possible. Company officers must know the location of all personnel in their company at all times. There shall be no transfer of personnel from one company to another on the emergency scene without positive communication between the two (2) affected company officers and Incident Command. Command must also be notified of any personnel being treated at a medical station and/or being transported to a medical facility. All personnel leaving the

emergency scene shall depart through the Command Post for verification and to pick up their I.D. Tags.

EXPOSURE CONTROL PLAN

SECTION 1 - INTRODUCTION

The Texas Department of Health and OSHA regulations require each employer having an employee(s) with occupational exposure possibilities establish a written exposure control plan designed to eliminate or minimize employee exposure to Blood-borne pathogens. This exposure control plan must be updated annually and documented when accomplished.

The exposure control plan developed by the Texas Department of Health is adopted as the minimum standard to implement Health and Safety Code, §81.304. This plan is designed to minimize exposure of employees as described in Health and Safety Code §96.201 through policies relating to blood-borne pathogens, training and educational requirements for employees, measures to increase vaccination of employees, and increased use of personal protective equipment by employees.

City Name and Department: _____
Address:

PERSON RESPONSIBLE FOR PREPARING EXPOSURE CONTROL PLAN:

Fire Chief or Designee: _____

Under the direction of:

_____ _____
Donald J. Gordon, Ph. D., M. D. Date
Medical Director, Bexar County Volunteer EMS Network
UTHSC-SA, EMT Department

UPDATED
_____2003 Signature: _____

_____2004 Signature: _____

_____2005 Signature: _____

SECTION 2 - DEFINITIONS

2.01. Body Substance Isolation (BSI) - This method defines all body fluids and substances as infectious. BSI incorporates not only the fluids and materials covered by this standard, but expands coverage to include all body fluids and substances.

2.02. Blood - human blood, human blood components, and products made from human blood. It also includes exudate from wounds.

2.03. Blood-borne Pathogens - Pathogenic microorganisms that are present in human blood and that can cause diseases in humans, are not limited to, but include:

A. hepatitis B virus (HBV)
B. hepatitis C virus (HCV)
C. human immunodeficiency virus (HIV)

2.04. Contaminated - the presence or the reasonable anticipated presence of blood or potentially infectious materials on an item or surface.

2.05. Contaminated Sharps -any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

2.06. Decontamination - the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

2.07. Engineered sharps injury protection - A physical attribute that:

A. Is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or
B. Is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

2. 08. Exposure Incident - a specific eye, mouth, or other mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. "Non-intact skin" includes skin with dermatitis, hang-nails, cuts, abrasions, chafing, etc.

2. 09. HBV - Hepatitis B Virus

2. 10. HCV - Hepatitis C Virus

2. 11. HIV - Human Immunodeficiency Virus

2. 12. Needleless system - A device that does not use a needle and is used:

A. To withdraw body fluids after initial venous or arterial access is established;
B. To administer medication or fluids; or
C. For any other procedure involving the potential for an exposure incident.

2. 13. Occupational exposure - A reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

2. 14. Other Potentially Infectious Materials -

A. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead) and,
C. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

2. 15. Parenteral -piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

2. 16. Personal Protective Equipment (PPE)-specialized clothing or equipment worn by an employee for protection against a hazard.

2. 17. Regulated Waste/ Bio-Hazard - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

2. 18. Sharps injury -Injury caused by a sharp, (i.e., glass from MVA) Including a cut, abrasion, or needle stick.

2. 19. Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

2. 20. Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

2. 21. Universal Precautions/standard precautions - A concept whereas all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other blood-borne pathogens.

2. 22. Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique)

SECTION 3 - EXPOSURE CONTROL PLAN

3.01. JOB CLASSIFICATIONS AND MEDICAL PROCEDURES PERFORMED

A. Due to the responsibilities involved, the following categories of volunteers/employees in the BCV Fire Departments can have contact with blood or other body fluids that can be potentially infectious:

1. Paramedic
2. Fire Fighters to Chiefs (all ranks)
3. Technical Rescue Squad
4. BCVFD Support Services
5. BCVFD Supply Services

B. The following medical procedures are performed in this department where employees can come in contact with potentially infectious blood or other body fluids, including disposal of regulated waste:

1. Start IV's or IO's
2. Resuscitation under field conditions
3. Extrication of trauma patients from motor vehicles after accidents
4. Injections, including IV push medications
5. Finger sticks for blood sugar testing
6. Deliver babies under field conditions
7. Suctioning
8. Insertion of endo-tracheal tubes
9. Exposure to aerosols
10. Decontamination of work surfaces and spills
11. Decontamination of ambulances
12. Decontamination of reusable equipment
13. Collection of contaminated supplies for Bio-hazard trash
14. Clean up of blood or other body fluid spills
15. Special rescue teams (swift water, vertical, confined space)
16. Body retrieval

3.02. TASKS & PROCEDURES OF VOLUNTEERS/EMPLOYEES

Employee exposure to blood and body fluids is defined by the following positions according to tasks:

A. Fire Fighters and Technical Rescue Squad, Fire Suppression Division

1. Deliver babies under field conditions
2. Resuscitation under field conditions
3. Suctioning
4. Extrication of trauma patients from motor vehicles
5. Exposure to aerosols
6. Decontamination of work surfaces and spills
7. Decontamination of reusable equipment
8. Clean up of blood or body fluids
9. Special rescue teams (swift water, confined space, vertical)
10. Body Retrieval

B. Paramedics:

1. Injections, to include IV push medications
2. Finger sticks for blood sugar testing
3. Deliver babies under field conditions
4. Suctioning
5. Insertion of endotracheal tubes
6. Start IV's or IO's
7. Resuscitation under field conditions
8. Extrication of trauma patients from motor vehicle accidents
9. Exposure to aerosols
10. Decontamination of work surfaces and spills
11. Decontamination of ambulances
12. Decontamination of reusable equipment
13. Collection of contaminated supplies for bio-hazard trash

C. Fire Support Division and BCVFD Supply Services:
Working in and on ambulances performing maintenance as required

3.03. HEPATITIS B

A. HEPATITIS B VACCINATION ADMINISTRATION

1. The Hepatitis B vaccine is now available in pre-pack syringes (containing Hep A and B called "Twin Rix") to all BCV Fire Department volunteers through the University Health System Purchase Order, Reimbursement Program by contacting Shelley Tompkins at 358-2005.

2. The vaccine may also be purchased locally and receipts submitted through the reimbursement program above. A prescription is required.

3. Administration of the vaccine may be coordinated through the Continuing Education Officer by calling 567-7864.

4. Counseling is available on a limited basis by contacting the Assistant Medical Director by pager at 603-9047 or the office at 567-7875.

5. Refusal of the Hepatitis B Vaccine by the employee must be documented and signed and placed in the employee's file.

6. Testing for the presence of Hepatitis B infection does not have to be done before providing the Hepatitis B Vaccine.

B. HEPATITIS B VIRUS AND VACCINATION INFORMATION

1. Hepatitis B is caused by a virus that attacks the liver. The disease displays symptoms of nausea, vomiting, fatigue, dark urine, jaundice, muscle aches, and has a slow onset. The incubation period is 30 days to 6 months. The disease may be mild with few or no symptoms, or may be severe causing an individual to be unable to work for weeks or in some cases, death may be the result.

2. Hepatitis B may resolve within 6 months and the individual may no longer be contagious, or the individual may become a chronic carrier. As a chronic carrier, this person will always be contagious and can transmit the disease to others. People who develop Hepatitis B are more likely to develop cirrhosis or cancer of the liver later in life. The virus is present in large amounts in individuals with acute or chronic disease.

3. Transmission of Hepatitis B occurs by a human bite, puncture wounds or cuts from objects which may be contaminated with blood, splashes of blood or body fluids to the eyes or mucous membranes, blood splashed on non-intact skin. (Body fluids - Blood, saliva, semen, vaginal secretions, and amniotic fluid. Urine and stool to a much lesser degree and are of limited concern for hepatitis b risk.)

4. The Hepatitis B Vaccine is made from yeast. It can not give you Hepatitis B. The vaccine protects you not only from Hepatitis B, but also from Hepatitis D. (You cannot contract Hepatitis D unless you have previously had Hepatitis B.)

5. The Hepatitis B vaccine does not interact with any other medications and the only contraindication is a documented allergy to yeast. Pregnant individuals may get the vaccine if they have occupational exposure. There are few side effects and few individuals experience any problems. However, with any medication, a serious reaction may occur (anaphylaxis). It is important to wait for a minimum of 15 minutes after receiving the vaccine before leaving the area. Side effects may be a sore arm, slight fever, chills, redness or swelling at the injection site. If a problem occurs, please have the problem evaluated by a physician before receiving any additional doses.

6. The Hepatitis B vaccine is given with an initial dose, a second dose one month later and the third dose is given 5 months from the second dose. A Hepatitis B Surface Antibody Titer should be approximately 6 weeks after the vaccine is completed. A few individuals fail to develop protective antibodies, which means that they can still contract Hepatitis B. A test level of 10 or higher is needed to be protected. A Booster will be given for levels below 20 and may be necessary if an exposure occurs and the protective level is less than 10.

7. The Hepatitis B Virus can live in dried blood or body fluids on an environmental surface for as long as 7 days (or longer) and can cause disease if it can get inside your body.

3.04. POST EXPOSURE EVALUATION AND FOLLOW UP

A. The exposed employee is to notify their immediate supervisor immediately to begin the appropriate paperwork.

B. If the exposure poses a risk of HIV infection, and the employee wishes to take HIV post exposure prophylaxis, he/she will go to the hospital of his/her choice via a department vehicle, or by private vehicle. For efficacy, HIV prophylaxis should be started within two(2) hours of exposure. The employee Should NOT drive himself via POV.

C. The employee will fill out the Report of Possible Exposure form. One copy will go to the receiving hospital, a copy faxed to the Assistant Medical Director (567-7887) and a copy faxed to the Metropolitan Health District (207-8807). If the source patient has expired, the Assistant Medical Director, on request, can contact the Medical Examiner and arrange for testing. It will take up to two weeks to receive results from the Medical Examiner.

