



*Maitland Fire Rescue Dept.
Standard Operating Guidelines*

Kimberly A. Neisler, Fire Chief

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Maitland Fire Rescue

Standard Operating Guidelines

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Section:	Administrative – Rules & Regulations			
SOG #:	110.01	Page:	1 of 4	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Provide guidance for establishing, passing, transferring and terminating command at an emergency scene utilizing the Incident Command System “ICS”.

2. PROCEDURE:

2.1 Establishing Command

- a. Any incident involving two or more companies requires formal activation of the Incident Command System.
- b. An incident which requires only the response of one company, and is not expected to escalate beyond the commitment of this company, does not require the use of the Incident Command System.
- c. The first unit to arrive at the scene should establish command, unless command is passed in accordance to section 2.2 of this guideline. *(In most situations, it is not necessary for a Rescue unit to establish command due to the short response times of our suppression units.) (The focus of a Rescue unit as the first arriving unit to a scene should be on scene size up, recon and triage.)* The initial Incident Commander (IC) should remain in command and direct activities until command is transferred or the incident is stabilized and terminated.
- d. Command is established as follows:
 - First unit or command officer arrives on the scene and performs size-up. He/she determines the need to establish command.
 - Command is established over the radio by contacting Dispatch, advising that command is established and by naming the command. Example - “Orange County, Engine 45 is establishing Maitland Avenue Command.”
- e. One of the key elements to naming the command is to make the name specific to the incident, yet as short and as brief as possible.
- f. All on-scene and responding units need to be aware when command has been established and network their communications through command as required.

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- g. Command should utilize a tactical board and on-scene tracking of personnel and unit status. The IC should appoint Command Staff and establish division/group officers as needed to maintain an acceptable span of control.

2.2 Passing Command

- a. Circumstances may be encountered that require rapid intervention on the part of the first arriving crews. These situations could include a report of trapped victims, or a fire requiring a fast knockdown to protect a stairway or other means of egress.
- b. The first arriving officer has the option of working with their company in a fast attack mode or passing Command to the next arriving officer. However, this does not relieve the initial officer of his/her duties relating to initial size-up and command decisions.
- c. Upon arrival, a report should be given to Dispatch. As part of this arrival report, the officer should announce “Passing Command.” At this point, Command *should not* be named or established. The officer may elect to designate his crew according to their function in anticipation of working within the Incident Command System.
Example - “Engine 45 will be Fire Attack Group.”
- d. The next arriving officer should then designate and establish Command.
- e. Officers are encouraged to establish Command as a matter of routine, and should use the “Passing Command” mode only when the officer is needed to perform other critical functions.

2.3 Transferring Command

As an emergency escalates or de-escalates, there may be a need to transfer command. The following guidelines outline the procedures for transferring command.

- a. The Company Officer or Incident Commander should have command established and, when possible, use a vehicle command post. As soon as is practical, the necessary tactical worksheet should be started for tracking of on-scene personnel and units.

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- b. Command is transferred, when practical, after a face to face briefing, to include current situation, current unit placements, assignments, and a review of the tactical worksheet.
- c. Arrival of a senior ranking officer on a scene does not automatically cause command to be transferred. Assumption of command is based on several factors, including potential escalation of the incident, personnel limitations, IC capabilities, etc. A chief officer would be expected to assume command of second alarm (or greater) fires.
- d. In formally transferring command, once the face to face is completed and the tactical worksheet reviewed, Command will notify Dispatch of the transfer, i.e. “Orange County, Battalion 45 assuming Maitland Avenue Command.”
- e. It may be advantageous to have the officer being relieved remain with the new Incident Commander, in the role of IC Aide or Operations Section Officer, since the initial action plan was established by this officer.
- f. This formal process for transfer of command should be utilized both as the emergency escalates, and in the demobilization phase as situations are brought under control. “Maitland Ave. Command, Battalion 45 available - transferring Maitland Ave. Command to Engine 45.”

2.4 Terminating Command

Command should be terminated when the incident has de-escalated to a point where all units have returned to service. The Incident Commander should complete the following prior to terminating command:

- a. Survey the incident scene to insure that it has de-escalated to a point where Command can safely and effectively be terminated. The same standard used for establishing Command applies to terminating Command. If two or more units are still on scene, Command should remain in place.
- b. Contact Dispatch and advise them that Command has been terminated and that you are in service from the incident. “Maitland Ave. Command, command terminated, Engine 45 available.”

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2.5 Fire Watch

Upon completion of operations at a fire scene, the Incident Commander (IC) may implement a fire watch to ensure that the fire is completely extinguished. The fire watch should be implemented using the following guidelines:

- a. Prior to leaving a fire scene, the IC should conduct an inspection to verify that overhaul activities have exposed all potential hidden fires. Mattresses and over-stuffed furnishings, after exposure to fire, should be removed from structures completely. Blown-in cellulose insulation in particular presents a major rekindle hazard. Consideration should be given to aggressively pulling ceilings to detect smoldering fires in this situation.
- b. If a fire scene does not pose any future threat to life safety and/or property, the IC may waive the fire watch requirement. The rationale for this decision should be documented in the narrative section of the fire report.
- c. If a fire scene does pose a possible threat to life safety and/or property, an engine company should be assigned to visit and inspect the fire scene periodically. The times and conditions noted on such visits should be recorded in the unit narrative of the fire report.
- d. If a fire scene poses a significant threat to life safety and/or property, an engine company (or companies) should be assigned to provide a continuous fire watch. Conditions on scene will dictate whether or not the unit can remain available on scene. The conditions noted and actions taken should be recorded in the unit narrative of the fire report.

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Title:	Criteria for Chief Officer and other Notifications			
Section:	Administrative – Rules & Regulations			
SOG #:	110.02	Page:	1 of 5	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide criteria for notification of Fire Department Chief Officers of significant alarms that involve Maitland Fire Rescue Department personnel; to provide the process for notification of State Warning Point; Florida Department of Health & Rehabilitative Services (HRS); Florida Department of Children and Families; Department of Elder Affairs; Agency for Health Care Administration.

2. PROCEDURE: Chief Officer Notification

a. The Lieutenant or OIC is to request the dispatch center notify the on duty Battalion Chief (if not already included in the initial dispatch) of any incident that involves the following criteria:

- Media
- Any City of Maitland Official
- Any City of Maitland Senior Staff
- Injury, illness or other emergent situation involving any Maitland Fire Rescue Department personnel
- Violent or hostile environments
- Crashes involving any Fire Rescue vehicle
- No vitals
- Respiratory arrest
- Trauma alert
- Entrapment
- Fires

It shall be the responsibility of the Battalion Chief to notify the appropriate Chief Officers of alarms that meet the criteria set forth in this policy.

b. Fire Department Chief Officers are defined as the following:

- Fire Chief
- Deputy Fire Chief
- Battalion Chief/Admin
- Fire Marshal
- Any personnel acting in the above capacities

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2.1 All other notifications

- a. Any event involving substances of an unknown nature shall be reported to the [State Warning Point](#) through OCFRD dispatch center. Any incident affecting significant traffic or long-term media event shall be reported as well.
- b. Any event involving children or the elderly, whether at homes or institutions, shall be reported to the appropriate state agency.
- c. Any fire event where there has been actual fire and/or discharge of a fire protection system in any restaurant shall be reported to the Orange County Health Department through OCFRD dispatch center.

CFOP 70-10

This operating procedure supersedes CFOP 70-10 dated June 1, 1998.

OPR: ASGDC

DISTRIBUTION: X: OSES; OSLs; ASG; ASGDC; Region Directors; Region/Circuit Mental Health

Treatment Facilities.

STATE OF FLORIDA

DEPARTMENT OF

CF OPERATING PROCEDURE CHILDREN AND FAMILIES

NO. 70-10 TALLAHASSEE, October 1, 2008

Facilities Acquisition and Management

HAZARDOUS MATERIALS – EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW

1. Purpose. This operating procedure implements the provisions of Title III, Emergency Planning and Community Right-To-Know Act, also known as SARA (Superfund Amendments and Reauthorization Act) Title III. It is administered by the Federal Environmental Protection Agency (EPA) and implemented by the Florida Department of Community Affairs, and State Emergency Response Commission (SERC), Chapter 252, Part II Florida Statutes. The Act has four major sections: emergency Planning (section 301-303), emergency release notification (304), community right to know reporting requirements (sections 311, 312), and toxic chemical release inventory (313). The purpose of these laws is to prepare communities to respond to a hazardous materials accident and to increase the public's access to information on the presence of hazardous chemicals and their release into the environment.

2. Scope. This operating procedure is applicable to all Department organization entities that produce, use or store hazardous materials.

3. Definitions. Unless clearly required otherwise by the context of this operating procedure, the definitions for terms contained in the SARA Title III, Emergency Planning and Community Right-To-Know Act, and Emergency Management, Chapter 252, Florida Statutes, are hereby incorporated by reference for use in this operating procedure. In addition, the following clarification of terms shall apply for use in this operating procedure:

a. Department Hazardous Materials Administrator. The staff director of the Department's office of general services (ASG).

b. Circuit/Region Hazardous Materials Administrator. The circuit/region general services manager.

c. Institution Hazardous Materials Administrator. Institution administrator.

d. Headquarters Hazardous Materials Administrator. The staff director for general services (ASG).

4. References.

a. SARA Title III, Emergency Planning and Community Right-To-Know Act, Federal Environmental Protection Agency (EPA).

b. Chapter 252, Florida Statutes, Emergency Management, Florida Department of Community Affairs.

5. Responsibilities. The hazardous materials administrators are responsible for the implementation of

the law within their respective areas and for coordination of associated activities between the Department and the Department of Community Affairs. Title III has six reporting requirements and chemical lists. The reporting requirements are independent of each other, but related. Each requirement should be reviewed to determine which facilities need to comply with the requirement. The requirements are defined in the publication entitled "Hazardous Materials Emergency Planning and Community Right-To-Know." Listed below is an outline of these requirements to assist with compliance responsibilities:

a. Emergency Planning and Notification.

(1) Chemical Notification, Section 302. Submission of a Tier II form is required by Title

III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, Public Law 99-499. All facilities that maintain or exceed the threshold planning quantity (TPQ) must submit a Tier II form.

These thresholds are as follows:

(a) For Extremely Hazardous Substances (EHSs) designated under section 302 of Title III, the reporting threshold is 500 pounds (or 227 kg.) or the threshold planning quantity (TPQ), whichever is lower.

(b) For all other hazardous chemicals for which facilities are required to have or prepare, the minimum reporting threshold is 10,000 pounds (or 4,540 kg.) covered by the federal Comprehensive Environmental Response, Compensation and Liability Act (CERCLA). Submit Tier II reporting by March 1st of each year to the State Emergency Response Commission (SERC) and the Local Emergency Planning Committee (LEPC).

(2) Facility Representative Designation. These facilities must also notify the SERC and LEPC of a facility representative (circuit/region or institution hazardous materials administrator), who must provide information to the LEPC necessary for delivering and implementing the facility's local emergency plan.

b. Emergency Accidental Release Notification Section 304.

(1) There are two types of chemicals that require reporting under this section:

(a) Extremely Hazardous Substances (EHSs); and,

(b) Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) hazardous substances.

(2) If an amount equal to or greater than the reportable quantity (RQ) is released or spilled from a fixed facility, notification must be made immediately (within 15 minutes) to SERC and LEPC by calling the Florida State Warning Point (SWP) at 850-413-9911 or 800-320-0519. In addition, CERCLA spills must be reported to the National Response Center at 800-424-8802.

c. Community Right-To-Know Reporting Requirements Section 302 and 311. The chemicals covered are the extremely hazardous substances in excess of the TPQ or 500 pounds at any one time, whichever is less and any of the hazardous chemicals that meet or exceed 10,000 pounds at any one time for which the Occupational Safety and Health Administration (OSHA) requires a Material Safety Data Sheet (MSDS) to be maintained. This is a one time reporting requirement unless new significant information is discovered on a chemical. The list of EHSs is found in the "Consolidated List of Chemicals."

d. Hazardous Chemical Inventory Section 312. Each covered facility must submit an annual Florida Specific Annual Emergency and Hazardous Chemical Inventory Tier II form to the SERC, LEPC and local fire department. It is also a requirement to allow the fire department to conduct an on-site inspection of the facility.

e. Exemptions from Reporting. Title III excludes the following substances:

(1) Any food, food additive, color additive, drug or cosmetic regulated by the Food and Drug Administration;

(2) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;

(3) Any substance to the extent it is used for personal, family or household purposes or is present in the same form and concentrations as a product packaged for distribution and use by the general public;

(4) Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual; or,

(5) Any substance to the extent it is used in routine agricultural operations or it is a fertilizer held for sale by a retailer to the ultimate customer.

f. General Provisions. There are provisions in the law concerning trade secrets protection, enforcement, citizen suits and public availability of information.

g. Fees. The law provides a funding mechanism to support county and regional emergency planning and the extensive community right-to-know requirements.

(1) All Department entities subject to this law must have paid a one-time filing fee of \$50 per facility.

(2) Late fees can be assessed for failure to file a report that substantially complies with

the requirements of Title III or for the failure to pay any fee.

6. Implementation. Department hazardous materials administrators are obligated to be knowledgeable of the specific requirements of Title III.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

MELISSA P. JAACKS

Assistant Secretary for

Administration

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

This operating procedure has been updated to comply with current requirements for hazardous materials.

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Standard Operating Guidelines

Title:	Critical Incident Stress Management		
Section:	Administrative – Rules & Regulations		
SOG #:	110.03	Page:	1 of 2
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>		



1. PURPOSE:

To establish guidelines for conducting critical incident stress management.

2. GENERAL STATEMENTS:

- a. Emergency response personnel face more than physical risks. The psychological consequences of exposure to trauma in the fire service can result in high levels of burnout, long-term emotional difficulties and other life-disrupting problems.
- b. A critical incident is defined as: any incident that evokes extraordinary emotion on the part of emergency workers and overwhelms their ability to cope, either at the scene or later.
- c. Critical Incident Stress Management (C.I.S.M.) is a psychological and an emotional process designed to reduce and control the impact of critical incidents. It is designed to accelerate *normal* recovery processes in *normal* people who are experiencing *normal* reactions to *abnormal* circumstances.
- d. CISM does not equate to a critique of emergency operations at the scene. Performance issues will *not* be discussed at the debriefing. The debriefing process provides a format in which personnel can discuss their feelings and reactions and thus reduce the stress resulting from exposure to critical incidents. All debriefings will be strictly confidential.
- e. Examples of incidents that may call for a CISM include but are not limited to:
 - Serious injury or death to a fellow emergency worker
 - Multiple casualty incidents
 - Suicide of a crewmember
 - Death of a child
 - Death or serious injury of a civilian resulting from emergency service operations
 - Prolonged or extraordinary rescue or recovery operations with expenditures of intense physical or emotional energy.
 - Intensive media coverage and scrutiny.

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Title:	Critical Incident Stress Debriefings		
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3. PROCEDURE:

- a. Any member recognizing stress or situations for potential stress in themselves or coworkers may contact their Lieutenant, Battalion Chief, Deputy Fire Chief, or Fire Chief and request assistance. These calls will be kept confidential.
- b. Following any Critical Incident either the CISM Team Leader or other assigned member will conduct a defusing session and disperse informational materials relating to Critical Incident Stress.
- c. When indicated, the CISM Team Leader will then make arrangements for a formal debriefing through local protocols. (The debriefing will occur within 72 hours of the incident) when possible.
- d. All members present at the incident will be required to attend the debriefing to act as peer support for other members.
- e. The debriefing will be limited to those personnel involved in the actual incident (including dispatchers, police officers, ambulance personnel, and hospital personnel), the peer counselors, and a mental health professional. No media will be allowed.
- f. All items relating to the activities of the debriefing will be kept strictly confidential.
- g. Further referral for assistance may be initiated as required.

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Title:	Public Information & Media Contact			
Section:	Administrative – Rules & Regulations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a policy which will facilitate the flow of information between the Maitland Fire Rescue Department, the media, and the general public.

2. PROCEDURE:

2.1 Responsibility

All personnel within the Maitland Fire Rescue Department are committed to and recognize the right of the public and news media to be fully and accurately informed on matters concerning public safety. In order to maintain this philosophy, all members of this department will strive to maintain a relationship of trust; cooperation, mutual respect and a free flow of information with the public and news media without favoritism.

- a. The Incident Commander (IC) shall be responsible for the management of public information on the fire ground.
- b. Any major incident likely to attract news media attention shall be brought to the attention of the Deputy Fire Chief and/or the Fire Chief via pager, cell phone or the OC Communications Center.
- c. At multi-agency incidents, the agency having primary jurisdiction will be responsible for the coordination and release of information to the media.
- d. Members of the media will often respond to a scene that normally would not require the presence of Administrative personnel. In such cases, the IC or his/her designee should be prepared to provide a media briefing as soon as their command responsibilities permit.

2.2 Interview Guidelines

- a. Information released to the media should relate only to the facts of the incident.
- b. No determination as to the cause of an incident shall be released. Questions relating to the cause shall be referred to the appropriate investigative agency (i.e., Maitland's Fire Marshal, State Fire Marshal, Florida Highway Patrol, Maitland P.D or Orange County Sheriff's Office).

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- c. Under NO circumstance shall the names of fatalities or injured persons be released unless authorized by Fire Administration or the appropriate investigative agency.
- d. At no time shall Maitland Fire Rescue member's personal information be provided to the news media. All requests for such information shall be immediately referred to Fire Administration via the chain of command.
- e. When, in the opinion of the IC, an incident results in what may be a potentially controversial situation, a Fire Administration representative shall be requested to respond immediately.
- f. When a representative of the news media requests interviews or information from department personnel at any time other than that described in the above section, the request shall be referred to Fire Administration via the chain of command.

2.3 Media Relations

- a. At the scene of any event of public interest, representatives of the news media will be permitted to conduct interviews, take photographs, and otherwise perform their assigned tasks provided their activity is not in violation of the guidelines established in this SOP, and provided such activity does not interfere with fire department operations.
- b. Photographs and videotape may be taken from any area where the news media representatives have been given access. Areas of access for news media representatives on scene of an incident will include:
 - Any areas open to the public
 - Any designated area set aside for news media briefings.
 - Any area to which the news media representatives are provided guided access to by the IC, or his/her designee.
- c. News media representatives shall be permitted to interview victims of an incident who have consented to such interviews providing:
 - The victim is not receiving medical attention.
 - The victim appears able to make sound decisions, is not visibly upset, severely injured or emotionally distraught.
 - Investigative personnel have completed their interviews.
 - If a victim desires not to be interviewed, the news media representatives will be so advised.

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Title:	Red Flag Rules			
Section:	Administrative – Rules & Regulations			
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Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

- a. The purpose of this policy is to assure that the City of Maitland Fire Rescue Department (hereafter known as “the Provider”) maintains compliance with the requirements regarding the prevention, detection, and mitigation of Identity Theft as set forth in the federal regulations known as the “Red Flag Rules.”
- b. “Identity Theft” means a fraud committed or attempted using the identifying information of another person without authority. This includes “Medical Identity Theft, “i.e., identity theft committed for the purpose of obtaining medical services, such as the use of another person’s insurance card or number. Although Medical Identity Theft may occur without the knowledge of the individual whose medical identity is stolen, in some cases the use of an individual’s medical identity may occur with the knowledge and complicity of that individual.

2. OVERVIEW

This policy sets forth the steps the Provider will take in implementing a program for detecting, preventing, and mitigating identity theft (hereafter known as the “Program”) in connection with covered accounts, as required by the Red Flag Rules. “Covered Account” means:

- An account that the Provider offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions; and
 - Any other account that the Provider offers or maintains for which there is a reasonably foreseeable risk to individuals or to the safety and soundness of the Provider from identity theft, including financial, operational, compliance, reputation or litigation risk
- a. Section II of this Policy describes the risk assessment the Provider shall conduct at the inception of the Program and annually thereafter. Section III sets forth the “Red Flags” (i.e. warning signs) that may alert Provider personnel to the possible existence of identity theft in the course of the Provider’s day to day operations. Section IV sets forth the procedures the Provider will follow in attempting to detect those “Red Flags”.

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Section V sets forth the procedures the Provider will follow in responding appropriately to “Red Flags” that are detected, in order to prevent and mitigate identity theft. Section VI sets forth the procedures the Provider will take in responding to a claim by an individual that he has been a victim of identity theft. Section VII describes how the Provider will administer the Program. Section VIII describes the annual updating of the Program.

- b. Questions regarding this Policy or the Program shall be directed to the Program Compliance Officer (the Fire Chief) designated pursuant to Section VII.

2.1 Risk Assessment

- a. Upon initial implementation of the Program, and annually thereafter as a part of the annual update described in Section VIII of this Policy, the Provider shall determine whether it maintains covered accounts. As part of that determination, the Provider shall conduct a risk assessment to determine whether it offers or maintains covered accounts that carry a reasonably foreseeable risk of identity theft, including financial, operational, compliance, reputation or litigation risks. The risk assessment shall take into consideration:
 - The methods the Provider provides to open its accounts;
 - The methods it provides to access its accounts; and
 - Its previous experiences with identity theft.

2.2 Identification Of “Red Flags”

- a. A “Red Flag” is a pattern, practice or specific activity that indicates the possible existence of identity theft. In other words, a “Red Flag” is a warning sign regarding the possibility of identity theft.
- b. In identifying “Red Flags” relevant to its operations, the Provider has:
 - Reviewed the examples of “Red Flags” found in the Red Flag Rules (see the Supplement to the Guidelines);
 - Considered the factors specified in Section II.A above, and
 - Incorporated “Red Flags” from sources such as changes in identity theft risks of which the Provider becomes aware and applicable regulatory guidance.

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- c. Based on the process specified in the Section III.B above, the Provider has identified the following situation as “Red Flags” that should alert Provider personnel to the possibility of identity theft:
1. A patient submits a driver’s license, insurance card or other identifying information that appears to be altered or forged;
 2. The photograph on a driver’s license or other government-issued photo I.D. submitted by a patient does not resemble the patient;
 3. Information on one form of identification submitted by a patient is inconsistent with information on another form of identification, or with information already in Provider’s records or information obtained from other sources such as a consumer credit data base;
 4. A patient has an insurance member number but no insurance card;
 5. The Social Security Number (“SSN”) or other identifying information furnished by a patient is the same as identifying information in Provider’s records furnished by another patient.
 6. The SSN furnished by a patient has not been issued, is listed on the Social Security’s Administration’s Death Master File, or is otherwise invalid. The following numbers are always invalid:
 - the first 3 digits are in the 800, 900, or 000 range, or in the 700 range above 772, or are 666;
 - the fourth and fifth digits are 00; or
 - the last four digits are 0000;
 7. The address given by a patient does not exist or is a post office box, or is the same address given by an unusually large number of other patients;
 8. The phone number given by the patient is invalid or is associated with a pager or an answering service, or is the same telephone number submitted by an unusually large number of other patients;
 9. The patient refuses to provide identifying information or documentation;

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10. Personal identifying information given by a patient is not consistent with personal identifying information in the Provider's records, or with information provided by another source such as an insurance company or consumer credit database;
 11. A patient's signature does not match the signature on file in the Provider's records;
 12. A patient contacts the Provider [*or Provider's billing service*] and indicates that he or she has received an invoice, explanation of benefits or other document reflecting a transport that the patient claims was never received;
 13. Mail correspondence is returned to the Provider [*or Provider's billing service*] despite continued activity associated with the mailing address;
 14. The Provider [*or Provider's billing service*] receives a warning, alert, or notification from a credit reporting agency, law enforcement or other credible source regarding a patient or a patient's insurance information;
 15. The Provider or a Service Provider has suffered a security breach, loss of unprotected data or unauthorized access to patient information;
 16. An insurer denies coverage due to a lifetime benefit limit being reached or due to an excessive volume of services;
 17. A discrepancy exists between medical or demographic information obtained by the Provider from the patient and the information found in health facility records;
 18. Attempts to access an account by persons who cannot provide authenticating information;
 19. [Review list of Red Flags in the Supplement to the Guidance and add any others from that list that appear relevant].
- d. The Provider shall update the foregoing list of "Red Flags" as part of its annual update of the Program.
- e. All Provider personnel have an affirmative obligation to be vigilant for any evidence of a "Red Flag" and to notify their immediate supervisor, or the Program Compliance Officer, to report the "Red Flag".

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2.3 Procedures for Identifying Red Flags

Provider personnel will follow the following procedures in order to detect the “Red Flags” indicated above, which indicate the possibility of identity theft.

- a. The process of confirming a patient’s identify should never delay the delivery of emergent medical care. When a patient’s condition permits collection of demographic information and documentation, medical transport crews shall request, in addition to an insurance card, a driver’s license or other form of government issued photographic personal identification. If the patient lacks such photographic identification, medical transport personnel shall:
 - Request other form of identification, such as a credit card; and/or
 - Ask a family member or other person at the scene who knows the patient to verify the patient’s identity.
- b. Billing personnel, in the course of creating and processing claims, and verifying patient information, shall be alert for the existence of any of the “Red Flags” listed in Section III above.
- c. Before providing information regarding an account or making any changes to an address or other information associated with an account, the requester shall be required to provide the social security number, full name, date of birth and address of the patient. If the requester makes the request in person, a driver’s license or other government issued photographic identification shall be requested.
- d. In the event medical transport personnel or billing personnel encounter a “Red Flag”, the existence of the “Red Flag” shall be brought to the immediate attention of the individual’s supervisor or the Program Compliance Officer so that it can be investigated and addressed, as appropriate, in accordance with the procedures set forth in Section V below.

2.4 Responding To “Red Flags”

- a. When a “Red Flag” is detected, Provider personnel shall investigate the situation, as necessary, to determine whether there is a material risk that identity theft has occurred or whether there is a benign explanation for the “Red Flag”. The investigation shall be documented in accordance with the Provider’s incident reporting policy. If it appears that identity theft has not occurred, the provider may determine no further action is necessary.