D. For follow up medical care, the exposed employee needs to see their personal physician.

E. If the employee refuses HIV post exposure prophylaxis, yet is determined to be at risk for blood-borne diseases, then baseline labs is recommended (within 10 days) on the employee to satisfy workman's compensation laws through their private physician. Follow up lab testing will be determined and discussed with the employee at that time. All lab results will be kept in the employee's exposure file. According to state law, all lab and exposure documentation will be kept in a locked, confidential file.

F. An employee may decline treatment and/or follow up measures for exposures. This will be documented and placed in the employee's file.

G. According to Texas State Law, in the event a firefighter or emt suffers an accidental exposure to blood or body fluids while rendering assistance at the scene of an emergency, the hospital receiving the patient, following a report of an exposure incident, is required to take reasonable steps to test the patient for hepatitis B or hepatitis C and provide the test results to the Department or local health authority.

H. The Fire Chief or designee will be responsible for accessing all source patient information through Mr. Roger Sanchez (207-8807) at The San Antonio Metropolitan Health District. Mr. Sanchez will notify the BCVFD FC or designee of any available lab results from the source patient. This information will be provided to the exposed employee explaining the results and providing counseling as needed.

I. The Assistant Medical Director will act as a resource involving all questions on contagious diseases. Counseling is available on a limited basis by contacting the Assistant Medical Director by pager 603-9047 or office at 567-7875.

3.05. EXPOSURE DOCUMENTATION

A. The Fire Chief or designee will maintain a Sharps Injury Log in accordance with the Texas Department of Health, Health and Safety Code, Chapter 81, Subchapter H. Information concerning each contaminated sharps injury shall be recorded in a written (or electronic) sharps injury log. The following information must be recorded in the sharps injury log:

1. Name and address of facility where injury occurred;
2. Name and phone number of the chief administrative officer or reporting officer;
3. Date and time of the injury;
4. Age and sex of the injured employee;
5. Type and brand of sharp involved;
6. Original intended use of the sharp;

7. Whether the injury or exposure occurred before, during, or after the sharp was used for its original intended purpose;
8. Whether the device had engineered sharps injury protection (as defined), and if yes, was the protective mechanism activated and did the exposure incident occur before, during, or after activation of the protective mechanism;
9. Whether the injured person was wearing gloves at the time of the injury;
10. Whether the injured person had completed a hepatitis B vaccination series;
11. Whether a sharps container was readily available for disposal of the sharp;
12. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident;
13. The involved body part;
14. The job classification of the injured person;
15. The employment status of the injured person;
16. The location and the work area where the sharps injury occurred.

B. SHARPS INJURY LOG - The Fire Chief or designee shall report, as required by the Texas Department of Health, each employee who sustains a contaminated sharps injury as defined in §96.101. The injury/exposure shall be reported using the TDH Contaminated Sharps Injury Reporting Form, no later than ten working days after the end of the calendar month in which it occurred.

C. RECORD KEEPING

1. Records pertaining to occupational exposures must be kept in separate locked files with limited access. The records may not be part of the employee's personnel records. The employee may look at the file at anytime but may not remove anything. The employee may request a copy of an item at that time which will be provided by the Fire Chief or designee.

2. Information concerning contents of that file may not be released without the employee's written consent to the Fire Chief.

3. All information concerning the occupational exposure including lab results, documentation, written information sent to the employee, and hepatitis B vaccination status will be included in the file.

SECTION 4 - TRAINING AND EDUCATION FOR ALL PERSONNEL

4.01. TRAINING

A. A person who shall be knowledgeable in the subject matter of blood-borne pathogens will conduct a required training session. Training sessions shall be provided as follows: at the time of initial assignment to the task where occupational exposure may take place and at least annually thereafter.

B. Training will be supervised by:

CE Coordinator, First responder Division
UTHSC-SA, EMT Department

C. Other instructors may assist with distribution of the class because of the size of the department and at the discretion of the First Responder CE Coordinator.

D. Training records of employees shall include the following information:

1. Names and job titles of all persons attending the training sessions.
2. Data and summary of information provided.
3. Names and titles of instructors.

E. New employees will be trained prior to being placed in positions where occupational exposure may occur.

F. The training summary will include the following:

1. Types of Blood-borne diseases, including HIV, HBV, and HCV.
2. Means of transmission.
3. Engineering controls - labels and signs
4. Personal Protective Equipment
5. Housekeeping measures
6. HBV vaccination and post exposure follow up
7. Record keeping.

4.02. TEACHING METHODS

Lecture, films, slides, handouts, demonstrations and question and answer period. Training records shall be maintained for three years from date of training. A copy of the TDH Blood-borne Pathogen Control Plan and EMS/Fire Department Exposure Plan will be available at all stations and available for employees use during the work shift.

4.03. BLOODBORNE PATHOGENS TRAINING OUTLINE FOR ALL EMPLOYEES

A. Blood-borne diseases including Hepatitis B and C virus and HIV
B. Means of transmission
C. Prognosis
D. Other blood-borne pathogens
E. Engineering Controls
F. Bio-hazard Controls
G. Personal Protective Equipment
H. Housekeeping measures
I. Hepatitis B Vaccine and post exposure follow-up
J. Record keeping

SECTION 5 – PERSONAL PROTECTIVE EQUIPMENT PROVIDED

5.01. The following personal protective equipment is provided by the department:

A. Disposable gloves, both sterile and non-sterile (with and without powder). Nitrile gloves provided to employees with latex allergies
B. Safety goggles (eye shields)
C. Fluid resistant masks with face shields
D. Disposable syringes, needles, IV cannulas
E. Disposable endotracheal tubes
F. Fluid resistant disposable gowns
G. Fluid resistant sleeves
H. Sharps containers on each ambulance
I. Disposable lancets
J. Disposable linen
K. Disposable pocket masks/face shields for mouth-to-mouth
L. Disposable bag-valve-masks
M. Disposable oxygen cannulas
N. Disposable suction tubing
O. Disposable suction canister liners
P. Germicidal cleaners for hands on each emergency vehicle
Q. N95 Masks for Tb protection
R. Disposable full body suits for Mass Casualty Incidents

SECTION 6 - WORK PRACTICE ENGINEERING CONTROLS FOR ALL PERSONNEL

6.01. GENERAL INFORMATION

A. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Employees should select protective equipment appropriate to the potential for exposure to blood-borne, airborne pathogens or environmental hazards, which can cause injury. No standard can cover all situations. Common sense must be used. When in doubt, select maximal rather than minimal protection.

B. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

C. Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

6.02. USE OF PERSONAL PROTECTIVE EQUIPMENT

A. All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, face shields and masks.

B. Emergency response personnel often work in unpredictable and uncontrolled situations. To minimize the risk of exposure, safe work practices and appropriate protective equipment shall be used as directed by universal precaution practices and/or policies and guidelines of the BCFD. Personal protective equipment for eyes, face, head, and extremities shall be used to reduce personal exposure to blood or body fluids.

C. Personal protective equipment (i.e. gloves, masks, etc.) will be available in appropriate sizes and positioned in a "readily accessible" location on every emergency apparatus. Emergency response personnel shall ensure that any cuts, abrasions, wounds, weeping dermatitis, etc., are at all times appropriately dressed/ covered for their own protection and the patient's protection.

6.03. HAND WASHING

A. Hand washing should be performed prior to delivery of patient care and after removal of gloves. Soap, water, and paper towels are to be available in all station bathrooms. If hand washing facilities are not available, personnel should use a waterless hand cleaner according to manufacturer's directions. When this type of cleaner is utilized, hands shall be washed with soap and running water as soon as possible.

B. Emergency response personnel should NEVER wash their hands in food preparation areas following any emergency response activity. Eating, drinking, smoking, applying cosmetics, lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This includes all areas of the MICU and station decontamination areas.

6.04. GLOVES

A. All personnel shall don gloves before initiating any emergency care tasks involving delivery of patient care. All employees must don and wear gloves prior to and whenever patient contact is initiated. Gloves should be changed after contact with each patient and placed in a bio-hazard container. As gloves become contaminated, torn, punctured, or otherwise lose their ability to function as a barrier to exposure, then they will be placed in a bio-hazard container and a new pair donned. Disposable gloves cannot be washed or decontaminated for reuse. Disposable gloves, when utilized for patient care or equipment maintenance and cleaning will be disposed of in a bio-hazard container.

B. Utility gloves, such as those made of vinyl, leather, or other heavy materials, can be decontaminated for reuse if their integrity has not been compromised. Structural firefighting gloves that have been contaminated will be replaced by notifying the Fire Chief. Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when otherwise lose their ability to function as a barrier to exposure.

C. Handcream with a Vaseline base is not permitted since it can interfere with the efficacy of the latex or nitrile gloves as a barrier. This does not apply to other handcreams.

D. If cuts, lesions, or other skin problems are present on the hands, they should be covered with appropriate bandages and DOUBLE GLOVING should be done prior to assisting in major trauma incidents or childbirth.

E. Employees with weeping dermatitis should always double glove, and also wear fluid resistant sleeve protectors if lesions are on the forearms.

6.05. MASK AND EYE PROTECTION

The use of safety goggles is REQUIRED on all EMS runs. The use of a fluid resistant mask is required when exposure to blood or body fluids is possible: mucous membranes, eyes, nose, mouth or where splashes or aerosols are likely to occur. When providing emergency care to a patient's airway (endotracheal intubation, suctioning, inserting oral or nasal airways, using BVM) or if splash exposure is likely to occur (i.e. assisting with childbirth) employees shall make every effort to use a face mask for protection from the patient's respiratory secretions. Employees shall flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

6.06. GOWNS

A. Fluid resistant gowns shall be worn for any procedure where aerosol, splashing, spraying or saturation with blood or body fluids is likely to occur. This next level of barrier provides protection to the arms, abdomen, and chest in situations dealing with uncontrolled bleeding or while assisting with childbirth.

B. Gowns are to be changed between patients and contaminated gowns are to be placed in the bio-hazard trash.

SECTION 7 - SYRINGES AND SHARPS CONTAINERS

7.01. Used syringes and needles are NEVER TO BE BENT or RE-CAPPED prior to disposal in the bio-hazard rigid sharps container located in the ambulance. One handed re-capping is allowed if a container is not readily available. Shearing or breaking of contaminated needles is prohibited.