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- b. The Provider's response shall be commensurate with the degree of risk posed by the "Red Flag". In determining an appropriate response, the Provider shall consider aggravating factors that may heighten the risk of identity theft, such as a data security incident that results in unauthorized access to a patient's account records, or notice that a patient has provided information related to a Provider account to someone fraudulently claiming to represent the provider or to a fraudulent website.
- c. If it appears that identity theft has occurred, the following steps should be considered and taken, as appropriate:
 1. Except in cases where there appears to be obvious complicity by the individual whose identity was used, promptly notify the victim of identity theft by certified mail using the "Identity Theft Notice Letter" developed by the Provider. Notification may also be provided by telephone, to be followed by a mailed letter;
 2. Place an "Identity Theft Alert" on all patient care reports (PCR'S) and financial accounts that may have inaccurate information as a result of the identity theft;
 3. Discontinue billing on and/or close out the account;
 4. Re-open the account with the appropriate modifications including a new account number;
 5. If a claim has been submitted to an insurance carrier or government program (Payor) in the name of the patient whose identity was stolen, notify the Payor, withdraw the claim and refund any charges previously collected from the Payor and/or the patient;
 6. If the account has been referred to collection agencies or attorneys, instruct those entities to cease collection activity;
 7. Notify law enforcement and cooperate in any investigations;
 8. Request that law enforcement notify any health facility to which the patient using false identity has been transported regarding the identity theft;

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9. If an adverse report has been made to a consumer credit reporting agency regarding a patient whose identity has been stolen, notify the agency that the account was not the responsibility of the individual;
10. Correct the medical record of any patient of the Provider whose identity was stolen, with the assistance of the patient as needed;
11. If the circumstances indicate that there is no action that would prevent or mitigate the identity theft, no action need be taken.

2.5 Investigation of Report by a Patient of Identity Theft

- a. If an individual claims to have been a victim of identity theft (e.g., the individual claims to have received a bill for a transport he did not receive), the Provider [*or its billing service*] shall investigate the claim. Authentication of the claim shall require a copy of a police report and either;
 - The “Identity Theft” affidavit developed by the FTC, including supporting documentation; or
 - An identification theft affidavit recognized under state law.
- b. Provider personnel shall review the foregoing documentation and any other information provided by the individual and shall make a determination as to whether the report of identity theft is credible.
- c. The individual who filed the report shall be informed in writing of the Provider’s conclusion as to whether the provider finds the report credible.
- d. If, following investigation, it appears the individual has been a victim of identity theft; the Provider will take the appropriate actions as indicated in Section V of this policy.
- e. If, following investigation, it appears the report of identity theft was not credible, the individual shall be notified and the provider may continue billing on the account upon the approval of the Program Compliance Officer. The account shall not be billed without such approval.

2.6 Administration of the Program

- a. The program and all material changes thereto, shall be approved by the Program Compliance Officer.

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- b. The Program Compliance Officer shall be responsible for oversight, development and implementation of the program.
- c. The Provider shall train staff, as needed, to effectively implement the program. The following categories of personnel shall be trained in the implementation of the program:
 - All medical transport personnel;
 - All billing office personnel;
 - All management personnel and administrative support staff
- d. Initial training shall occur no later than May 1, 2009 for all current personnel. Newly hired personnel shall be trained in the implementation of the program as part of their standard compliance and HIPAA training. Refresher training shall be included in the annual compliance and HIPAA training given to the provider personnel and may be given to specific employees time to time on an “as needed” basis.
- e. The provider shall exercise appropriate and effective oversight of all arrangements involving a service provider whose duties include opening, monitoring or processing patient accounts or performing other activities which place them in a position to prevent, detect or mitigate identity theft. Each service provider shall be required to execute an amendment or addendum to its service agreement or business associate agreement which requires it to:
 - Implement a written Identity Theft Program that meets the requirements of the “Red Flag Rule”;
 - Provide a copy of such program to the Provider no later than May 1, 2009;
 - Provide copies of all material changes to such Program on an annual basis; and;
 - Either report all “Red Flags” which it encounters to the Provider, or take the appropriate steps to prevent or mitigate identity theft itself.
- f. The Program Compliance Officer shall review the program on an annual basis and evaluate issues such as:
 - The effectiveness of the program in addressing the risk of identity theft;
 - Service Provider agreements;
 - Significant incidents involving identity theft and the Provider’s response;
 - Recommendations for material changes to the Program.

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2.7 Annual Update of the Program

The program will be reviewed, revised and updated on an annual basis. In performing such update, the Provider shall consider:

- a. The provider's experiences with identity theft over the period prior to the last revision of the program;
- b. Changes in the methods of identity theft, or in the methods to detect, prevent or mitigate identity theft;
- c. Changes in the Providers technology and operations including any new electronic health record or financial software programs implemented by the Provider, and;
- d. Changes in business arrangements of the Provider, including but not limited to changes in its relationships with service providers.

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Standard Operating Guidelines

Title:	City Employee Injuries			
Section:	Administrative – Rules & Regulations			
SOG #:	110.06	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure for the treatment of injured City Employees by Fire Department personnel.

2. PROCEDURE:

Refer to the *City of Maitland Incident Report Forms for Workers' Compensation* binder located in the Lieutenant's office at each station.

- a. Have employee sign in on the incident report log
- b. Evaluate employee's injury:
 - First aid by Fire Department Personnel
 - Employee to be referred to – Review Treatment Matrix
 - Give employee the proper Authorization form – Medero or Centra Care
 - Employee sent to Hospital Emergency Department
- c. Complete the Employee Medical Evaluation form on the MaitraNet.
- d. Only employees involved in moving accidents (vehicles) and those that receive treatment beyond the level of FD are routinely required to submit to a urine drug screen.
- e. Evaluating Fire Department Personnel must sign the incident report form printed from the MaitraNet.
- f. Notify the on-duty Battalion Chief through the on-duty OIC.
- g. Notify City Personnel Department – If after normal business hours, email Theresa Walker with the employee's name and where they were referred. If the injury is deemed significant or the employee is transported to the hospital via Rescue, contact Theresa Walker personally by phone with the provided contact information in the binder.
- h. Contact appropriate workers compensation vendor.
- i. Make a copy of the report for the binder and send the original in an envelope to the Personnel Department.
- j. Complete an EMS report and NIFRS report – If a Fire Department member, complete a casualty report in the NIFRS program.

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Standard Operating Guidelines

Title:	Conduct in the Fire Station			
Section:	Administrative – Rules & Regulations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish standards to maintain a good image of the Fire Department without depriving the public of the opportunity of visiting the fire station to conduct business or familiarize themselves with the Fire Department.

2. PROCEDURE:

2.1 Access

- a. The Maitland Fire Station is a public building for the purpose of conducting Fire Department business on a twenty-four (24) hour basis. No person shall be denied entry into the Fire Station at any time for the purpose of conducting such business.
- b. Fire Department business, involving the public, shall be conducted only in the areas of the station provided for that purpose (i.e.: Reception area; treatment rooms; Administrative Offices on 3rd floor; Battalion Chief and Lieutenant offices, etc). All other areas of the Fire Station shall be termed “OFF LIMITS” to the public with the exception of guided tours or as authorized at any reasonable time of the day light hours.

2.2 Guests

- a. Guests – (For the purpose of this policy) is defined as a visitor other than for the purpose of conducting Fire Department business which may include family or personal friends.
- b. Guests are welcome at any reasonable hour of the day, in the Fire Station, but shall not be permitted in the station later than 22:00 hours.
- c. The Shift Battalion Chief may grant use of the dining area for special occasions, such as Christmas, Thanksgiving, Birthdays, etc.
- d. The presence of guests in the Fire Station shall not disrupt or prevent the on-going activities of daily operations.

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2.3 Personal Conduct

- a. Many occasions arise when on-duty personnel receive phone calls of a personal nature. The employee shall make all efforts to keep these calls to a minimum, particularly during business hours. Phone calls, after 22:00 hours should be discouraged except for extremely urgent matters.
- b. Employee's conduct should be professional at all times, especially in the presence of the public. (i.e.: No foul language, rude behavior, etc.)

2.4 Bunk Room Standards

- a. During business hours the door is open (except for St45), the room light is off, and the lamp on
- b. The bed will be neat with the spread in place during business hours 7 days a week. The desk will be clear or your personal study material placed in an orderly manner
- c. The shelves will contain books, magazines, manuals, etc. in an orderly manner
- d. The cabinet will contain a reasonable stock of issued uniform items (including under clothes socks, shoes, hats.) Additional portable shelves are allowed, but must remain orderly and fit neatly within the locker. Your linen is allowed if it can fit neatly inside.
- e. Inside the room a gym bag can be placed neatly on the floor at the foot of the bed or a book bag placed in the chair or draped over the back.
- f. Items will not be placed on the top of the shelves or cabinets

2.5 Public Information Binder

- a. All public information request are to be referenced using the Public Information binder located at each station.

2.6 Equipment Hoist St45

- a. The equipment hoist at St45 is for loading and unloading equipment from the mezzanine to the bay floor. At no time shall a person ride in the hoist basket.

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Standard Operating Guidelines

Title:	Code of Conduct (On & Off Duty)			
Section:	Administrative – Rules & Regulations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To set forth a standard that all members of the fire department must adhere related to their conduct both on and off duty.

2. PROCEDURE:

- a. **Professionalism:** To carry out the highest standards of professionalism while on and off duty by understanding that members represent the department at all times. This includes treating fellow firefighters, citizens, and other agencies with the utmost dignity and respect; wearing the appropriate uniform and protective gear while on-duty. To avoid any situation or conduct on or off duty which would cause embarrassment or disgrace to colleagues, the department, or the City of Maitland.
- b. **Partnership:** To develop and nurture a relationship with the citizens of Maitland, colleagues, and other agencies to provide fire prevention, education and suppression.
- c. **Drug-Free Workplace:** To maintain a drug-free work environment by refraining from using drugs or tolerating drug use by colleagues.
- d. **Sexual Harassment and Discrimination:** To refrain from any conduct which creates an environment of sexual harassment, or amounts to age, race or religious discrimination.
- e. **Public Service:** To always remember that we are founded upon service to the public and to conduct ourselves accordingly.

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Standard Operating Guidelines

Title:	Station Security			
Section:	Administrative – Rules & Regulations			
SOG #:	110.09	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To protect the station apparatus and equipment from potential damage and to protect both fire department members and the public while making the fire station accessible to those who have business or are working in the area.

2. PROCEDURE:

The station is a public building for the purpose of conducting Fire Department business on a twenty-four hour basis. No person shall be denied entry into the Fire Station at any time for the purpose of conducting such business. (See SOG 110.02)

Reasonable security considerations make it prudent to protect the apparatus room, offices and other station facilities from any outside damage or theft and to protect visitors from injury.

- a. The entrance to the reception area and staff offices shall remain locked. Entrance by visitors can be made by utilizing the bell switch located at the main entrance to each fire station. The response to the bell activation will be by on duty shift personnel when the station is occupied.
- b. The bay and side doors from the apparatus room and day room shall be kept locked unless these areas are occupied by fire department personnel. **ALL** station doors shall be locked when no personnel are in the station.

Bay doors may be in the upright position as long as fire department members are present in the bay. At no time shall bay doors be left open when fire department members aren't present.

- c. Access cards shall be utilized at Station 45. These cards shall be surrendered upon separation from employment.

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Standard Operating Guidelines

Title:	Personal Visits & Phone Calls			
Section:	Administrative – Rules & Regulations			
SOG #:	110.10	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To set a policy to regulate and limit personal business and personal visitors in the work place which may interfere with city business or performance of duties.

2. PROCEDURE:

- a. Personal visits and business shall be conducted in a manner that does not interfere with the conduct of city business or performance of duties.
- b. Members working on a 24-hour work shift will be allowed visitors and conduct personal business during lunch-time and after normal business hours and/or after standard daily duties and training have been completed. Personal visits in times other than those listed above will be kept to an absolute minimum and are at the discretion of the Lieutenant or Battalion Chief. Visitors, including students, are not permitted to be on department premises after 10 p.m. unless approved by the Battalion Chief.
- c. For members working an 8-hour work-day, personal business and visits will be kept to an absolute minimum. Members will make every effort to conduct personal business during the breaks and lunch hour provided by city policy. Personal business and visits will not be permitted to interfere with city business.
- d. Personal visitors will not be permitted to roam throughout the work place. This includes visitors from other city departments who are not conducting city business.
- e. Personal phone calls on city/station telephones will be kept to a minimum and are not to interfere with city business. Receipt of personal phone calls on city/station phones will not be permitted after 10:00 P.M., except in rare cases.
- f. City cell phones shall not be used for personal phone calls unless deemed emergency and approved and documented by the Lieutenant or Battalion Chief. Long distance phone calls are permitted for city business and must be approved with proper code and documented by the Lieutenant or Battalion Chief.
- g. Personal cell phones may be used when necessary as long as they do not interfere with city business, training or perceived as interfering with job performance and are not to be used in direct view of the public.
- h. Personal cell phones shall be kept in the “silent” mode. The City bears no responsibility for personal phones.

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Standard Operating Guidelines

Title:	Receiving and Disbursement of Packages/Shipments			
Section:	Administrative- Rules and Regulations			
SOG #:	110.11	Page:	1 of 1	
Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Provides a means for documentation that packages and shipments were received and distributed to the appropriate personnel.

2. PROCEDURE:

- a. Upon signing for, accepting and/or receiving any package/shipment from an outside vendor, the receiving member shall document the following information on the "Packages/Shipments Received Log" (see attached).
 - The name of the member accepting/signing for the item
 - The name of the vendor that delivered the item
 - The name of the company from where the item originated
 - The number of boxes/packages received
 - Name of package recipient
 - Name of the Lieutenant/OIC/BC notified of the shipment
 - Name of member the package was forwarded to
 - Date and time the item was delivered/received
- b. The Lieutenant, Officer in Charge, or Battalion Chief for the station at which the shipment was received will be responsible for distributing the package to personnel responsible for its contents.
- c. In the event there is uncertainty as to whom the package should be delivered to, the Lieutenant, Officer in Charge, or Battalion Chief shall be permitted to open and inspect the item in order to identify to whom it should be forwarded.
- d. In the event a shipment is received while crews are out of the station, personnel shall retrieve the packages from their alternate delivery site (usually city hall) as soon as possible and complete the "Packages/Shipments Received Log".
- e. It shall be the responsibility of the Lieutenant, Officer in Charge, or Battalion Chief for their respective stations to assure that the "Packages/Shipments Received Log" is completed for each delivery. The person receiving the package shall notify the intended recipient of its delivery and where the package was placed.

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Standard Operating Guidelines

Title:	Time Trades			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

PURPOSE:

To present and explain the Department's voluntary shift trade policy for personnel assigned to shift duty.

2. PROCEDURE:

- a. Responsibility and liability for voluntary shift trades, paybacks and initiations, shall be solely that of the individuals involved in the actual work time exchange. When the member who has agreed to work for another member fails to report for duty. In the event this is not an option other arrangements will be made and they may forfeit pay for the time equivalent to the time he/she was absent.
- b. All time trades must be paid back within the same calendar year that the initial exchange took place.
- c. When the member agreeing to work for another member is unable to report for duty due to illness, he/she shall notify the normally scheduled member's Battalion Chief of the situation and shall attempt to locate the member normally scheduled to work and notify him/her of the situation. In the event that the member normally scheduled to work cannot be located, the member agreeing to work shall attempt to locate another member to fulfill the shift trade obligation. If the member agreeing to work has made every effort to locate another member to fulfill the shift trade obligation but is unsuccessful, then the person who initiated the time trade will be required to forfeit pay for the time equivalent to the time he/she was absent.
- d. In the event the member agreeing to work for another member becomes ill during a time trade, then he/she will be relieved from duty and the member normally scheduled to work will be required to report to work or if unable to return will forfeit pay for the remainder of the time left in that particular shift. (If the individual is available and in town, they must return to work).
- e. The privilege of trading time may be revoked at any time for abuse of the privilege.
- f. Requests for all time trades shall be made by e-mailing the individuals assigned Battalion Chief.

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- g. All time trades shall be limited to individuals working in the same capacity. (Lieutenant for Lieutenant, Engineer for Engineer, Paramedic for Paramedic, Relief Driver for Relief Driver, etc.) In rare circumstances this may be flexible, but the Battalion Chief shall consider the entire situation (i.e. If someone calls in sick and OT is required when it wouldn't have been if the assigned member was present – for example – Engineer trades with Relief Driver – but is now needed to be OIC). This situation must be avoided.
- h. Minimum staffing must be considered by the Battalion Chief when considering time trade requests. (A maximum of 2 shift members may be on vacation & 2 persons on either time trade or school time off at the same time). The Battalion Chief must be cautious when approving maximum time off. Vacation time must take priority. If someone calls in sick and OT is required – the number of eligible members to fill the OT has been reduced by the time trades. The Battalion Chief could be placed in a situation of requiring a member on vacation or time-trade to return to duty as a result. (Mandatory OT is to be avoided if at all possible by requiring members assigned to the shift in question to return to duty).
- i. The maximum number of consecutive 24-hour shifts that may be traded by an individual is (2).
- j. In order to extend vacation periods, members shall be allowed to trade a maximum of 2-24 hour shifts.
- k. New Hires cannot take time trades the first three (3) month, except in a situation approved by the Fire Chief or their designee.
- l. Battalion Chiefs shall insure that Departmental or individual efficiency is not impaired by trading of time. The Battalion Chief and/or Deputy Fire Chief may deny time trades if the time trade interferes with training, or reduces company or member efficiency.

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Standard Operating Guidelines

Title:	Pager Requirements			
Section:	Administrative – Rules & Regulations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this policy is to define operational guidelines and requirements for employees to maintain a communication medium with Fire Administration.

2. PROCEDURE:

The Maitland Fire Rescue Department deems it necessary to have a mechanism to contact employees to relay general information, solicit a response to a need, offer overtime, and facilitate employee recalls during disaster related situations. The Department recognizes that many employees have access to personal telecommunications equipment that is capable of receiving text and/or email messages. The Fire Chief shall set the guidelines and requirements related to acceptable devices used to receive pager or text messages.

- b. Department employees have a responsibility to readily receive, interpret, and properly address authorized electronic transmissions sent by representatives of the department.
- c. It is the responsibility of each employee to maintain an approved mechanism for electronic communications with the Department during their off-duty time.
- d. The Department assumes no responsibility for messaging charges or any other fees associated with the maintenance of employee's personal telecommunications devices when authorized to be used.
- e. It is the responsibility of each employee having a department issued pager to insure that the device is adequately cared for and that it is not damaged through carelessness or neglect.
- f. All employees are required to appropriately respond to electronic transmissions initiated by any person within the department having supervisory authority within thirty (30) minutes unless the message sent indicates otherwise.
- g. Messages relating to emergency situations or call related responses are to be answered immediately.
- h. Discretion is to be used when contacting off duty shift members. Determine whether the information or request is needed without delay or if it can be addressed upon the employees return to duty.

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- i. All transmissions sent related to department business are to contain the sending person's name included in the message. The use of a supervisor's name by someone other than the specific supervisor is prohibited.
- j. The Fire Department provides pager protection (insurance) for lost or stolen pagers and for pagers that are damaged beyond repair. There is a deductible associated with lost or damaged pagers. Employees with issued pagers may be responsible for paying the deductible amount if the City's Safety Committee or the Fire Chief determines that the damage or loss was due to negligence or carelessness.

2.1 Pager Use For Overtime Offerings

- a. Offerings of overtime will be done exclusively using electronic transmissions unless face-to-face communication is possible. A supervisor may use other forms of contact once all attempts at filling an overtime position have failed for all eligible employees.
- b. All offerings of overtime sent by electronic means are to read only as follows: **“Call (Battalion Chief, Station 45, 47 or Fire Admin) for OT”**. Details of the overtime should not be given in the message. This includes, but is not limited to, length of the overtime offering, type of overtime, reason for the overtime, etc.
- c. When receiving a “Call for OT” message, the recipients have five (15) minutes to call the initiating party and accept or deny the overtime offering. If the initiating party has sent a message to the individuals and has not received a phone call within 15 minutes, he/she will move on to the next eligible rank group in an effort to fill the vacancy in a timely manner.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Promotional Requirements			
Section:	Administrative – Rules & Regulations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013 November 1, 2014	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this policy is to set forth minimum requirements for promotion into higher grades and to define promotional assessment parameters.

2. PROCEDURE:

The requirements listed below are the minimum requirements necessary to hold a particular rank level.

a. All members participating in the assessments must:

- be medically clear for full duty status on the posted test date
- have an autonomous paramedic status with the department
- have no disciplinary actions within one year of the posted test date*
- meet all the requirements for the posted rank level

* Disciplinary action of a minor nature, such as, but not limited to, tardiness, rudeness, absenteeism, misuse of time, etc. within 6 months of the posted date may be waived at the discretion of the Fire Chief.

- b. Study information will be provided at least 30 days in advance of the date of testing.
- c. The study information will include specific version or volume of the books, SOG's and Policies that will be utilized.
- d. There will be no make-up tests for any reason.
- e. After the assessment, a promotional list containing the names of all persons who completed the entire assessment successfully will be kept on file for one year and may be used for additional promotions within the assessed rank.

The list will become effective on the date the Fire Chief promotes a successful candidate.

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Standard Operating Guidelines

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RANK LEVELS:

- Battalion Chief
- Lieutenant/Paramedic
- Lieutenant/EMT
- Engineer/Paramedic
- Engineer/EMT

2.1 Battalion Chief

Minimum Qualifications

- Associate degree in fire science, emergency medical services or a closely related field, plus five (5) or more years of experience in fire or emergency medical service work, three (3) years of which must have been equivalent to fire lieutenant, or higher.
- Mandatory attendance at the most recent Lieutenant/Battalion Chief Academy prior to assessment. To be held during the first week of May.

Note: Candidates participating in a promotional assessment after August 1st, 2016, must possess a Bachelor Degree in Fire Science, Emergency Medical Services, Administration or closely related field. Degree must meet supplemental compensation guidelines as established by State law. Exceptions to degree requirements may be made on a case by case basis by the Fire Chief or his/her designee.

- Candidate must have the following ICS training (I-100, I-200 or I-220, I-300, I-400, I-700) and must hold Florida State Fire Officer I certification 2000 edition. Due to recent changes to officer certification by the State of Florida, the Fire Officer I 2013 edition does not meet the minimum requirements for this position. All candidates who are promoted who have a FO I 2013 edition must obtain Fire Officer II 2013 edition by December 1, 2015.
- Candidate must have completed 240 hours of supervised ride up time in the Battalion Chief position. (To be achieved after completion of two (2) years (run-up to eligibility) as company officer.)

Assessment Process

- Written Communications Project
- Tactical Exam
- Interview Panel

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Present Battalion Chief written endorsement / competency verification to include:

- Ability to direct others
- Scene Operations
- Administrative Duties
- Knowledge of Resources

2.2 Lt/Paramedic/EMT (Fire Officer I)

Minimum Qualifications *

- Must be employed by Maitland Fire Rescue at least (3) three years,
- Candidates must hold autonomous Paramedic status, and Firefighter II. Candidate must have the following ICS training (I-100, I200 or I-220, I-300, I-400, I-700) and must hold Florida State Fire Officer I certification 2000 edition. Due to recent changes to officer certification by the State of Florida, the Fire Officer I 2013 edition does not meet the minimum requirements for this position. All candidates who are promoted who have a FO I 2013 edition must obtain Fire Officer II 2013 edition by December 1, 2015.
- Candidates must possess a minimum of an Associate's Degree at time of assessment. Exceptions to degree requirements may be made on a case by case basis by the Fire Chief.
- Candidate must have completed 240 hours of supervised OIC shift and scene management. (*To be achieved after satisfactory completion of a Firefighting Tactics I course*)
- Those wishing to promote to Lieutenant must have attended the most recent Fire Officer Development Academy prior to assessment.
- To be eligible to participate in the assessments associated with the above position, each candidate must be competent in the eight areas listed below.
- The appropriate supervisor must prepare a document which cites positive examples of each.
- A recommendation of competency by the supervisor will serve to meet this requirement.
 - Knowledge of Policies
 - Ability to Direct Others
 - Knowledge of Communication Procedures
 - Scene Operations
 - Administrative Duties
 - Logical Thought Process
 - Knowledge of Resources
 - Delegation Abilities

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Assessment Process

- Tactical exercise
- Coaching/counseling exercise
- Written communications exercise
- Oral presentation

2.3 Engineer/Paramedic or Engineer/EMT

Minimum Qualification

- Must be employed by Maitland Fire Rescue at least two (2) years, hold autonomous Paramedic status, and hold level of Firefighter II.
- Must have completed Company Officer Leadership, Firefighting Tactics I & II, Building Construction, Anti-Terrorism (Individuals who hold a certificate of successful completion for Hazardous Materials I prior to August 1, 2003, may substitute this for Anti-Terrorism).
- Candidate must have the following ICS training (I-100, I200 or I-220, I-300, I-700)
- Must have a certificate of successful completion in Engineer training from a department approved training facility.
- Must have satisfactorily functioned as a relief driver for at least six (6) months. Exceptions to minimum relief driver time frame may be made on a case by case basis by the Fire Chief.
- The candidate must complete on the job training consisting of shift and scene management. This training may begin after 1.5 years of employment and satisfactory completion of Firefighting Tactics I, and completion of the Department approved engineer training. On-the-job training must be supervised by a Lieutenant and consist of a minimum of 240 hours.
- Engineer/Paramedic and Engineer/EMT promotions made to individuals lacking the full 240 hours of supervised shift and scene management and the five (5) required courses may be made at the Fire Chief's discretion. Those wishing to promote to Engineer must have attended the most recent Fire Officer Development Academy prior to assessment.
- All other requirements must be complete prior to participating in the assessment.
- To be eligible to participate in the assessment associated with the above position, each candidate must be competent in the eight areas listed below. The appropriate supervisor must prepare a document which cites positive examples of each. A written recommendation of competency by the supervisor will serve to meet this requirement.
 - Knowledge of Policies
 - Ability to Direct Others
 - Knowledge of Communication Procedures

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- Scene Operations
- Administrative Duties
- Logical Thought Process
- Knowledge of Resources
- Delegation Abilities

Assessment Process

- Pump operator written examination
- Tactical exercise
- Coaching/counseling exercise
- Pumping exercise

All Positions

Due to the fact that test scores do not influence the ranking of candidates, test scores will not be revealed to candidates.