7.02. Sharps containers will be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used. Re-closeable sharps containers will also be carried in the EMS combo kit. As a dirty needle is placed into the container, it shall be securely closed to prevent any contaminated needles from falling out of the container. This container will be discarded at the hospital when it becomes two-thirds full. (Non-Transport Volunteer Departments should arrange an agreement with their EMS agency for appropriate disposal.)

7.03. Sharps containers shall meet the following requirements:

A. Puncture resistant
B. Closeable
C. Labeled or color-coded in accordance with the OSHA Standard
D. Leak proof on the sides and bottom

E. Constructed so that employees hands cannot reach into the container
F. Maintained upright throughout use
G. Replaced routinely and not be allowed to overfill

7.04. When removing full sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, or transport. If leakage is possible, the container must be placed inside another container with the same requirements.

SECTION 8 - LABELS & SIGNS / BIO-HAZARD WASTE FOR ALL PERSONNEL

8.01. All bio-hazard containers are labeled with the biohazard symbol.

8.02. Biohazard bags are either red or orange in color with the biohazard symbol.

8.03. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

8.04. Biohazard bags, which meet the State of Texas requirements, will be placed in closed leakproof containers in all ambulances.

8.05. Puncture proof leak resistant sharps containers which are free standing are located on each ambulance in the IV Start Tray or under the bench seat area, or on a shelf.

8.06. Contaminated syringes, needles, broken blood specimen containers, IV cannulas/needles or other contaminated disposable instruments and pieces of metal covered with blood are to be discarded in rigid leak and puncture proof containers.

8.07. The sharps containers are to be closed and removed from the ambulances when they are two-thirds full. The containers are to be deposited in the appropriate area of local emergency rooms.

8.08. Gloves, blood saturated gauze pads, or other items saturated or caked with blood or body fluids should be discarded in the bio-hazard trash.

8.09. The bio-hazard trash bags shall be dated when the bags are discarded according to Texas State Code.

8.10. Bio-hazard containers (plastic trash cans) which become contaminated with blood or body fluids should be decontaminated with a 1:10 bleach solution, or other acceptable cleaner. (This does not apply to sharps containers).

8.11. Bio-hazard trash generated by Motors and Trucks may be given to the ambulance to dispose of properly. Bio-hazard bags will be stored on the Motors and Trucks, and contaminated gloves or dressings should be placed in the bags.

8.12. Disposable gloves which have been used to provide patient care shall be removed before driving the ambulance, motor or truck. The paramedic in the back of the ambulance providing patient care shall continue to wear gloves until all patient care is completed. All

personnel on the ambulance will use clean gloves before transferring the patient from the ambulance into the hospital emergency department.

SECTION 9 - HOUSEKEEPING / EQUIPMENT CLEANING FOR ALL PERSONNEL

9.01. GENERAL INFORMATION

A. Gloves WILL be worn for all contact with contaminated equipment or materials or when a possibility exists that personnel will come in contact with said equipment or materials.

B. Prior to leaving a hospital facility or immediately upon arrival at the duty station, contaminated equipment will be cleaned as much as possible prior to return to service. Supplies for personal protection on response vehicles will be replenished.

C. Cleaning and decontamination will be performed as soon as possible. The decontamination area, where available, will be separate from living and sleeping areas and clean supplies.

D. Disposable equipment and other biohazard waste generated during on-scene operations will be stored in appropriate leakproof containers. Sharps containers when two-thirds full, will be closed and placed at the biohazard disposal area.

9.02. GENERAL CLEANING GUIDELINES

A. BLOOD SPILLS - If a blood spill occurs on the floor of emergency response vehicle or fire station, a bleach solution 1:10 concentration is to be used. Other cleaners may be used if it is tuberculocidal and EPA approved and registered. If broken contaminated glass is involved, use a dustpan and brush. Glass must be discarded in a sharps container. Mops, dustpan, brushes, etc., must be decontaminated with a bleach solution. **THE BLEACH SOLUTION MUST BE MIXED DAILY**.

B. Disposable fluid resistant gowns and an appropriate mask shall be worn if splattering is likely to occur. Cloths, gowns, masks, and disposable gloves used for cleaning purposes should be bagged and discarded in the regular trash.

C. DURABLE EQUIPMENT - Backboards and MAST pants will be washed with hot soapy water, rinsed with clean water and disinfected with an approved disinfectant or 1:100 bleach solution. Equipment will be allowed to air dry.

D. DELICATE EQUIPMENT - Radios, cardiac monitors, etc., will be wiped clean of any debris and cleaned according to the manufacturer's guidelines, unless otherwise specified.

E. WORK SURFACES - Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, and after spillage or contamination with blood or potentially infectious materials. Seats on vehicles contaminated with body fluids will be disinfected before returning to the service.

F. SUCTION - Suction canisters and oral suction catheters are disposable and are to be disposed of after each use.

G. BIO-HAZARD CANS - If these cans become soiled with leaking blood or body fluids, the container must be de-contaminated prior to any continued use. A bleach/water solution 1:10 concentration should be used or other approved cleaner.

H. LARYNGOSCOPE BLADES - After use during intubation procedures, the blades are to be washed with soap and water prior to using the sterilant/cleaner. Place the blades in the container, pour the high level disinfectant, replace the lid, and leave for at least 30 minutes. Rinse with sterile water, allow to air dry on a dry sterile surface, and replace in the intubation kit. To kill all bacterial spores, the blades must be left in the solution for 8 hours.

I. LINENS - Disposable linens are used on all emergency transport vehicles. Linen soiled with body fluids will be handled with gloved hands and minimum agitation to prevent contamination of the person handling the linen.

9.03. CLEANING OF CONTAMINATED UNIFORMS/FIREFIGHTING GEAR

A. UNIFORMS

1. Uniforms, tee shirts, uniform pants contaminated with blood or body fluids will be removed, bagged and laundered as soon as possible. The individual will shower and put on clean clothes. Uniforms penetrated with blood or body fluids shall not be taken home to be washed. The contaminated clothing shall be washed and dried according to manufacturer's instructions. The washing machine shall be disinfected prior to washing any other laundry by running an empty load with bleach (1 cup) in hot water.

2. **NO OTHER CLOTHING SHOULD BE LAUNDERED WITH CONTAMINATED ITEMS.**

3. **NEVER USE CHLORINE BLEACH ON FIRE DEPARTMENT UNIFORMS. DOING SO WILL DESTROY THE COLOR OF THE UNIFORMS.**

B. FIREFIGHTING GEAR

1. Structural firefighting gear contaminated with blood or body fluids shall be cleaned in accordance with the BCV Fire Department's Personal Protective Equipment Care and Inspection policy.

2. **NEVER USE CHLORINE BLEACH ON STRUCTURAL FIREFIGHTING GEAR**. **DOING SO MAY IMPAIR THE FIRE-RETARDANT PROPERTIES OF THE GEAR.**

9.04. CLEANING AND DISINFECTING PATIENT CARE EQUIPMENT, AMBULANCES AND MEDICAL SUPPLY LOCKERS

A. Disinfecting reduces the number of disease-producing organisms by physical or chemical means.

B. In an effort to protect the station living environment, contaminated equipment from an emergency incident will be cleaned after patient transport, nearest according to the type of incident. This cleaning will be done according to BCVFD Policy and Procedures and EMS SMOPS.

C. There are three distinct levels of patient care equipment, each of which requires a different level of cleaning or disinfecting:

1. NON-CRITICAL CLEANING

   Stethoscopes and blood pressure cuffs would be considered non-critical equipment. Cleaning is the physical removal of dirt and debris. Personnel should use soap and water, combined with a scrubbing action. The scrubbing action is the KEY to rendering all items safe for patient use. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required disinfecting or high-level disinfecting.

2. DISINFECTING OF SEMI-CRITICAL EQUIPMENT

   Stretchers, vehicle walls and floors, communication equipment, defibrillator and drug boxes would be considered semi-critical equipment. Personnel should clean the item with soap and water, then apply a disinfecting solution. Solutions such as bleach and water at a 1:10 dilution ratio are acceptable disinfectants. A fresh disinfectant solution must be made every day. DO NOT use bleach solution in the cleaning of electronic equipment or fire fighting gear. Remember, disinfectants can be toxic or caustic. Disinfecting solutions should have an EPA registry number and show that they are effective against mycobacterium tuberculosis. Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

3. HIGH-LEVEL DISINFECTING OF CRITICAL EQUIPMENT

   a. High-level disinfecting is the use of chemical liquids for sterilization. Personnel should clean the items, then place the items in the special solution (i.e. Cidex or similar product) for the length of time recommended by the manufacturer. This will vary with the different pieces of equipment to be sterilized. The product will also vary based on the equipment purpose. Items should be rinsed with sterile water and allowed to air dry before returning to service. Resuscitation equipment and intubation equipment are considered critical equipment.

   b. Gloves shall be worn during any cleaning, disinfecting, or high-level disinfecting. Other personal protective equipment needed is at the discretion of the individual performing the cleaning, disinfecting or high-level disinfecting duty. Disinfectants can be toxic or caustic and require a minimum of hand protection (gloves). Routine disposal of germicidal cleaning water into sewer systems is acceptable.

D. MEDICAL SUPPLY STORAGE

All emergency medical supplies and equipment stored in the fire station, other than that stored on vehicles, will be stored in a dedicated, enclosed facility protected from the outside environment. Such storage areas will not be located in kitchen, personal

hygiene areas, nor will they be kept in personal clothing lockers. Firefighting and EMS personnel are responsible for maintaining their respective medical supply lockers to acceptable levels of orders and cleanliness.

E. CLEANING AND MAINTENANCE OF EMS RESPONSE VEHICLES

These guidelines are provided for the prevention of transmission of pathogenic organisms. To ensure a clean and safe working environment for employees and the citizens we serve, strict adherence to these guidelines must be followed.

1. The Fire Chief is to ensure that these procedures are carried out as per BCVFD Policy & Procedures.
2. Gloves and eye protection will be worn while using disinfecting agents during cleaning procedures.
3. WEX-CIDE (or similar product), a concentrated germicidal detergent shall be mixed according to the manufacturer's directions: Add 1/2 ounce of WEX-CIDE (or similar product) concentrate to one gallon of tap water. This solution can be applied using a mop to clean the ambulance floor and stretcher brackets. The surface should remain wet for at least 10 minutes. A thorough scrubbing should be used. Gross filth and heavy soil must be removed before applying cleaning solution.
4. WEX-CIDE (or similar product), mixed as above, will be used as a wipe down solution for the remainder of the ambulance and equipment. Wipe down procedures consist of immersing a towel in the disinfecting solution, wringing out excess liquid, and wiping down equipment, (i.e. walls, seats, cabinets, radios, oxygen bottles). Repeat this procedure as often as necessary to ensure adequate cleaning and disinfection.
5. Aero Hospital Surface Disinfectant (or equivalent) will be used for a final spray down of the entire vehicle and its equipment.
6. Each time equipment (monitor, oxygen) is taken out of the vehicle for patient care, there will be a thorough spray down of that equipment with the aerosol disinfectant.

SECTION 10 – COMMUNICABLE DISEASE PREVENTION AT FIRE STATIONS

10.01. FIRE STATION ENVIRONMENT

A. The Fire Station is to be considered a closed environment. This term is used in Communicable Disease Control to determine how quickly a disease can be spread in a certain setting. This is where a group of individuals who are not related share a living environment. Other examples of a closed environment would include jails, a nursing home, locked Psychiatric facility, etc.

B. Fire station personnel come from many different communities. Therefore exposures to many types of infections are possible through the family and community. These infections may potentially be brought to work with the individual and shared with co-workers by means of airborne transmission in the sleeping or living areas, and during preparation of food.

C. It is important that certain decontamination measures be carried out on a routine basis to prevent transmission of communicable diseases.

10.02. SLEEPING AREA

A. Personnel should make arrangements to have clean sheets and pillowcases through the house Officer when arriving for duty. Personnel may bring their own linen if desired. Personnel are responsible for their own towels.

B. Sleeping areas should be aired during the day, otherwise airborne organisms will remain in the closed area.

C. Mattresses and pillows can be sprayed with a common disinfectant, such as AERO Hospital Surface Disinfectant, if someone has been ill. This should NOT be done with personnel resting or sleeping in the area.

D. During the cold and flu season, it is recommended to spray the sleeping area daily with a spray that is effective on viruses and common bacteria, such as AERO.

10.03. GOOD HANDWASHING: The primary method to prevent transmission of communicable diseases is to utilize GOOD HANDWASHING at all times. Dispose of used kleenex in a paper bag which is closed securely and placed in the trash.

SECTION 11 - SCENE MANAGEMENT FOR FIRE OR EMS

11.01. INCIDENT COMMAND SYSTEM: All personnel will use the Incident Command System to manage the emergency scene effectively. This includes the following infection control measures, but is not limited to:

A. Proper use of personal protective equipment (gloves, masks, eye protection, etc.) for patient care.

B. Proper packaging and disposal of contaminated equipment.

C. Proper resource and task management that limits potential exposure of personnel.

11.02. The Incident Commander will assure that personnel answer infection control questions arising from contact with the public consistently. Citizen inquiries about the use of personal protective equipment will be answered as follows:

"Our use of personal protection equipment is as much for the patients safety as ours. Wearing such equipment assures your safety and ours from any contaminants that may be present."

SECTION 12 - SPECIAL PRECAUTIONS TO BE UTILIZED IN HELICOPTER TRANSFERS

12.01. Special precautions may be indicated to protect employees from exposure to blood aerosolization during helicopter transfers.

12.02. Patients who are to be transferred by helicopters should have all bloody injuries covered with dressings if possible, and the patient's body should be totally covered during the transfer process. This is to prevent blood from aerosolization and causing splattering to the face or mucus membranes of employees.

12.03. Employees should wear fluid resistant gowns and masks with shields (eye protection) if possible for protection.

12.04. Blood splashes to the eyes or mucous membranes should be flushed with water as quickly as possible and reported promptly.

SECTION 13 - LARGE SCALE DISASTERS (APPROPRIATE CARE FOR DECEASED PATIENTS)

13.01. In a large scale disaster, death may occur to a large number of patients. This might include earthquakes, tornadoes, hurricanes, explosions of hazardous materials, bombings of buildings or aircraft crashes. Since injures from these disasters would result in multi-trauma and possibly body dismemberment, precautions should be taken to protect the employee.

13.02. Copious amount of blood and body fluids will be present. It is essential that all employees follow universal precautions and body substance isolation practices. This includes the wearing of masks, goggles or shields, fluid resistant gowns and heavy gloves. The gloves and other gear should be changed as needed, and disposed of in the bio-hazard trash.

13.03. Exposures to blood or body fluids should be reported to the Fire Chief or designee as soon as possible. This would include penetration injuries, cuts, or splashes to the employee. It is very unlikely that any patient disease status information would be obtainable.

SECTION 14 - TUBERCULOSIS EXPOSURE CONTROL PLAN

14.01. WHAT IS TUBERCULOSIS? - *M. tuberculosis* is the bacterium responsible for causing TB in humans. TB spreads from person to person through droplet nuclei suspended in the air. TB may cause disease in any part of the body. The most commonly affected organ is the lung, which accounts for about 80% of all infections. Other sites may include the lymph nodes, the central nervous system, kidneys, and the skeletal system. TB is often serious and can be fatal if left untreated. The prevalence of infection is much higher in the close contacts of TB patients than in the general population.

14.02. TRANSMISSION OF TB - When a person with TB coughs, sings, sneezes or laughs, the droplet nuclei are released into the air. When an uninfected person repeatedly breathes in the droplet nuclei, there is a chance of their becoming infected with the TB germ.

14.03. SYMPTOMS OF TB - The usual symptoms of TB include cough, weight loss, production of sputum, loss of appetite, fever, night sweats, malaise, fatigue, and occasionally, chest pain. Hemoptysis, the coughing up of blood, may also occur.

14.04. DIAGNOSIS OF TB disease is diagnosed when there is a positive Acid Fast Bacilli (AFB) sputum smear.

14.05. JOB CLASSIFICATIONS OF EMPLOYEES AT RISK

All Paramedics
All EMT's
Any employee who has contact with the general public

14.06. COMMUNICATION OF HAZARDS TO EMPLOYEES

Education and training will be provided to all employees (including support division personnel) on a yearly basis. Information in the classes is to include: assessing the risk for transmission of TB in the work setting; signs and symptoms of TB disease; therapy for disease; and purpose and proper use of controls (N95 masks). Education will coincide with blood-borne pathogen training.

14.07. TB SCREENING

A. According to the 1994 CDC TB Guidelines, health care workers are at increased risk for TB infection. The tuberculin skin test is the Mantoux test, which uses an intradermal injection of purified protein derivative (PPD). The intermediate strength, 5 tuberculin units, is the standard test used.

B. A skin test is done by injecting a very small amount (0.1cc) just under the skin on the forearm. A small bleb (bubble) will be raised. The bleb will disappear after a few minutes. The injection site will then be checked for reaction about 48 to 72 hours later. If the employee does not return to have the site checked, and no induration is present, then the test must be repeated.

C. Induration, the hard, bumpy swelling at the injection site, is used for determining a reaction to the PPD. Induration will be measured in mm and recorded as such. Any induration equal to or over 10 mm is considered positive in health care workers. The injection site may be red, but that does not indicate a positive reaction.

D. A positive test means an infection with M. tuberculosis has occurred, but does not prove TB disease. Employees with a positive PPD will be referred to the San Antonio Metropolitan Health District Tuberculosis Clinic (814 McCullough), or to the Texas Center for Infectious Disease (2303 SE Military Dr.) for evaluation and treatment.

14.08. CONTRAINDICATIONS TO PPD SKIN TESTING - Employees who have previously tested positive to the PPD skin test will NOT be re-tested. These employees will be evaluated by their private physician for signs and symptoms for disease. Any employee who has developed any new symptom will be referred to either the San Antonio Metropolitan Health District TB Clinic or to the Texas Center for Infectious Disease for care and treatment.

14.09. RESPIRATORY PROTECTION MEASURES

A. Employees coming in contact with persons who are at risk of Tb infection are to utilize the N95 mask.

B. Each emergency response vehicle, chief's van, motor and truck are to carry N95 masks for each employee's protection.

C. When an EMS ambulance transports a patient who is suspected of having active TB disease, then the air conditioner must be turned OFF.

D. If the ambulance has windows that are capable of opening, then the back and side windows should be opened during transport to allow ventilation of fresh air through the unit.

E. Upon arrival at the hospital, the ambulance should be left open to allow the flow of fresh air through the patient care area.

F. Before returning to service, a tuberculocidal (AERO) should be sprayed on surfaces in the patient care area of the ambulance.

14.10. POST-EXPOSURE EVALUATION AND FOLLOW UP - Employees who have a known or suspected exposure to a patient with tuberculosis will have a PPD skin test placed within 10 days to satisfy the Texas Worker's Compensation Commission rules. If the source patient is found to be positive for active TB, then the employee will be re-tested approximately 90 days later. All new positives will be referred to either the San Antonio Metropolitan Health District Tuberculosis Clinic or to the Texas Center for Infectious Disease for follow up. The worker's compensation insurance carrier will be notified by the Fire Chief or designee of these new post-exposure positives.

14.11. RECORD KEEPING - The Fire Chief or designee will keep all records on TB exposures and follow up testing.

SECTION 15 - MATERIAL SAFETY DATA SHEETS (MSDS)

15.01. GENERAL INFORMATION

A. The Material Safety Data Sheets have become a major source of chemical information. It is the key document used to provide hazard information to employees and can become an invaluable tool for emergency personal when used in a chemical emergency.

B. Material Safety Data Sheets on all cleaners used by Emergency Response Personnel, will be placed in the Infection Control Manual. These data sheets will outline any needed precautions. Specific Protocols will be provided for the use of these cleaners.

C. Material Safety Data Sheets will be provided to Emergency Response Personnel by the EMS Division for entry into the Infection Control Manual on an as needed basis.