In addition to the aforementioned assessments (*Lieutenants and Engineers*), a review board will interview the top candidates. The review board will also consider the candidates employment history in their deliberations. At the discretion of the Fire Chief, the interview board may consist of the Deputy Fire Chief, Battalion Chief of Administration, and/or (1) one Battalion Chief or Lieutenant and/or a shift member that currently holds the same position as the one being filled, and/or the Medical Director and/or representatives from other emergency service agencies.

The interview board will forward their recommendation(s) to the interview panel.

A final interview will be held by a panel to consist of three of the following: Fire Chief, Personnel Manager, Assistant City Manager, and Deputy Fire Chief. In the event there are any conflicts with one of the members of this panel, that person/position shall be excluded from the final interview panel.

The interview panel will be guided by such considerations as the candidate's ability to positively interact and motivate other members, past work performance and length of tenure in the fire service and the department.

Candidates who are granted an interview with the Fire Chief will remain on a promotional list for (1) one year in no particular ranked order.

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The Fire Chief may make subsequent promotions from this list during the effective period. Additional assessments may be conducted as needed.

Scoring of sections may be performed by an impartial (non-city employee) third party.

Specific components of each testing section will be provided by Fire Department Management. Additionally, candidates must attain a minimum of 70% in the written exams and an aggregate score of 70% for the remainder of the assessment categories (excluding interviews).

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Standard Operating Guidelines

Title:	Sick & Personal Leave			
Section:	Administrative – Rules & Regulations			
SOG #:	110.15	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The accrual of personal leave hours and sick leave hours are in accordance with the City of Maitland Personnel Policies and Procedures Manual.

2. PROCEDURE:

2.1 Sick Leave

- a. Sick Leave is a benefit and should be treated as such.
- b. When you find yourself ill to the extent that you cannot report to duty, you should call your Battalion Chief as soon as possible, before the start of your scheduled shift. If you are unable to contact your Battalion Chief on the first attempt, then contact the on-duty Battalion Chief. The preferred practice is to call between 6:15 and 6:30 am. If on the night before your scheduled shift you know that you will not be present for duty, it is appropriate to call at that time.
- c. When the on-duty Battalion Chief is the contact, then he/she is responsible for contacting the assigned Battalion Chief of the person calling in sick. The assigned Battalion Chief of the person calling in sick should be told the nature of the illness/injury, expected duration, and a phone number where the person calling in sick can be reached. This is necessary for shift planning purposes.
- d. The initial contact person, whether the on-duty Battalion Chief or the member's assigned Battalion Chief, must review the information and comply with the reporting elements contained in City of Maitland Personnel Policies and Procedures 8.12 Family and Medical Leave Act.
- e. If you are too ill to report to duty, remain home except to seek medical attention or medication.
- f. The on-duty shift supervisor may direct on-duty ill members to leave duty and return home.
- g. The Fire Chief and/or other city officials reserve the right to require verification of the illness by an appropriate medical professional and also reserve the right to require a release signed by a medical doctor, before returning to work.

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- h. Incidents where sick leave is taken fraudulently or excessively may result in disciplinary action.
- i. Excessive use shall be defined as the use of more occurrences than the department average for any given evaluation period. The term occurrence is as defined in the city's personnel policies.
- j. The Battalion Chief will take into consideration the potential for vacancy created by sick call, FMLA, etc. prior to approving more than one person off at a time. Mandatory OT will be avoided at all costs. Personal leave shall not be approved more than 60 days prior to the start of requested leave unless otherwise approved by the Deputy Fire Chief or Fire Chief. No more than five (5) shifts in a 10 shift period will be granted off, inclusive of time trades.

As it relates to staffing, a position that will require OT to cover by default (i.e. Paramedic, LT with no built in coverage due to minimum staffing) no subsequent requests for leave time shall be approved. Special circumstances may be approved by Fire Administration.

2.2 Personal Leave

- a. Each Battalion Chief shall be responsible for scheduling leave for the members on his/her shift in a fair and equitable manner. Members shall complete a request for absence via email to their assigned Battalion Chief through their Lieutenant. In extraordinary circumstances, especially those contained in the City of Maitland Personnel Policies and Procedures 8.12 Family and Medical Leave Act, the Battalion Chief may grant leave to more than two (2) members with approval of the Deputy Fire Chief or Fire Chief.
- b. The Fire Chief, Deputy Fire Chief or their appointed designee shall be responsible for the scheduling of personal leave for Battalion Chiefs.
- c. Anyone who takes time off without sufficient accumulated personal leave shall not be paid for those hours. A negative balance shall not be permitted.
*Disciplinary action may result.
- d. Except in cases covered by the City of Maitland Personnel Policies and Procedures 8.12 Family and Medical Leave Act, each member is responsible for insuring he/she possesses adequate sick or personal leave time prior to absence from work.

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- e. Except in cases, covered by the City of Maitland Personnel Policies and Procedures 8.12 Family and Medical Leave Act, Battalion Chiefs shall not schedule shift members off on personal leave if they do not possess adequate time.
- f. Two (2) shift members may be permitted to be on personal leave when the leave does not create overtime. If one person creates overtime due to staffing circumstances (i.e. only Paramedic on shift), then no other vacation will be approved.

****This was amended to allow a second person off with the understanding that it will not always be possible and at times there may be lengthy periods of time that certain shifts will not enjoy this benefit. All members employed as of July 1, 2010 agree and understand the limitations and unanimously voted to continue the practice even if the benefit will be limited.***

- g. The Fire Chief is responsible for scheduling all others within the Department.

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Standard Operating Guidelines

Title:	Requesting Shift Reassignment			
Section:	Administrative – Rules & Regulations			
SOG #:	110.16	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To set guidelines and requirements for members to request a reassignment from one shift to another.

2. PROCEDURE:

The following requirements are necessary for members to request a shift change.

- a. Shift reassignment, as a result of a member's request, will be only performed when there is an equal change of identical ranking members.
- b. The shift member requesting the shift reassignment must first receive permission from the member with whom he/she wishes to change. This must be in a written memorandum.
- c. The requesting member must then obtain written approvals from the Lieutenant of the requestor's shift and the Lieutenant of the shift to which the requestor wishes to move.
- d. After obtaining the aforementioned documents, the requestor must then receive final approval in writing from the Battalion Chief and Deputy Fire Chief. The Deputy Fire Chief will schedule the shift reassignment in a way to affect the least inconvenience to both shifts and to avoid the need for over-time spending.
- e. If the shift reassignment is requested due to a vacancy on another shift, only steps three (Lieutenant approval) and four (Battalion Chief and Deputy Fire Chief approval) will be necessary.

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Standard Operating Guidelines

Title:	Smoking / Tobacco Usage			
Section:	Administrative - Rules & Regulations			
SOG #:	110.17	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. HISTORY:

In 1986 the Florida Professional Fire Fighters (FPFF), a labor organization, passed an unprecedented resolution to create a "smoke-free fire service." The FPFF's commitment arose from its

- concern for the health of fire fighters,
- need to address the issue of smoking to protect the fire fighters' "Heart and Lung Law," and
- attempt to avert criticism of its proposed presumptive "Cancer Bill."

In 1987 the FPFF gained support for its resolution from a council representing chiefs, fire instructors and inspectors, and volunteer fire fighters. In 1989 the FPFF succeeded in getting a landmark bill passed requiring that new fire fighters be non-users of tobacco for at least one year prior to application.

Florida Statute: 633.34(6) Firefighters; qualifications for employment. Any person applying for employment as a firefighter must: be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.

2. GENERAL STATEMENTS:

Certified employees hired on or after October 1, 1989, shall not smoke or use tobacco products of any kind on or off duty.

Visitors to department facilities are to be informed by their guide about smoking restrictions. The OIC shall be responsible for enforcing this tobacco use policy.

All City buildings are tobacco free.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Reclassification to Paramedic Grade Levels			
Section:	Administrative – Rules & Regulations			
SOG #:	110.18	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To state policy affecting the attainment of Paramedic Certification.

2. PROCEDURE:

- a. Each member hired on or after June 12, 2000 will be required by written agreement to possess or to attain Paramedic certification within two years of employment unless otherwise waived by the Fire Chief or his designee.
- b. All of the required classes and their required texts along with tuition fees will be paid by the Department. Each member must attend Valencia Community College unless otherwise approved by Fire Administration.
- c. All training/class request forms must be turned into Fire Administration no less than 30 days prior to Valencia's class registration.
- d. At the end of each class the member must submit their grades to Fire Administration no more than five days after official release from the school. Any member not having a passing grade must retake the class at their own expense. The retaking of courses is at the discretion of Fire Administration.
- e. Each member must sign a waiver allowing Valencia to release progress reports and/or grades to Fire Administration upon request.
- f. If the member resigns their employment with the department, prior to the time it took them to complete formal Paramedic training, the member will be required to reimburse the department the cost of the Paramedic program.

2.1 Paramedic School Prerequisites

- a. Prior to starting Paramedic school, it is required that each EMT member must first successfully pass, Medical Terminology and Anatomy and Physiology unless otherwise approved by Fire Administration.
- b. Upon the completion of the Medical Terminology and Anatomy and Physiology each member must complete all required tasks and paperwork for entrance into Valencia's Paramedic program, these items must be turned into Fire Administration 30 days prior to Valencia's registration.

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Standard Operating Guidelines

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2.2 Paramedic School

- a. At the completion of the Paramedic program the member must have their state paperwork into the state within 10 days of receiving it from Valencia.
- b. The Department will pay for the first state test, if the member does not receive a passing grade additional tests will be at the members own expense.
- c. The Department reserves the right to pay or not to pay for a prep class prior to the member's state exam.
- d. After reclassification, a Paramedic will remain in a probationary status until released from provisional status by the FIT Committee and the Medical Director and as reflected in the Labor Contract.
- e. Once the member is an autonomous Paramedic it is the responsibility of the member to obtain the continuing education credits needed for recertification. The Department may pay fees associated with the recertification.

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Standard Operating Guidelines

Title:	Uniforms			
Section:	Administrative – Rules & Regulations			
SOG #:	110.19	Page:	1 of 14	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure governing the type, color and style of duty uniforms that will be worn during work hours to ensure that all personnel display a professional, team like appearance.

2. PROCEDURE:

- a. The Fire Chief shall determine the type, color, and style of department issued uniforms to be worn. The term “in uniform” shall mean attired within the guidelines set forth in this policy.
- b. When jackets and/or sweatshirts must be worn, they must be department issued and in good repair.
- c. Department issued baseball caps may be worn with Class “C” and gym uniforms only. It is never acceptable to be wearing a ball cap while in a Class “A” or “B” uniform.
 - ✓ Only department approved baseball caps are allowed to be worn
 - ✓ Caps are only to be worn during MFD related hours
 - ✓ MFD baseball caps are to be kept in good condition
 - ✓ Worn out or damage caps will not be worn
 - ✓ MFD will issue one (1) per calendar year, if budget is approved
 - ✓ Additional replacements caps may be purchased from approved vendor(s) or uniform representative
 - ✓ Additional alterations to a baseball cap must be approved by the Fire Chief or his/her representative
- d. As part of this policy, it shall be the responsibility of each member to care for department issued uniforms and have all types of uniforms readily available during each duty day.
- e. If a member has neglected care of a Department issued article of clothing and rendered it unusable, the member may be required to purchase a replacement article by the Chief.
- f. Department issued uniforms shall not be worn by personnel off-duty unless authorized by Fire Administration.

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- g. There shall be no insignia, stickers or other attachments affixed to department issued gear without the approval of Fire Administration.

3. UNIFORM CLASSIFICATIONS:

- a. Class “A” Uniform (Parade Dress)

To be worn at Fire Chief or Deputy Fire Chief discretion during special events.

Consists of:

- SHIRT – Department issued long sleeve dress shirt with appropriate department and certification patches, nametag, badge, collar insignias, department issued “years of service pin”, and union pin (not to be more than 1” in diameter). The Deputy Fire Chief must approve all other items. See attached diagram for placement of badge, name tag, collar insignias, years of service pin, and union pin.
- PANTS – Navy dress trousers, department issued and in good repair.
- SHOES – Black polish able leather preferred, low cut or shoe style, department approved by the Deputy Fire Chief.
- SOCKS – Black, Navy Blue, or White – clean and in good repair.
- T-SHIRT – Plain white t-shirt – clean and in good repair.
- BELT – Black, basket weave or plain, city issued and in good repair. The Deputy Fire Chief must approve alteration of belt buckle.
- JACKET – Navy Dress Jacket with Department issued badge, name tag, rank specific collar insignias and bars on sleeves, and years of service hash marks. See attached diagram for placement of badge, name tag, and collar insignias.
- CAP – Dress Cap with rank specific badge.
- TIE – Department issued navy tie.