D. Occupational Safety and Health (OSHA) Hazard Communication Standard (29 CFR 1910.1200) requires all manufacturers of pure chemicals and/or mixtures to evaluate their products and relate, via MSDS, any hazards that may be encountered while handling these materials. This standard is intended for all workplaces, manufacturing and non-manufacturing alike. The Environmental Protection Agency's (EPA) and Community Right-to-Know Act of 1986 ensures the availability of MSDS to emergency

response personnel such as fire departments, first aid crews, and hospital emergency room staff.

15.02. MSDS FORMAT AND INFORMATION - MSDS contain a wealth of information which may be understood with a minimum of training. The purpose of this section to briefly explain the format and information found in properly prepared MSDS.

A. SECTION 1 - This section identifies the material by product or trade name and chemical name. It is the product or trade name that is usually found on the container labels although the chemical name is also required by some states. Section 1 will also contain the manufacturer's name, address, and telephone number.

B. SECTION 2 - This section lists the chemical ingredients of the material if they are known or suspected to be hazardous. Hazardous materials which are not carcinogens must be reported if they represent 1 percent or more of the product. Also included in this section are Threshold Limit Values (TLV) and OSHA Permissible Exposure Limit (PEL).

C. SECTION 3 - This section provides physical data about the product that can be utilized for proper identification. Included are specifics such as color, odor, specific gravity (weight), vapor pressure, and boiling point.

D. SECTION 4 - This section includes fire and explosion hazard data. This information is especially useful when devising both in-house and community contingency plans. Plant first responders, local fire departments, and HAZMAT teams need unlimited access to this information.

E. SECTION 5 - This section contains information on the reactivity of the product. It will list other chemicals which, when mixed with the product will result in a chemical reaction. If a product is water reactive it will be noted in this section. Also, hazardous decomposition products such as carbon monoxide and other hazardous gases formed and emitted during chemical reactions or during fires are listed. It is imperative that this section be carefully noted by firefighters, both in-house and local.

F. SECTION 6 - Section 6 contains health hazard data. It will describe any acute (short term exposure) and/or chronic (long term exposure) effects on the body. These will include routes (inhalation, skin, ingestion) of exposure and the bodily organs affected as well as the signs and symptoms of over-exposure. First aid procedures will also be found in this section.

G. SECTION 7 - Section 7 lists the procedures that should be used if the product spills or leaks, including waste disposal methods.

H. SECTION 8 - Section 8 contains information regarding the proper personal protective equipment (PPE) necessary to handle the product in a manner that will minimize exposure. Ventilation practices are also listed in this section.

15.03. MSDS SUMMARY

A Material Safety Data Sheet can aid in making the right decisions on health and safety issues in a plant or in a community. Yet, it must be noted that it is but one of many references that should be used to make final determinations. MSDS are offered by

manufacturers for identification and verification and are not the last word on safety and health practices.

INCIDENT MANAGEMENT SYSTEM

1. **Purpose:** To establish a standard organization for the incident command system**.**

2. **Policy:**
   A. At every incident, the incident commander will establish a command organization that will allow his or her span of control to be preferably 3 to 5, but not to exceed 7.
   B. Until that responsibility has been delegated, the incident commander maintains responsibility for all 5 functional areas, and all three functional positions.

General Information:

The incident command system is a system designed to begin developing from the time an incident occurs until the requirement for management and operations no longer exist. The incident commander is a title which can be applied equally to engine company Lieutenant, Captain, or the Chief of a department depending upon the situation. The structure of the incident command system can be established and expanded depending upon the changing conditions of the incident. It is intended to be staffed and operated by qualified personnel from any emergency service agency and may involve personnel from a variety of agencies. As such, the system can be utilized for any type or size of emergency ranging from a minor incident involving only a few units to a major incident involving several agencies.

The Incident Command System allows agencies to communicate using common terminology and operating procedures. It also allows for the timely combining of resources during the time of an emergency. Every fire department can increase the effectiveness of their fire control and rescue efforts through the development of standard procedures that relate to fire ground operations. It is impossible for a department to operate with any consistent effectiveness without such directives. These directives describe the standard procedures that the Geronimo Village Volunteer Fire Department will apply on the fire ground within the framework of local conditions, capabilities, limitations, and problems. These directives also outline the expectations the department has for each operating unit. No amount of tactical training on the part of individual department members will substitute for lack of such standard procedures. These directives provide a written form that can be instructed and reinforced and regularly reviewed and revised as needed.

The controlling factor in the incident command system is attitude. The incident command system depends on All Personnel to Work Effectively. It is not directed toward command staff alone, in fact command staff cannot use the system without the involvement of all personnel. Everyone, no matter what their rank, has a limit to the number of things, which he/she can effectively manage at one time. The maximum span of control is seven, with the optimum between 3 to 5.

Organization and Operations:

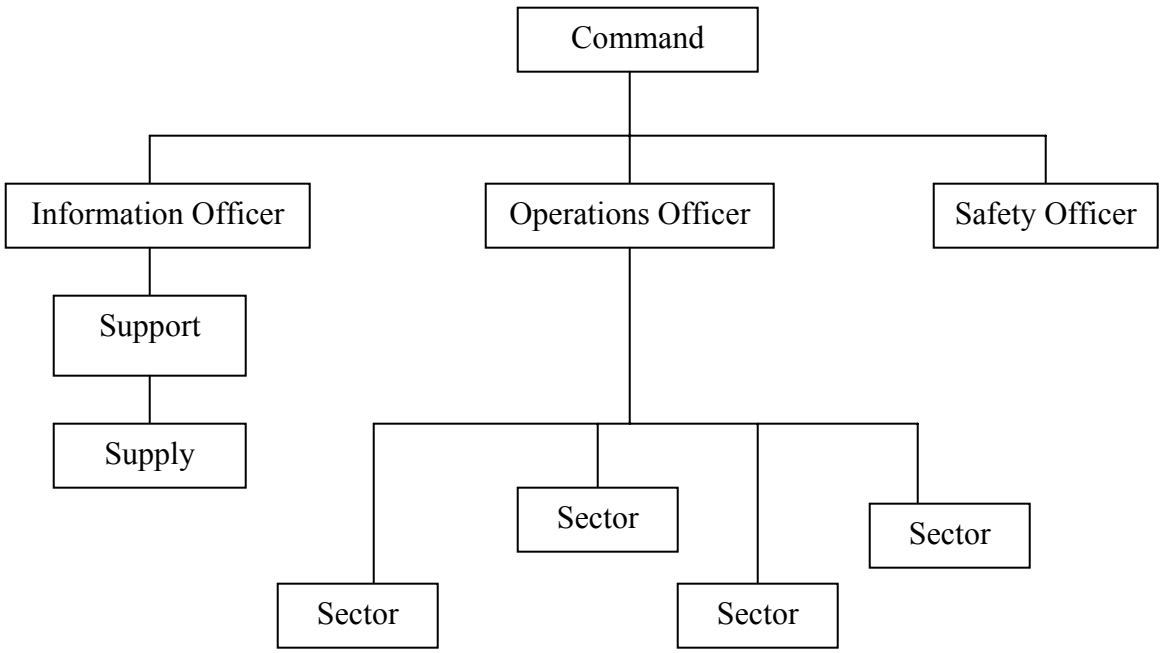
The Incident Command System has five functional areas, they are:

1. Command
2. Operations
3. Planning
4. Logistics
5. Finance

The Incident Command System has 3 functional positions:

1. Safety Officer
2. Liaison Officer
3. Information Officer

Flow Chart



3. Guidelines: The command system is divided into five functional areas that are present at every incident in varying degrees.

   A. Command:
   Command is the first functional area. The incident commander has the overall responsibility for the incident. The commander establishes the goals and objectives that all other resources will work towards. The commander will develop, implement, monitor and modify that action plan which others will follow to control the incident. The commander can create three command staff officers who will also report directly to the commander. Those command staff positions are:

      1. The Information Officer:
      He/she is responsible for the formulation and release of incident information to the media and other appropriate agencies.
      2. The Liaison Officer:
      He/she is the point of contact for outside agencies. The liaison's role is to provide communication and coordination to insure there is no duplication of effort and that all available resources are used to their fullest advantage
      3. The Safety Officer:

He/she is responsible for monitoring and assessing hazards or unsafe situations and developing measures for assuring personnel safety. The safety officer keeps the commander informed of present and potential hazards so the commander can build safety into the action plan. The safety officer can take immediate steps to correct any unsafe act or remove personnel from imminent danger.

B. Operations:
Operations are a functional area and are responsible for all of the tactical operations needed to meet the goals and objectives established by the commander.

C. Planning:

1. Planning is the third operational function and is responsible for the gathering and assimilation of information in the areas of situation status and resource status.
2. Situation Status is the gathering of information regarding the incident itself. This person should gather as much information as possible on what happened, the effectiveness of current operations, and a forecast as to the probable spread of the incident.
3. Resource Status is the gathering of information about the resources currently at the incident. How they are deployed, and how effectively they are being utilized. The need for additional resources, as well as the consideration to release on scene resources, are areas of evaluation.

D. Logistics:
Logistics is the fourth functional area of operations and is responsible for providing facilities, services, and supplies necessary to support the incident. Logistics is broken down into two major areas of responsibility: support and service branches.

1. The support branch is responsible for ordering and storing all supplies providing facilities or shelter needed, and for ground support as fuel or maintenance.
2. The service branch is responsible for providing medical aid for emergency personnel incident communications, and for feeding the personnel.

E. Finance:
Finance is the fifth functional area and is responsible for all of the financial aspects of the incident. The finance person oversees personnel costs, costs to contractors or vendors, claims due to injuries, and monitoring the legalities with regards to finance.

Command Procedures

The effective functioning of fire department units and personnel of operating incidents requires clear, decisive action on the part of an incident employed in establishing command and operating a command post. It also fixes responsibility for the command function and its associated duties on one individual at any time during the operation.

The incident commander is responsible for the command function at all times. As the identity of the incident commander changes, through transfers of command, this responsibility shifts with the title. The term command in this procedure refers jointly to both the person and the function.

Command procedures are designed to accomplish the following objectives:

1. Fix the responsibility for command on a certain individual through a standard identification system depending on arrival sequence of members, companies, and officers.
2. Insure that strong, direct and visible command will be established as early as possible in the operation.
3. Establish an effective framework outlining the activities and responsibilities assigned to command.
4. Provide a system for the orderly transfer of command to subsequent arriving officers.
5. Command has the responsibility of the overall management of the incident.
6. Command procedures are designed to offer a practical framework for field operations and to effectively interrogate the efforts of all numbers, officers, and companies. The time involved in performing the functions listed below at the beginning of a tactical operation should produce on going time savings in the form of a more effective rescue and fire control outcome.
7. An arriving officer, assuming command, can quickly and efficiently perform the standard procedures, if they are well known to him/her. This will facilitate an organized and orderly tactical operation and more effective effort. This is particularly important in more complex situations and when command must be transferred to ranking officers.

Command is responsible for the following tasks as required by the circumstances of the situation within his/her judgment.

1. Assesses the incident priorities.
2. Determines the incidents strategic goals and tactical objectives.
3. Develops or approves and implements the incident action plan.
4. Assesses resource needs and orders, deploys, and releases needed resources.
5. Coordinates overall emergency activities.
6. Serves as the ultimate incident safety officer: responsible for preventing firefighter injuries and or death.
7. Coordinates activities of outside agencies.
8. Authorizes information release to the media and others.

1. Assessing Incident Priorities

Although many of the incident commanders responsibilities do not fall into any particular rank or order and change as a particular situation develops this is not true with incident priorities. They must be the first items that an incident commander identifies at all incidents. The three incident priorities are:

Life Safety
Incident Stabilization
Property Conservation

(Life Safety First Priority)

The incident commander must consider life safety issues for all firefighters, other emergency workers, occupants, and bystanders at an incident. No structure, vehicle or any other form of property is worth the risk of any life. The incident commander may be forced to decide if the rescue of a potential victim is worth the risk to firefighters. The risk to firefighters must be

weighed against the possibility of the victim being alive. The emotions of a potential victim should not over shadow sound judgment as to if the environment is tenable enough for the victim to still be alive. No firefighter should be sacrificed for a body recovery. Life safety of the firefighter must come before the life safety of the victim. Life safety of both must come before all other considerations.
All fire departments have two basic goals, to save lives and protect property. The incident commander must never forget or neglect this priority: Life Safety

(Incident Stabilization Second Priority)

The incident commander is responsible for determining the strategy that will minimize the impact that any incident may have on the surrounding area and his or her jurisdiction. The size and complexity of the command system developed and implemented by the incident commander should be directly proportional to the magnitude and complexity of the incident. A great deal of fire will not automatically require a large and complex command system. A good example would be a large structure, totally involved, that has no exposures, life hazards, and adverse weather conditions. This type of incident merely requires that companies be assigned to each side of the structure and operate in a defensive mode: a simple organization for what is really a simple incident. Incidents of this type are easy to command and need only a simple command system. The incident command structure must match the complexity of the incident not the size. Situations that may appear hopeless must be managed and ultimately controlled. In the fire service, we cannot determine that the game is too rough and that we would rather not play.

(Property Conservation Third Priority)

Property conservation means achieving our goals and objectives at an incident while minimizing the property damage. Judicious application of water, coupled with effective ventilation and meaningful salvage operations, will ensure that the goal of property conversation is met. At times, property conservation is neglected because of limited resources. However, no incident can be considered successfully managed if property conservation is not given proper consideration and implemented in a timely manner. Although the order of these priorities is crucial, it is not static. Undertaking certain life safety activities may also contribute to the goal of incident stabilization and/or property conservation. Clearly however, if an activity will contribute to life safety but not property conservation, it must be implemented.

2. Determining Strategic Goals and Tactical Objectives

The efforts of the resources available for handling any incident must be properly directed to minimize the damage. The clock cannot be turned back. Damage and injuries that have already occurred cannot be alleviated, but further damage and personal suffering must be minimized. This is accomplished when the incident commander determines the broad strategic goals for the incident and then transforms these goals into obtainable practical objectives. The incident commander primary strategic goal may be locating and rescuing a structure's occupants. The tactical objectives may be search and rescue coupled with aggressive ventilation and confinement of the fire unit the primary search has been completed. A strategic goal often requires completion of several tactical objectives.

3. Developing and Implementing the Incident Action Plan.

The incident commander is the primary developer of the incident action plan. On most simple incidents, the action plan will be organized completely by the incident commander and may not need to be written down. In more complex incidents, the action plan will be a written document developed by staff, headed by the incident commander. Action plans must be flexible and continually assessed. In the fire business, conditions rarely remain constant. They are almost always dynamic.

4. Developing an Appropriate Organizational Structure

The organizational structure is not based on the size or area of the involvement; it depends on the complexity of the incident. For instance, an incident involving structural collapse, hazardous materials several exposures and considerable fire may not be large, yet the incident commander organization would be expanded due to the numerous functions that must be staffed. Other incidents in progress within the same area could also affect the organizational structure.

5. Managing Resources

The incident commander continually evaluates and adjusts the deployment of resources at all incidents. Initial assessment of the incident and the needed resources is only the first step. As soon as the incident commander determines the incidents strategic goals and tactical goals and objectives one of two actions will occur. Either the initial action plan will be successful or it will need to be revised. Additional resources may need requiring reorganization. If the incident commander believes he or she has just enough resources for the required work, it is time to order additional companies and or other resources. Coming out exactly even means the incident commander is a gambler instead of a true emergency manager. Effective resources management requires that personnel safety be the highest priority. Although everyone working at an incident must serve as his or her own safety officer, the ultimate responsibility for incident scene safety rests with the incident commander. All goals and objectives must be evaluated against the benefit/risk factor. Taking unnecessary risks with the lives of fire fighting personnel when there is no appreciable benefit is irresponsible. As the incident escalates, the incident commander will need to assign a person as safety officer, with specific safety responsibilities.

6. Coordinating Overall Emergency Activities

Coordination is essential to effective incident management. Without it, resources will be wasted performing tasks that are not necessary to the overall success of the incident. The incident commander must constantly monitor the incident activities to ensure that the needed degree of coordination is present and that units are not working at cross-purposes. The goal of the incident commander is to obtain the maximum productivity from all on scene resources. Proper coordination will ensure that units are functioning within the action plan.

7. Additional Functional Responsibilities

The incident commander normally handles three other responsibilities at minor incidents. As incidents escalate, these functional responsibilities must be delegated or the incident commander will spend valuable incident management time handling scene safety, liaison efforts with outside agencies, and dissemination of incident information to the news media.

This does not imply that these functions are not important; most jurisdictions do not have sufficient personnel to staff these positions during the initial stages of most incidents. An effective incident commander must recognize the need to delegate these functions at certain times. The function positions within the incident command.

FIRE GROUND ASSIGNMENTS

1. Introduction
    a. All officers must exercise size-up activities and reporting during the duration of the emergency.
2. Chief Officers:
    a. Supervise various fire fronts
    b. Direct activities of fire companies through the Captains
3. Captains:
    a. Coordinate the activities of one or two fire companies.
4. Lieutenant:
    a. Directs the activities of a fire company, usually within a structure.
5. Fire Company:
    a. Those firelighters required to handle the following assignments:
        i. Rescue
        ii. Confinement/Extinguishment
        iii. Extinguishment
        iv. Ventilation
        v. Forcible Entry
        vi. Laddering
        vii. Salvage
        viii. Overhaul
6. Additional Considerations
    a. Any or all of the above may be combined depending on officer response and the extent of the emergency at hand. Senior firelighters may be assigned command positions as need dictates.
    b. Conditions confronted upon arrival at the scene may negate all or some of these procedures.

OPERATING AT EMERGENCY INCIDENTS

1. **Purpose:** To inform fire department personnel of the functions to be considered during emergency incidents.

2. **Policy**: The fire department personnel operating at multiple company and/or multiple agency emergencies shall coordinate and integrate their efforts, task and functions so as to produce harmonious, effective and efficient operations. Incident commanders shall utilize fire personnel for any function that may be required.
   Fire department personnel must maintain a level of flexibility, which will insure their ability to perform the various functions as the situation demands.

3. **Guidelines**:

   In certain situations Command may initiate an offensive interior attack, while setting up defensive positions on the exterior. The effect of the interior attack must be evaluated and the attack abandoned if necessary. Mode changes can develop almost instantly or can take virtually all night; Command must be aware and responsive to such mode changes.

   Command must consider the most dangerous direction and avenues of fire extension particularly as it affects rescue activities, confinement efforts, and exposure protection Resource allocation is then based upon this fire spread evaluation.

   In some cases, the most effective tactical analysis involves an evaluation of what is not burning rather than what is actually on fire. The unburned portion represents where the fire is going and should establish the framework for fire control requirements.

   Offensive fires should be fought from the INTERIOR-UNBURNED SIDE (interior capability is the principle offensive strategy factor).

   Initial attack efforts must be directed toward supporting primary search - first attack must go between the victims and the fire and protect avenues of escape.

   Determine fire location and extent before starting fire operations (as far as possible). Do not operate fire streams into smoke.

   Command cannot lose sight of the very simple and basic fireground reality that at some point the fire forces must engage the fire and fight. Command must structure whatever operations are required to put water on the fire. The rescue/fire control/extension/exposure problem is solved in the majority of cases by a fast, strong, well-placed attack.

   Effective fire control requires that water be applied directly on the fire or directly into the fire area. (Fire streams can be bounced off roofs and operated into smoke all night and the fire will progress until it runs out of fuel.) Command must establish an attack plan that overpowers the fire with actual water application.

   When fires involve concealed spaces (attics, ceiling areas, construction voids, etc.) it becomes very important that companies open-up and operate fire streams into such areas. Early identification and response to concealed-space fires can save the structure. Officers who

hesitate to open up because they don't want to beat up the building many times must attempt an hour later to hold the fire to the neighborhood of origin.

Where the fire is sizeable, establish a safe and remote position to begin operations from - then move in on the fire.

When fire is burning out of a building and not affecting exposures, let it burn out, and extend an interior attack from the unburned side. It is usually venting in the proper direction. It requires discipline on the part of control forces to do so and not submit to "candle moth" temptations.