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Standard Operating Guidelines

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b. Class “B” Uniform

To be worn as daily uniform at shift commander’s discretion.

Consists of:

- SHIRT – Department issued dress shirt with appropriate department and certification patches, nametag, badge, collar insignias, department issued “years of service pin” and union pin (not to be more than 1” in diameter). The Deputy Fire Chief must approve all other items.
- PANTS – Navy dress trousers, department issued and in good repair.
- BELT - Black, basket weave or plain, city issued and in good repair. The Deputy Fire Chief must approve alteration of belt buckle.
- SHOES – Department approved black boots.
- SOCKS – Socks with no visible logos or insignias.
- TIE – Department issued navy tie. (with long sleeve shirt only)

c. Class “C” Uniform

To be worn during normal daily operations during business hours.

Consists of:

- SHIRT – Department issued T-shirt or golf shirt clean and in good repair.
- PANTS – Department issued navy trousers
- SHOES – Department approved black boots
- SOCKS – Socks with no visible logos or insignias.
- HAT – Department issued navy baseball style cap. (Optional)

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d. Class “D” Gym Uniform

To be worn during physical training or after 1700 hours at the shift commander’s discretion. *Individuals wearing the Gym uniform will wear a minimum of bunker pants while handling alarms.*

Consist of:

- SHIRT – Department issued T-shirt in good repair.
- SHORTS – Department issued navy gym shorts with department insignia.
- SHOES – White or Black athletic shoes.
- HAT – Department issued navy baseball style cap. (Optional)

Dress Uniforms consist of....

Hat



Pants



Shoes



Jacket



Long and Short Sleeve
Shirt with Tie



Belt



Dress Jackets

- All Jackets, regardless of rank should contain only:
 - Badge
 - Rank Lapel Pin
 - MPD Patch on both arms



Proper Pin Placement Jacket Lapel



- For Firefighters.
- Place pin approx. 1/2 inch above the notch centered between outer edge of collar and inside stitch on both collars.
- Pin must be parallel to the ground



- For Engineers.
- Place pin approx. 1/2 inch above the notch centered between outer edge of collar and inside stitch on both collars.
- Pin must be parallel to the ground

Proper Pin Placement Jacket Lapel



- For Lieutenants and Chiefs.
- Place pin approx. 1/2 inch above the notch centered between outer edge of collar and inside stitch on both collars.
- Pin must be perpendicular to the ground.

Dress Shirts

- Dress Shirts should only include:
 - Collar Pins
 - Badge
 - Name Tag (must include rank and EMT or PM) and years of service bar below
 - American Flag Pin
 - Union Pin (optional)
 - Excellence Pin (optional)
 - PM or EMT patch on the right arm
 - MFD patch on the left arm

*** Short and Long sleeve shirts pins, badges, etc are to be worn in the same manner.



Dress Shirt Placement A



- Name Tag must be centered and immediately above the right pocket.
- Years of Service bar must be immediately below the Name Tag
- Amer. Flag pin must be centered 1/8 " above the name tag.
- Approved Pins (optional) must be centered 1/8 " above the union pin.
- Any additional approved pins or bars need to be 1/8 " above previous item.

Jacket Patch Placement

- Department patch on the dress jacket must be centered and 1" below the shoulder stitch.
- Department patch must be on both arms of the jacket.



Shirt Patch Placement



- Department patch on the dress shirt must be centered and 1" below the shoulder stitch on the left arm.
- PM/ EMT patch on the dress shirt must be centered and 1" below the shoulder stitch on the right arm.

Hats and Belts



- Belts and Hats are provided by the Department.
- Basket Woven black belt is the required belt.
- FD Belt buckles are optional and need the approval of the Chief.
- Hats are not to be altered.

Shoes, Pants and Ties



- No alteration are permitted.
- Shoes must be maintained clean with the proper shine.
- Sock are not provided by the department but black socks are the standard.

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Standard Operating Guidelines

Title:	Body Art & Tattoos			
Section:	Administrative – Rules & Regulations			
SOG #:	110.20	Page:	1 of 1	
Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a policy that governs all uniformed employees that will maintain the highest standards of professional appearance when interacting with the public and representing the Department.

2. PROCEDURE:

- a. Prohibited markings for the purpose of this policy shall include but may not be limited to anybody art, tattoo(s), intentional scarring, mutilation, dental ornamentation, foreign objects inserted under the skin, pierced, split or forked tongues, and/or stretched out holes in ears, use of gold, platinum, silver, or other veneer caps for the purposes of ornamentation.
- b. All uniformed employees are prohibited from displaying body art, tattoo(s), intentional scarring, mutilation, dental ornamentation, while on duty, when representing the department in any official capacity or at any time when in uniform for any reason.
- c. Persons employed on the effective date of this policy in violation of the provisions of paragraph (a) above, have the following options:
 - Wearing issued uniform clothing, including the use of long sleeve shirts/blouses in such a manner as to keep covered all facets of body art and tattoos otherwise in violation of paragraph (a) above;
 - Cover the existing facets of body art and tattoos otherwise in violation of paragraph (a) above with skin tone patches or make up;
 - Have facets of body art and tattoos otherwise in violation of paragraph (a) above removed at the employee's expense.
- d. Markings not able to be covered or concealed are prohibited. This includes but may not be limited to foreign objects inserted under the skin, pierced , split or forked tongues, and/or stretched out holes in ears.
- e. Persons not in violation of this policy on its effective date shall remain not in violation and the application of markings specified within this policy that constitute violations shall be grounds for disciplinary action up to and include dismissal. *Any new visible body art must be approved by the Fire Chief prior to obtainment to ensure it can be kept concealed.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Commendations / Service Awards			
Section:	Administrative – Rules & Regulations			
SOG #:	110.21	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To foster pride in the Fire Rescue Department through the recognition of personnel who have excelled in the performance of their duty.

2. PROCEDURE:

2.1 Nomination Procedures

- a. It shall be the privilege of any employee to nominate a person or group of people for recognition as an award recipient.
- b. All nominations shall be submitted on the “Nominations for Awards” form and forwarded, via the Chain of Command, to the Deputy Fire Chief no later than 30 days after the event or incident has occurred. Supporting information, i.e., photos, drawings, video, may be attached to the nomination form.
- c. Senior Fire Rescue staff consisting of the Deputy Fire Chief and Battalion Chiefs will review the Nomination for Awards form at their next regularly scheduled staff meeting and by a majority vote of the members, shall make a recommendation as to the appropriate award to be issued. Recommendations shall be forwarded to the Fire Chief for final approval.

2.2 Awards and Requirements

- a. Medal of Valor (Highest Award)
 - Members who, in the line of duty, perform an act(s) far and beyond the normal call of duty and under EXTREME personal risk, rescues or attempts to rescue a fellow fire fighter or endangered citizen(s).
 - Regalia:
 - Shall consist of neck ribbon cordon with a medal (Gold Plated Medal)
 - Framed distinctive description of the incident.
 - Service ribbon (Red, White, Blue) to be worn on the station uniform.
- b. Distinguished Service Award (Second Highest Award)
 - Any member performing an act considered involving an unusual degree of personal risk with bravery and high degree of initiative and capability.

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- Regalia:
 - Shall consist of a neck ribbon cordon with a medal (Silver Chrome Medal)
 - Framed distinctive description of the incident.
 - Service ribbon (Red & Blue) to be worn on the station uniform.
- c. Meritorious Service Award
- Any unusual act or service, on or off duty, worthy of recognition that promotes good will and reflects highly on the fire service of Maitland.
 - Regalia:
 - Shall consist of a neck ribbon cordon with a medal (Silver Medal)
 - Framed distinctive description of the incident.
 - Service ribbon (Red, White, Red) to be worn on the uniform.
- d. The Fire Chief's Award
- Issued at the discretion of the Fire Chief to members of the Department who have demonstrated dedication and excellence while performing assigned duties, or to any person exemplifying the Department through individual commitment to excellence.
 - Regalia:
 - Service ribbon (Gold & White with a Silver Star) to be worn on the Station Uniform.
 - Framed Certificate
- e. Administration Unit Citation (Non-uniformed personnel)
- This award is to recognize support functions from individuals, task force, units or committees for outstanding work performance or accomplishment.
 - Regalia:
 - Framed Certificate awarded to each individual, member of the group, team or committee.
 - Framed Certificate to be displayed in each Division / Bureau.

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Standard Operating Guidelines

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f. Community Service Award

- Awarded for exemplary community service, on or off duty, or voluntary actions over and above assigned responsibilities in service of the community.
- Regalia:
 - Service ribbon (Red with a Silver Star) to be worn on the Station Uniform.
 - Framed Certificate of Community Service

g. Certificate of Commendation

- Acts of notable performance at the scene of an emergency, not involving personal risk above and beyond the call of duty, but demonstrating a high degree of professional skill.

h. Certificate of Appreciation

- May be awarded to Fire Rescue Department employees or Community members for notable acts of kindness or outstanding service to the Citizen's of Maitland or Fire Rescue Department.

i. Civilian Award of Valor

- Awarded to civilian members of the community for distinguished acts of bravery involving a high degree of personal risk.
- Regalia:
 - Engraved trophy.

j. Civilian Award of Merit

- Awarded to civilian members of the community for outstanding assistance to or support of the Maitland Fire Rescue Department.

k. Stork Pin (Pink or Blue)

- Deliver of newborn

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Personnel Administration			
Section:	Administrative – Rules & Regulations			
SOG #:	110.22	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this guideline is to set forth the aspects of personnel administration to be in compliance with local, State and National requirements.

2. PROCEDURE:

- a. Fire Rescue personnel are expected to comply with provisions of the City's Personnel Policy and Procedures Manual, the Fire Rescue Department's Standard Operating Guidelines (SOGs) and/or the current Collective Bargaining Agreement between the Maitland Professional Firefighters, Local 3590 and the City of Maitland as appropriate.
- b. Fair and equitable treatment of all employees will be maintained by fair administration of these policies and procedures and by consideration of the rights and interests of the citizens and the City.
- c. The City of Maitland is an equal opportunity employer.
- d. The relationship between City management and its employees shall continue to be open and direct.
- e. The policies and procedures provide a means for equitable recruitment, selection, development, retention and eventual retirement of employees.
- f. A charge of the Fire Rescue Department and the City of Maitland is to comply with all local, State and National laws and requirements in the course of operations.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Staffing & Overtime			
Section:	Administrative – Rules & Regulations			
SOG #:	110.23	Page:	1 of 7	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a baseline directive to maintain an adequate staffing level through the use of overtime assignments. This policy is designed to set forth a scheduling plan to distribute overtime hours fairly.

2. PROCEDURE:

2.1 Staffing Guidelines

- a. A minimum of eleven (11) personnel is required per shift. Of that 11, one must be a Battalion Chief or qualified ride-up Battalion Chief, one must be a shift Lieutenant or qualified relief Lieutenant, one must be a Paramedic assigned to each rescue vehicle, and one must be an Engineer or relief driver assigned to drive the engine and quint. Whenever possible, attempts should be made to maintain at least one Lieutenant at all times, (avoid two simultaneous ride-ups).
- b. Shift members are typically scheduled to work 24 hours on duty and 48 hours off duty. The standard shift begins at 0700 and ends at 0700 hours the following day. All shift members, regardless of their schedule, are expected to be present and available during their entire shift.
- c. Two (2) shift members may be permitted to be on personal leave when the leave does not create overtime.* If one person creates overtime due to staffing circumstances (i.e. only Paramedic on shift), then no other vacation will be approved. Vacation requests will be taken at any time. However, time off will not be officially approved until 60 days prior to the time off.

In the event that circumstances change relating to shift staffing (FMLA or W/C absences), then the second person off may be cancelled up to one shift before the scheduled leave date. The first person approved will be granted the time off even if it requires overtime as long as the position can be covered. Mandatory OT will be avoided at all costs. No more than 5 shifts in a 10 shift period will be granted off, inclusive of time trades.

Special circumstances may be approved by Fire Administration.

- * *This was amended to allow a second person off with the understanding that it will not always be possible and at times there may be lengthy periods of time that certain shifts will not enjoy this benefit. All members employed as of July 1, 2010, agree and understand the limitations and unanimously voted to continue the practice even if the benefit will be limited.*

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- d. During times where shifts are at minimum staffing due to FMLA or worker's compensation absence, the B/C will carefully scrutinize new vacations requests (those made after the reduced staffing issue arises). Requests made prior to the event may be honored even if OT is required. Additional leave requests will be reviewed on an individual basis. If the FMLA leave or workers comp will result in minimum staffing for an extended period of time (more than 1 month), then consideration will be given even if OT will result. However, if the expected time will be limited, new leave requests may not be approved if they will result in OT coverage.
- e. Engineer / Paramedics can be utilized as an OIC, Paramedic, or Engineer.
- f. Shift members attending training may be re-called to duty (depending on the situation) if the shift falls below minimum staffing.

2.2 Overtime Guidelines

- a. An overtime position will be filled by the rank that caused the shift to go below minimum whenever possible. The position causing the overtime is the one that made the shift fall below minimum.
- b. When initially offered OT, personnel must either accept or refuse the *entire* amount of OT offered. If a person is only able to work a portion of the OT that is needed, the Battalion Chief will continue to contact eligible individuals. If no one accepts the entire shift on a voluntary basis, he/she may complete the coverage by combining two or more shift members.
- c. Overtime is dependent upon the present situation remaining in effect. (i.e. person calling in sick and remaining out for the whole shift.) If the situation that created the OT is no longer in effect the member working the OT will be given the option of working to obtain a minimum of six hours (this only applies when you are originally offered more than six hours overtime). It is the member's option to remain and complete the six hours or leave when the OT is no longer required.
- d. The six hour minimum rule does not apply to meetings, special events or when less than six hours OT was offered.
- e. Overtime will not be paid unless the hours are actually worked.
- f. Situations requiring overtime that are not covered by this policy are to be approved by, the Deputy Fire Chief or the Fire Chief prior to being offered.

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- g. The Battalion Chief will document hours accepted for OT, and will also account for refused occurrences per individual.
- h. The Battalion Chiefs are not required to utilize the overtime database when filling a staffing need that is four (4) hours or less or when timing is a factor. This includes, but is not limited to minimum staffing, meetings, public relation events/requests, emergency leave of on duty member, etc.
- i. The Battalion Chief is responsible for the correct offerings of all overtime regardless of whether or not he or she actually made the offering.
- j. All overtime offerings other than those made face-to-face will be made using pager or text messages. (Refer to SOG 110.08) The OIC may elect to use telephone methods after all efforts using pagers or approved text messaging have been unsuccessful.
- k. In no situation is it appropriate for an individual to accept OT knowing that they are unable to fulfill what has been offered.
- l. All efforts are to be made to restrict overtime usage to essential situations.
- m. All offers of overtime made to shift members to fill minimum staffing situations in excess of four (4) hours will be recorded on the OT data base. Public Relations/Training exceptions may apply.
- n. When an individual is promoted (i.e. Engineer/Paramedic to Lieutenant) an average of all overtime hours listed in the data base for the existing employees in that rank will be calculated. This number will then be the starting number on the cards for the newly promoted individual. In this manner, overtime offerings for a specific rank are not “skewed” when a person is promoted.

2.3 Types of Overtime

Non-Mandatory

- a. Used any time an overtime vacancy is created or will need to be scheduled in the near or distant future.

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- b. In the interest of safety and to prevent firefighter fatigue, no person can volunteer to work in any capacity if time worked exceeds 48 continuous hours. A minimum of eight (8) off-duty hours must be taken after working 48 before an individual is eligible for further overtime. (See also the OT Eligibility section, item # 1). *(members shall not work at a part-time job within the 8 hour period prior to their shift) The intent is to provide for a rest period before returning to shift duties.
- c. When a Battalion Chief determines a need to fill a below minimum staffing position, he/she will utilize the OT computer program to fill the OT. The Battalion Chief will progress through the offerings beginning with the individual's holding the same rank. The position to be hired should reflect the rank of the staffing need prior to shuffling of positions within the shift. (I.e. If the Battalion Chief needs to fill a paramedic position, the paramedic rotation should be used first. If the need is for a driver, the engineer rotation should be used first. If the need is for an OIC, a Lieutenant is called first). Deviations may be considered to avoid over use of any one particular position (i.e. Paramedic when a Firefighter is all that is needed to meet minimum staffing).
- d. Those individuals accepting normal overtime have one (1) hour from the time of call to report to duty. It is the discretion of the OIC to exceed the (1) hour rule as necessary depending on circumstances.
- e. Members shall not be permitted to work more than (2) two 48 hour shifts in a row except in rare and unforeseen circumstances. This shall include OT and time-trades. The Battalion Chief shall evaluate the situation and make decisions based on individual circumstances.

Mandatory

- a. Used when the duty shift will be below minimum staffing requirements and all "non-mandatory" efforts to replace the vacancy have been exhausted.
- b. This position will be filled by the rank that caused the shift to go below minimum requirements, ex: If a Lieutenant creates the vacancy below minimum, a Lieutenant will be mandatoried to fill the need; if a Paramedic creates the vacancy, a Paramedic will be mandatoried. The person having the least amount of accrued hours within that position would be called first. The first person contacted is to be mandatoried. A holdover (also a mandatory situation) may be necessary until the primary individual arrives. *If a shift member is on vacation from the shift that is requiring OT that person will be contacted and required to return to duty before mandatory OT will be initiated if possible. (This may not be possible if the member is out of the area and travel time is extensive)

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- c. Those who are off duty and are mandatoried to report to duty have up to two (2) hours to report to duty.
- d. In the interest of safety and to prevent firefighter fatigue, no person can be mandatoried to work if the duty shift will make the employee work more than 48 hours at one time (see also the OT Eligibility section, item a.) This may be unavoidable, but **must be approved by the Deputy Fire Chief or Fire Chief** if implemented.
- e. Because mandatory overtime is an inconvenience to the person held, any person who is mandatoried will not have their position on the overtime roster adjusted unless they request otherwise.
- f. Employees that have been mandatoried shall have a special entry on his or her OT card made to document the date and the hours of the mandatory overtime. It shall not, however, be counted as overtime hours worked or refused unless the member requests the hours to be added. All efforts should be made to avoid having to mandatory an individual within the same year if at all possible. The exception to this would be in the instance in which the same individual was needed to facilitate a mandatory holdover or no other members can be contacted and required to return to duty.

Hold Over

- a. Used as a form of mandatory overtime when a vacancy below minimum requirements is created when an oncoming shift member is unable to report to duty for whatever reason.
- b. The person filling the position for which the vacancy is created is required to remain until the replacement person arrives. This will be a rank for rank requirement, ex. If a paramedic creates the vacancy, a paramedic is required to remain.
- c. The person responsible for remaining can elect to give the holdover overtime to another person willing to stay as long as it does not adversely affect minimum staffing levels and it is approved by the Battalion Chief.
- d. Because the holdover is a form of mandatory overtime and an inconvenience to the person held, any person who is required to hold over will not have their position on the overtime cards adjusted unless they request otherwise.

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- e. If someone is already committed to working overtime for the department in another capacity, the Battalion Chief must evaluate the commitment and if necessary, move to the next person on the list (i.e. CPR class, etc.).

Public Relations/Training

- a. Qualified CPR and First Aid Instructors will not be charged hours on the overtime data base for instruction when overtime payments are the applicable form of payment for the training.
- b. The data base will be utilized to determine the correct order for the offering of overtime for special events, public training (other than CPR & First-Aid) and in-house training events when the offering is six (6) hours or greater. If the offering for these events is less than six (6) hours, the hours will not be recorded on the overtime data base and it is not necessary to use the data base to establish a call order. The filling of overtime for special events and/or public education classes lasting longer than six (6) hours will involve the use of the data base and the hours will be recorded as appropriate.

OT Eligibility

- a. Employees working a 24/48-hour schedule are eligible to work overtime during all hours other than their normally assigned shift as long as 48 hours are not exceeded without a period of eight (8) hours off the clock. Any break in working 48 straight hours must be sufficient to allow for adequate rest before it can be considered that the 48 hours of work does not apply. Example – a one or two hour break taken in the middle of working two back-to-back 24 hour shifts does not negate the need for an eight (8) hour break at the end of the two shifts.
- b. No employee shall be eligible to work overtime hours in any capacity during a pay period when a Suspension from Duty or within 30 days of any disciplinary action issued pursuant to department/City guidelines unless approved otherwise by the Chief of the Department due to unforeseen circumstances.
- c. If an employee's rotation in the overtime data base comes up during his/her ineligibility, his/her name shall be treated as a refusal and moved to the bottom of the rotation as prescribed by Section 2.2 of this Policy. If said rotation should constitute a mandatory requirement, said employee shall not be required to fill the vacancy at that time, but said employee shall remain subject to mandatory overtime upon completing the ineligible time period. He/she shall not be moved to the bottom of the overtime rotation roster.

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Standard Operating Guidelines

Title:	Staffing & Overtime		
Section:	Administrative – Rules & Regulations		
SOG #:	110.23	Page:	7 of 7
Effective Date:	August 1, 2008	Revision Date:	July 5, 2010

Compensation Time Use and Accrual

- a. Compensation time will be earned at the discretion of the Fire Chief or his designee.
- b. Compensation earned and used shall be documented in the daily attendance.
- c. Members are required to report their compensation time earned to their supervisor. The approved *Compensation Time Calculator* document shall be used to reflect earned and used compensation time. The respected member's supervisor is responsible for maintaining this document.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Procurement Card Usage			
Section:	Administrative – Rules & Regulations			
SOG #:	110.24	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide an efficient method of purchasing and paying for goods and services not exceeding \$1,000 per item. To reduce the number of check requests and small purchase orders. The Multi Card system simplifies the procurement/disbursement process.

2. PROCEDURE:

2.1 ASSIGNMENT AND CONTROL OF THE MULTI CARD

- a. Multi Cards will be issued to individual employees and generic cards for each station.
- b. Misuse of the Multi Card will result in the revocation of the card.
- c. The Battalion Chief must maintain a log itemizing ALL authorized purchases.
- d. When issuing the Multi Card the Battalion Chief will record the current date, to whom the card was issued, vendor name, the type of purchase made, initials of the Battalion Chief issuing the card and initials of the person authorizing the purchase.
- e. Upon return of the Multi Card, the Battalion Chief will complete the log by recording the amount of the purchase, initial that the card was returned, the date, and verify the receipt was sent to Fire Administration.
- f. If additional Multi Cards are needed a request must be submitted to the Fire Chief.
- g. If a Multi Card is lost or stolen, the cardholder must immediately notify Fire Administration in order to minimize the liability to the City.
- h. If an employee has been issued a personalized Multi Card and terminates employment with the City the card must be returned to Fire Administration immediately.

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2.2 LIMITATIONS OF USE OF MULTI CARD

- a. The Multi Card is to be used for City of Maitland authorized purchases only. The Multi Card is not to be used for any personal transaction.
- b. When using the Multi Card, items must be immediately available. No back ordering is allowed.
- c. The following types of items may not be purchased with a Multi Card, regardless of the dollar amount:
 - Cash advances
 - Jewelry
 - Fuel
 - Entertainment
 - Any additional goods or services specifically restricted by the Finance or Fire Department to include any item purchased for personal use without the prior, written approval of the Fire Chief.

2.3 PROCEDURES FOR MAKING AND PAYING FOR PURCHASES

- a. The Battalion Chief may authorize the use of the Multi Card for small routine purchases such as staples, dry goods, or propane, not to exceed \$100 without prior approval from Fire Administration. If in doubt, contact Fire Administration.
- b. All non-routine purchases, in any amount, such as equipment, tools, parts, station supplies, medical supplies, subscriptions, dues, or training materials *must first be approved* by Fire Administration.
- c. The Battalion Chief is authorized to make emergency purchases, not to exceed \$250, when attempts to contact Fire Administration have failed. Fire Administration should be notified as soon as possible of the purchase.
- d. When an over-the-counter purchase is made, the purchaser must obtain the customer's copy of the charge slip.
- e. When placing a telephone order, the purchaser must confirm that the vendor will charge the Multi Card when shipment is made and a copy of the charge slip will be faxed or e-mailed to the purchaser or Fire Administration.

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- f. After a purchase has been made, the charge slip will be copied by the purchaser with the original being sent to Fire Administration within 48 hours and the copy being retained for 90 days by the purchaser.
- g. If for some reason the purchaser does not have documentation of the transaction to send to Fire Administration, he/she must send a description of the purchase to include the vendor name, date of purchase, amount of purchase and a description of the items purchased to Fire Administration.

2.4 REVIEW OF PURCHASES

- a. Fire Administration will review the monthly statement against the Multi Card log to verify all transactions processed during the previous 30 days and note any discrepancies.
- b. Fire Administration will attach charge card slips/receipts for all items listed on the statement.
- c. Fire Administration will assign an account number for each item to be entered into the Multi Card web based payment system and printed on the Expense Report to be attached to the receipts.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Financial Administration			
Section:	Administrative – Rules & Regulations			
SOG #:	110.25	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this guideline is to establish the procedure for Fire Rescue personnel to make expenditures throughout a given fiscal year.