Command must develop a fire control plan of attack that first stops the forward progress of the fire and then brings the fire under control. In large complex fires, Command will not immediately have adequate resources to accomplish all of the attack needs faced - at that point, they must prioritize attack efforts, act as a resource allocator and determine the response that will be eventually require. Accurate forecasting of conditions by Command becomes critical during this initial evaluation process.

Command must develop critical decisions that relate to cut-off points and must approach fire spread determinations with pessimism. It takes a certain amount of time to "get water" and the fire continues to burn while the attack gets set up. Command must consider where the fire will be when attack efforts are ready to actually go into operation; if this is misjudges, the fire may burn past attack/cut-off position. Don't play "catch up" with a fire that is burning through a building: project your set-up time, write-off lost property, and get ahead of the fire. Set up adequately and overpower it.

Don't put water into burned property, particularly where there is unburned property left to burn. Many fire streams are directed into property that is already lost, many times at the expense of exposed unburned property. Write-off property that is already lost and go on to protect exposed property based on the most dangerous direction of spread. Do not continue to operate in positions that are essentially lost.

The decision to operate in a defensive mode indicates that the offensive attack strategy has been abandoned for reasons of personnel safety, and the involved structure has been conceded as lost (written off).

The announcement of a change to a defensive mode will be made as emergency traffic and all personnel will withdraw from the structure and maintain a safe perimeter. The Incident Commander will call for PAR.

Interior lines will be withdrawn (or abandoned if necessary) and repositioned when changing to a defensive mode. Lines should not be operated directly into doorways or windows but should be backed away to positions, which will protect exposures.

All exposures, both immediate and anticipated, must be identified and covered. The first priority in defensive operations is to protect exposures. The second priority may be to knock down the main body of fire. This may assist in the protection of exposures but does not replace it as a first priority.

Master streams are generally the most effective tactic to be employed in defensive operations. For tactical purposes, a standard master stream flow of 750 GPM should be the guideline. Adjustments may be made upward or downward from this figure but it is very significant in the initial deployment of master streams.

When the exposure is severe and water is limited, the most effective tactic is to put the water on the exposure. Once exposure coverage is established, attention may be directed to knocking down the main body of fire and thermal-column cooling. The same principles of large volume procedures should be employed.

The completion of bringing the fire under control is reported utilizing the standard radio reporting term: "FIRE UNDER CONTROL." It is the responsibility of Command to transmit this report to dispatch. Fire under control means the forward progress of the fire has been stopped and the remaining fire can be extinguished with the on-scene resources; it does not mean the fire is completely out.

Fire Department Incident Operations “Check List”:

1. Search and rescue of victims of an emergency incident.
2. Protection of exposures, property and lives from threat of an emergency incident.
3. Confine the emergency incident to the smallest area as safety, resources, conditions, and time will allow.
4. Extinguish or mitigate all emergency incidents.
5. Conduct overhaul operations to insure that the emergency incident does not reoccur.
6. Provide adequate and efficient water supply to hose lines and other apparatus utilizing water to control the emergency incident.
7. Provide emergency medical service, to personnel and victims of emergency incidents.
8. Provide forcible entry.
9. Raise ground ladders.
10. Provide coordinated ventilation with fire attack.
11. Check for fire extension.
12. Provide on scene lighting.
13. Provide control of utilities.
14. Perform salvage and overhaul duties.
15. Perform extrication.

Safety

All companies on the emergency scene shall coordinate activities to prevent undue injury to personnel.

Self-contained breathing apparatus shall be worn on all fires and other incidents that the officer determines the safety of the personnel may be in jeopardy. The exceptions to breathing apparatus having to be worn may be for medical incidents.

All members shall wear full protective gear on an emergency incident and where the officer determines that the safety of the personnel may be in jeopardy. The exceptions to full protective gear being worn may be for medical incidents. It is important to remember that

during medical incidents other forms of protective gear come into consideration and shall be worn for personnel protection. (i.e., surgical mask, gloves, eye protection).

The officer shall take into account weather and climatic conditions when requiring full protective gear for emergency incidents other than fire.

INTERIOR STRUCTURAL FIRE FIGHTING (2-IN / 2-OUT)

1. **Purpose:** To establish procedures that insure the highest level of fire ground safety when operating in an atmosphere that is immediately dangerous to life and health (IDLH) as found in interior structural fire fighting.

2. **Policy:** Prior to initiating interior fire fighting operations, a minimum of four (4) firefighters shall be on the scene, unless entry is made while a fire is in the incipient stage. If the fire is past the incipient stage and an entry team is required to initiate interior structural fire fighting operations, a Rapid Intervention Team (RIT) shall be created by the incident commander. The incident commander shall name a RIT leader and designate a location for the RIT to stage. If at all possible, the RIT should be staged at the command post assigned to monitor the radio frequency for a "'Mayday" call. A "Mayday" call shall trigger immediate silence on the radio so command can communicate with the caller in distress. The RIT shall not be assigned any other task that would take them away from their primary duty as an emergency rescue crew. The incident commander may increase the size of the RIT as conditions and personnel warrant it. If the RIT is deployed into the building, the incident commander shall create another RIT, if possible.

3. Guidelines:

    B. Definitions:
        1. Entry Team: A minimum of two (2) firefighters with SCBA'S, working together as a team, maintaining voice or visual contact, performing rescue and or fire fighting operations in the interior of a structure. (May also be referred to as a group with an assigned group leader.)

        2. Incipient Stage Fires: A fire in the initial or beginning stage which can be controlled or extinguished by a portable fire extinguisher, Class II standpipe or small hose without the need for protective clothing or SCBA.

        3. Rapid Intervention Team (RIT): A minimum of two (2) firefighters equipped and trained on standby outside the structure to provide assistance or perform rapid rescue. One of the exterior crew members must be free of all other tasks in order to account for personnel and initiate a rescue of entry teams inside the structure. The second exterior crew member may perform other tasks such as safety officer, or equipment operator, etc.

        4. "Mayday": A universal term used to call for help.

        Example of Four Firefighters on the scene requiring an Interior Fire Attack: Engine 4 is the first unit on the scene of a structure fire. The Captain will become the incident commander and RIT member; the pump engineer will become the other RIT member. The two firefighters will become the entry team.

Exception to the Policy: When arriving personnel find a known life hazard or known rescue situation and immediate action could prevent the loss of life or serious injury, deviation from this policy is permitted with the following guidelines.

The incident commander shall notify all other responding units that entry is being made with less than four firefighters.

After completing a search of the structure or rescue of the occupants, firefighters are to withdraw from the structure until 2 in - 2 out can be implemented.

All deviations of the 2 in - 2 out policy shall be documented and a written report submitted to the Fire Chief.

Responsibilities:

Incident Commander: Responsible to create a rapid intervention team and create a RIT Accountability Tag Board.

Rapid Intervention Team: Responsible for the RIT activities, tools and equipment for rescue (see tool list below), ensuring that all RIT members have turned in name tags for accountability to the command post.

The following is a list of tools and equipment that may be needed by the RIT. This list shall not limit the RIT in securing additional equipment as the situation dictates.
Search rope, axe, pry tool
Full protective clothing and SCBA
Portable Radio
Thermal imaging camera

FIREFIGHTER RESPONSE

1. **Introduction:** When responding to an emergency call, it is important that firefighter response levels be determined as quickly as possible to assist in dispatching equipment to the scene. Individuals responding directly to the scene give a false indication of the number of firefighters responding and may result in slowing the dispatching of equipment. In addition, firefighters reporting directly to the scene without their personal protective gear pose a safety hazard to themselves and other firefighters at the scene.

2. **Purpose:** To define the conditions under which it is permissible for a firefighter to report directly to an emergency scene.

3. **Policy:**

    A. All firefighters will respond directly to the station for the manning of equipment as outlined in the Apparatus Response Sequence Procedures. Responding directly to the scene is approved under the following conditions:

    B. When authorized by the Chief and/or Assistant Chief and when carrying the appropriate personal protective gear.

    C. When responding to a medical emergency in the immediate vicinity and personal protective gear is not required

4. Guidelines:

    A. When responding directly to an emergency scene in a private vehicle, the following procedure should be observed:
        1. Have headlights on LOW beam.
        2. Approach with extreme caution.
        3. STOP at road block (if it exists) and identify yourself as a firefighter.
        4. Park away from the emergency scene. DO NOT BLOCK TRAFFIC
        5. Report to the Incident Commander/Accountability Officer for assignment.

    B. Firefighters will stay with their responding equipment until ordered to assist by the Incident Commander.

    C. Firefighters will return to the station with the same equipment in which they arrived.

    D. Firefighters will return to the station to prepare equipment for the next emergency.

    E. Firefighters not returning to the station or not returning with the same equipment must inform the Incident Commander prior to leaving the scene.

    F. Firefighters will obey all traffic rules and regulations when responding either to the station or directly to the scene.

    G. A timely response will be required for credit at an emergency call.

H. All firefighter vehicles should have a fire department sticker and/or state issued firemen's license plate to aid in the identification of firefighter vehicles at an emergency scene.

I. All members, who wish to respond with emergency lights and siren in their privately owned vehicles, must be in compliance with the following:

1. Operate within the standards of the By-Laws, Section F Firefighters.
2. Must be at least 21 years of age.
3. Should be an officer
4. Must have equipment that is in accordance with the Texas State Emergency Vehicle Laws.
5. Must have a letter, from their insurance company or agent, stating that the company is aware of the vehicle being used as an emergence response vehicle, using red lights and siren.
6. Must have written approval from the Chief.

APPARATUS RESPONSE SEQUENCE

1. Fire – Residential (non-hydrant area)
    A. First Alarm
        1. Engine 1 – Driver, Officer, 2 Firefighters
        2. Tanker 1 – Driver, Officer
        3. Next Closest Station's Engine – Driver, Officer, Firefighter(s)
        4. Cascade
    B. Second Alarm - Remaining Engine – Driver, Officer, Firefighter(s)

2. Fire – Residential (hydrant area)
    A. First Alarm
        1. Engine1 – Driver, Officer, 2 Firefighters
        2. Next Closest Station's Engine – driver, Officer, Firefighter(s)
        3. Cascade
    B. Second Alarm – Remaining Engine – Driver, Officer, Firefighter(s)

3. Fire – Apartments, Commercial, Commercial (hydrant area)
    A. First Alarm
        1. Engine 1 – Driver, Officer, 2 Firefighters
        2. Rescue 1 – Driver, Officer, 2 Firefighters
        3. Next closest Station's Engine – Driver, Officer, Firefighter(s)
    B. Second Alarm
        1. Remaining Engine – Driver, Officer, Firefighter(s)
        2. Cascade

4. Fire – Brush/Grass
    A. Brush Truck 1 – Driver, Officer
    B. Tanker – Driver Officer

5. Fire – Vehicle
    A. Engine 1 – Driver, Officer, 2 Firefighters
    B. Tanker – Driver, Officer

6. Fire – Dumpster/Other/Rubbish/Trash
    A. Engine 1 – Driver, Officer, 2 Firefighters
    B. Tanker - Driver, Officer

7. EMS/MVA/Rescue
    A. Rescue 1 – Driver, Officer, Firefighter(s)
    B. Engine 1 – Driver, Officer, Firefighter(s)

8. Mutual Aid
    A. Pumper Request – Engine 4 – Driver, Officer
    B. Brush/Grass Truck Request – Brush Truck 3 (BT3) – Driver, Officer
    C. Tanker Request – Tanker (or Engine 4) – Driver Officer
    D. Personnel Request – Appropriate apparatus with staff, as decided by senior, on-duty paid staff member (if no operational officer is available).

9. SPECIAL CONSIDERATIONS
    A. The personnel levels indicated are maximums and are in no way intended to delay a timely response with a lesser number of personnel.
    B. A timely response will be determined by the fire officer or senior firefighter present, based on expected response levels.
    C. In all cases, a senior firefighter can be substituted for an officer to aid in a timely response.
    D. IN NO INSTANCE SHALL THE PRIMARY RESPONSE AREA BE LEFT WITHOUT A RESPONSE CAPABILITY.

APPEARANCE AND WEAR OF THE UNIFORM

1. **Purpose:** Establish guidelines for the appearance of personnel and the wear of the uniform. This procedure applies to all Geronimo Village Fire Department personnel.

2. **Policy:** It is the desire of this department for all members to present a favorable image to the general public. The wear of the uniform is optional however, if wearing a uniform, this guideline applies.

3. Personal Appearance

    A. Hair: The hair should be kept trimmed so as not to present a safety hazard.
    B. Beards: Should not to be worn, by firefighting personnel, for safety reasons. When in uniform, personnel should be clean shaven.

4. Uniforms:

    A. Chief officers should wear white shirts. These shirts may be long or short sleeve. The chief officers' badge and name tag should be gold. The Chief should wear five crossed bugle insignia. The first Assistant Chief should wear four crossed bugle insignia. The Second Assistant Chief should wear three crossed bugle insignia. These insignia should be gold and centered on the collar of the shirt.

    B. All other personnel should wear blue shirts. These shirts may be long or short sleeve.

    C. Department patches should be worn centered on the left sleeve, one inch below the seam.

    D. The U.S. or Texas Flag may be worn centered on the right sleeve, one inch below the seam.

    E. EMS personnel should wear the patch of their qualification level, centered on the right sleeve, one inch below the seam, or immediately below the U.S. or Texas flag, if worn.

    F. Name tags should be worn, centered on the seam, above the right pocket.

    G. Officers should wear the insignia of the respective rank.. These insignia should be gold and worn centered on the collar.

    H. Approved pins may be worn on the shirt as long as they do not present a cluttered appearance. If the Department Chaplain is a firefighter/medic, a religious insignia may be worn, centered above the name tag.

    I. Black, closed toe boots/shoes should be worn. Any exposed socks should be black

    J. If a member does not own a uniform, a department shirt should be worn, to all department functions.

COMMUNICATIONS

1. **Purpose**: Establish guidelines concerning the proper use of tactical radios within the Geronimo Village Volunteer fire Department. This guideline should be used in conjunction with the communications guidelines handbook distributed by the Bexar County Fire Marshal's Office and applies to all Geronimo Village Fire Department personnel.

2. **Definitions**:

    A. Tactical Radio: A radio designed to transmit and receive voice, tone or other specific signals, on an assigned frequency. These radios may be permanent base stations, mobile, and/or handheld.

    B. Tactical Channel: A specific channel on an assigned frequency. These channels are predetermined on a priority basis. The common terms used for tactical channels are TAC 1, TAC 2, TAC 3…etc.

    C. Response Area: The geographic area of responsibility of the Geronimo Village VFD

    D. Responding Unit: Any responding privately owned vehicle, other than fire apparatus.

3. **Guidelines:**

    A. Initial Communication; Upon initial receipt of a dispatch from Bexar County Fire Alarm (BCFA), the first responding unit should advise BCFA of their assigned department call sign and that they are responding. EXAMPLE; "Fire Alarm, Geronimo Village chief two enroute to station one." All other units responding simply state "Geronimo Village chief two enroute to station one." You may not receive a reply from BCFA, do not repeat you message unless directed to do so.

    B. Fire Apparatus; Responding Geronimo Village apparatus should communicate that they are enroute.

    C. Responding from Outside the Response Area; If a chief officer is responding from outside the response area, advise BCFA the location you are responding from. If after three minutes, or upon second tones from BCFA, no one has made contact, with BCFA, any member may respond, remembering to advise BCFA of their location and approximate response time.

    D. Initial Arrival, Fire; The first arriving member should contact BCFA and provide a condition report. EXAMPLE; "Fire Alarm, Geronimo Village chief on scene with smoke showing." After the initial condition report, only the incident commander should contact BCFA.

    E. Occasionally, it may become necessary to switch off of the main dispatch channel, while enroute. Only switch from the main dispatch channel when directed to do so by BCFA, or an officer.

F. All working incidents should utilize a tactical channel, for on scene communications.

G. Initial Arrival, EMS; Only the first arriving medical personnel should advise BCFA.

H. Unnecessary Communications; All radio transmissions will be kept brief, informative, to the point and professional. Only information directly related to the incident will be transmitted on the main dispatch channel.

APPARATUS OPERATOR CERTIFICATION

1. **Purpose**: Establishes guidelines for safe operation, prevents unauthorized and unnecessary use of the department apparatus. This guideline applies to all department personnel.

2. **APPARATUS OPERATOR: NO INDIVIDUAL IS TO OPERATE DEPARTMENT APPARAUTS IF NOT CERTIFIED IN ACCORDANCE WITH THIS STANDARD OPERATING GUIDELINE.**

    A. The apparatus operator candidate should receive training by a line officer responsible for the apparatus.

        Training should include:

        a. Driver's training, to obtain the proper class driver's license, for that particular apparatus

            1. No one is allowed to operate a departmental apparatus without having at least a Texas Class B driver's license, or equivalent and an EVOC (Emergency Vehicle Operators Course) or equivalent within 1 year.

        b. Familiarization with the Emergency Vehicle Laws for the State of Texas

        c. Familiarization with vehicle inspection procedures and mechanical operation.

        c. Familiarization with all phases of pump operation, of the apparatus.

    B. After all the requirements, listed above, have been met, the trainer should notify the Second Assistant Chief/Training Officer. The Second Assistant Chief/Training Officer should administer an examination, to the candidate. The examination should include general knowledge of the apparatus, an over the road driver's evaluation and pump operations.

3. **DRIVER CERTIFICATION**: After all the above requirements have been met, the chief should convene a board, of officers, to review the candidate's results. If, in the opinion of the board, the candidate meets the established criteria in this guideline, the candidate should be certified to operate that apparatus for the department.

4. All personnel, operating apparatus owned by the Geronimo Village VFD, should attend an approved Defensive Driving Course, every three years.

APPARATUS OPERATOR

1. **Purpose**: Establish guidelines, for Apparatus Operators to follow, for routine emergency operation of vehicles in the Geronimo Village VFD.

2. **Policy**: This guideline is designed to ensure periodic inspections are performed and for safe operation of Geronimo Village VFD apparatus. Every apparatus, in the Geronimo Village VFD, is unique unto itself. Apparatus Operators should be familiar with the apparatus prior to operating it. Personnel operating apparatus should be authorized.

3. Apparatus Inspections: Preventative maintenance inspections must be accomplished on a routine basis. Ideally, the vehicle will be inspected once each week, as a minimum. All apparatus should be brought to all training sessions. These inspections should include, but are not limited to;

    A. Check all fluid levels, including engine oil, transmission fluid, brake fluid, coolant, fuel, water tank, the battery and the primer pump.

    B. Check all lighting, including the headlights, brake lights, directional signals, clearance lights, cab lights, instrumentation panel lights and all emergency lights.

    C. The siren, air horn, vehicle horn and back-up alarm should be checked.

    D. Check the tires, for serviceability and proper inflation.

    E. Inspect all associated equipment on the apparatus, including SCBA, spare SCBA bottles, exhaust/PPV fans, medical equipment and oxygen bottles

    The inspections should be documented. The documentation should include the date of the inspection, the mileage, the inspector's name and any discrepancies.

4. Routine Operation: Before any apparatus is operated, the following should be accomplished.

    A. The vehicle should be inspected, ensuring all compartment are closed and the doors are secure.

    B. All equipment should be secured.

    C. Headlights, on low beam, should be turned on before leaving the station.

    Upon returning to the station, ensure the trip is properly documented in the vehicle log book.

5. Emergency Operation: Prior to operating the apparatus, in response to an alarm;

    A. Ensure all compartments are closed and the doors are secure

    B. Ensure all equipment is secure.

    C. Headlights and emergency lighting should be utilized.

D. NOTE – If, at any time during an emergency response, the emergency lighting or the siren fails, the emergency response must be terminated. Notify BCFA and continue to the scene in a non-emergency fashion.

Upon returning from an emergency call;

A. Ensure the apparatus is refueled

B. Ensure the water tank is full.

C. Check and service engine oil, as necessary.

D. Replace used hose.

E. Properly document trip and any malfunctions

6. NOTE: If a malfunction occurred, promptly notify an officer.

7. **ALWAYS USE A SPOTTER WHEN BACKING AN APPARATUS**.

8. If involved in a traffic accident, in a Geronimo Village VFD owned vehicle or performing a Geronimo Village VFD duty, **notify BCFA and the Chief immediately**.