2. PROCEDURE:

- a. All purchases made by Fire Rescue personnel are to be approved or pre-approved by Fire Administration prior to any actual purchase.
- b. Shift members are to first contact the Department's Administrative Assistant with the purchase request. The Administrative Assistant will subsequently gain approval for the requested item(s) or services from a Deputy Fire Chief or Fire Chief as needed.
- c. Once authorization has been given, the Administrative Assistant, utilizing the City Purchasing Policy as a guideline, will determine the best method of procurement and will inform the person making the request when all paperwork is complete and the purchase may be made.
- d. All City purchases must be made utilizing the City's tax exempt status and all vendors will be provided a copy of the tax exempt card as needed.
- e. Employees who inadvertently neglect to exclude taxes when making a purchase will need to rectify the situation with the vendor.
- f. All receipts for purchases must given to the Department's Administrative Assistant in a manner (i.e. envelope, taped to a full sheet of paper) that does not lead to possible loss or misplacement and will keep a copy for no less than 90 days.
- g. Department members are not authorized to accept offers of demonstration equipment from any vendor without the prior approval of Administration.
- h. No purchases of Department or City equipment, parts or supplies are to be made utilizing an employee's personal funds with a reimbursement expectation unless prior approval is obtained from the Fire Chief.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Fire Department Budget Preparation			
Section:	Administrative – Rules & Regulations			
SOG #:	110.26	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this policy is to define the components and areas of responsibility necessary to develop a comprehensive annual budget for the Fire Rescue Department.

2. PROCEDURE:

- a. Each year, beginning on or about February 1st, shift members of the Department having specific areas of purchasing responsibility are to begin budgetary planning for the upcoming fiscal year (FY) and an additional four (4) “out-years”. This includes, but is not limited to, medical supplies, station supplies, medication purchasing, uniforms, personal protective equipment (PPE), FD equipment, training, etc.
- b. The Fire Chief will establish a deadline for submittals of the shift member prepared planning documents to coincide with requirements as set forth by the City’s Management Services Department.
- c. The Fire Chief will submit a comprehensive initial Department budget package to include Capital Improvement Program (CIP) submittals, revenue projections, recommendation items, operating line item expenditures, operating capital and vehicle replacement review.
- d. Department Heads from all City divisions come together after their initial submittals to collectively discuss and revise citywide CIP submittals.
- e. Further reviews and modifications occur to the Department budget throughout the summer and early fall with an ultimate adoption made by the City Council during the last Council meeting held in September.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Honor Guard			
Section:	Administration - Rules and Regulations			
SOG #:	110.27	Page:	1 of 2	
Effective Date:	January 1, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this policy is to establish minimum requirements to become a member of the Honor Guard and set forth the operational guidelines and requirements for all current members of the Honor Guard.

2. PROCEDURE:

The Honor Guard is recognized as a fire department organization for the purpose of representing the City of Maitland Fire Rescue Department to show respect, gratitude, pride and integrity as a public service to the community. The Honor Guard shall always portray high standards of professionalism in appearance and attitude.

a. **Structure:** The Honor Guard unit will normally be composed of a minimum of 6 members; five members and a commander. Although the unit is lead by the commander, the Fire Chief has ultimate control. All requests for the Honor Guard must be approved by the Fire Chief. At no time shall any member of the department volunteer the Honor Guard without the Fire Chief's approval.

b. **Applicant Criteria and Considerations:**

- Must be a certified member with no less than 2 years with MFRD.
- Possess a high level of integrity and job proficiency
- Be available on short notice to perform in honor guard activities
- Be willing to volunteer time for training, competitions, funerals, ceremonies, parades and any other official services requested.
- Have no disciplinary action within the past 12 months.
- Must submit a letter of intent for selection to the Honor Guard to the Honor Guard Commander which will then be forwarded to the Fire Chief for selection.
- Undergo a basic assessment of proficiency in Honor Guard related functions.
- Participation as an Honor Guard team member is totally voluntary and as such there is no management expectation that a Department member be involved as a team member.

c. **Guard Functions:**

- Present flags at Department and/or City events or local agency events such as; award ceremonies, funeral processions, parades, and other special events as requested.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Honor Guard		
Section:	Administration - Rules and Regulations		
SOG #:	110.27	Page:	2 of 2
Effective Date:	January 1, 2010	Revision Date:	November 1, 2013

d. Uniform:

- The Honor Guard uniform shall be purchased by the Fire Department. All members are to wear:
 - i. White dress shirt with tie (navy) and adornments: badge, badge band (if needed), collar pins, name tag, shoulder cord (red), Fire Department patch
 - ii. Dress Honor Guard Jacket
 - iii. Black belt
 - iv. Dress pants
 - v. Socks - black
 - vi. Dress Shoes - black
 - vii. Dress hat with badge
 - viii. White gloves
 - ix. White t-shirt
- It will be the member's responsibility to ensure the uniform is in good repair and condition for service. The department will provide cleaning after each event. Uniform shall be cleaned and pressed after each function.
- All members must maintain a neat and clean physical appearance and decorum which promotes confidence and projects a professional public image.

e. Training:

- The Honor Guard Members shall meet for the purpose of training for an on-going basis. The Honor Guard Commander shall determine which member shall be in charge of training dates and ensure adequate training is accomplished.
- Members are expected to attend 80% of quarterly trainings unless otherwise approved by the Commander. Failure to train to the minimum level subjects the individual to possible team member termination.

f. Attendance:

- All members must be active participants in the Honor Guard performances/functions that are scheduled or unscheduled.
- If the member does not meet the established minimum participation standards, the Commander will discuss the individual's participation with the member. Minimum participation has been set at two (2) events per calendar year. The Honor Guard Commander will meet with the Fire Chief when minimums are not met to discuss the member's continued participation on the team.

g. Compensation:

- Team applicants must be informed prior to membership that as a totally voluntary service, compensation of any kind for participation in training, ceremonies or other events cannot be anticipated or expected.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Ride Alongs			
Section:	Administrative – Rules and Regulations			
SOG #:	110.28	Page:	1 of 2	
Effective Date:	May 1, 2012	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish the procedures whereby civilians and Departmental Chaplains can ride to observe the operations of the fire department in order to obtain a real life perspective of what the fire department is all about.

2. PROCEDURE:

- a. Any person wishing to participate in the ride along program must be at least 16 years of age or older. Exceptions may be made under certain circumstances.
- b. All persons must obtain the appropriate rider release forms and submit the fee for conducting a criminal background check. No one will be permitted to ride if they have criminal charges pending or past criminal convictions. (*Immediate family members of FD members may be excused from these background checks upon approval of FD Administration)
- c. Upon clearance, the person will be notified of their approval to ride. They will be directed to schedule the ride time with the on-duty Battalion Chief.

3. LIMITATIONS:

- a. Civilians who have been approved to ride may do so no more than once per every 6 (six) month period. (Chaplains are exempt from this limitation)
- b. The Fire Chief or his/her designee may deviate from frequency and duration for individuals seeking education/knowledge related to future fire service employment.
- c. The Fire Chief or his/her designee may make exceptions to this policy based on special or unique circumstances.
- d. Rider approval is good for one-year from the date of the background check.
- e. Only one civilian rider may be permitted per station/per shift.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Ride Alongs		
Section:	Administrative – Rules and Regulations		
SOG #:	110.28	Page:	2 of 2
Effective Date:	May 1, 2012	Revision Date:	November 1, 2013

- f. Civilian riders shall not be permitted to ride for more than 8 hours. Ride times are limited to 0700-1900.
- g. Rider's must wear a solid white collared shirt, dark blue or black pants, black closed toed shoes, and the rider nametag. ****The nametag will be issued at the beginning of the ride and must be returned upon completion of the ride.**
- h. Civilian riders must not carry any weapons.
- i. No civilian (even if they are a certified firefighter, EMT, Paramedic, RN, etc.) shall participate in patient treatment or fire service operations and may not handle FD equipment.
- j. No civilian shall represent themselves as a member of the Fire Department and must ensure that the reputation of the Fire Department is protected from harm by their actions.

4. RESPONSIBILITIES:

- a. It is the responsibility of the on-duty Battalion Chief to ensure that all requirements of the program are followed.
- b. The on-duty Battalion Chief has the authority to refuse any rider for cause. (appearance, demeanor, etc.)

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Funeral / LODD			
Section:	Administrative - Rules & Regulations			
SOG #:	110.29	Page:	1 of 2	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of this policy is to uphold the dignity of a firefighter related death in an appropriate manner based on the following circumstances: Line of Duty Death, Off-Duty Death, Current or Past Member's Death, Affiliate of the Department Death, Non-Fire Fighting Individual Honor by the Department.

2. DEFINITIONS:

2.1 Circumstances

- a. Type 1 - Line of Duty Death - Any on-duty fire personnel who suffers a trauma or series of events that causes rapid deterioration from a healthy state to death.
- b. Type 2 - Line of Duty Death - Any on-duty fire personnel who suffers series of events that causes gradual deterioration from a healthy state to death.
- c. Type 3 - Off-Duty Incident Death - Any off-duty incidents involving a trauma or a series of events to fire personnel that causes a rapid or gradual deterioration from a healthy state to death.
- d. Type 4 - Current or Past Member's Death - A member or honorary member of the department or volunteer association who is currently active or who has retired in good standing and suffers an event or series of events that results in his or her death.
- e. Type 5 - Affiliate of the Department - An individual who has served in some capacity with the department with a job function and does not meet any of the above criteria, but suffers an event or series of events that results in his or her death.
- f. Type 6 - Non-Fire Firefighting Individual Honored by the Department - A non-firefighting individual who through employment, professional or emotional ties suffers an event or series of events that result in his or her death. This may be applied to an individual the department wishes to pay a special tribute to for their contribution to the department and/or fire service. This may also be used when an immediate relative of a department member dies.

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Standard Operating Guidelines

Title:	Funeral / LODD		
Section:	Administrative – Rules & Regulations		
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Effective Date:	November 1, 2014	Revision Date:	

2.2 Formal Funeral Service – Type 1 or 2

- a. This type of service includes the use of apparatus, pallbearers, an Honor Guard, and a funeral detail composed of fire personnel in Class A uniforms. Other options include: badge shrouds, bagpipers, a bell service, a bugler, crossed ladders, a fire engine caisson, and station/vehicle bunting.

2.3 Semi-Formal Funeral Service - Type 3, 4, or 5

- a. This type of service includes the use of pallbearers, Honor Guard (optional), and a funeral detail composed of fire personnel in Class A uniforms. Other options include: badge shrouds, a bell service, an honor guard, and station/vehicle bunting.

2.4 Non-Formal Funeral Service – Type 6

- a. This type of service includes the use of a funeral detail of fire personnel in Class A uniforms at the discretion of the Fire Chief, but certain honors will not be displayed. One other option may include: an honor guard (at the discretion of the Fire Chief for certain circumstances).

2.5 Private Service

- a. This is a service closed to any outside participation with the exception of the immediate family. Usually this type of service is at the request of the family.

3. PREPARATIONS; JOB RESPONSIBILITIES; INITIAL ACTIONS; DESCRIPTION OF FUNERAL OPTIONS; APPENDICIES:

- 3.1 For the most current information please reference:
<http://www.nvfc.org/hot-topics/funeral-procedures>

4. US FLAG CODE:

- 4.1 For the most current information please reference:
<http://www.usflag.org/uscode36.html>

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Firefighter Injury Notification			
Section:	Administrative – Rules & Regulations			
SOG #:	110.30	Page:	1 of 1	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide a guideline for notifications of firefighter injury or death in accordance with Florida State Statute 633.801 thru 633.821.

Florida Administration Code 69A-62.032 states the Division of State Fire Marshal of the Department of Financial Services is authorized to conduct inspections or investigation for the purpose of ensuring compliance with the Act and Division rules.

2. DEFINITIONS:

- a. Fatality – Any firefighter employee death that occurs as a result of work-place injury, illness, or occupational disease.
- b. Serious Incident – Any event arising out of the work and in the course of employment, as a result of which a firefighter employee is admitted into a hospital for a minimum period of twenty-four (24) hours. Or, any incident that is the result of equipment failure.

3. PROCEDURE:

- a. Each firefighter employer shall notify the Division of any fatality or serious on-duty injury (serious incident) that required a hospitalization period of greater than twenty-four (24) hours. The employer shall notify the Division's via the 24 hour phone number – 1 (352) 427-4401 within four (4) hours of the occurrence.
- b. The Division shall conduct an investigation of each fatality, serious incident, or any incident as the result of equipment failure.
- c. Any minor injury or near miss shall be reported to the Safety Field Representative via email to firefightersafety@myfloridacfo.com, (our representative) Charlie Chapman at (352) 369-2881 or Charles.Chapman@myfloridacfo.com
- d. Documentation must include appropriate Workers' Compensation and NFIRS 5 forms. All required reporting, documenting, and records retention are located in FAC 69A-62.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Donations/Contributions			
Section:	Administrative – Rules & Regulations			
SOG #:	110.31	Page:	1 of 1	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE

Provide guidance for establishing guidelines for receiving and requesting donation and contributions.

2. PROCEDURE

The Fire Department may solicit or receive voluntary contributions of donations with the approval of the Fire Chief. This may include, but is not limited to, fund raising events, gifts and or donations from business or organizations, sale of equipment, etc.

All donations to the Fire Department are public funds, entrusted for the betterment of the organization and the city overall. All single donations from any source that exceed \$100.00 must be accepted and approved by the Fire Chief.

The Fire Chief shall ensure that the department's secretary records all donations that exceed \$100.00 and that a record of subsequent expenditures is maintained.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Records Retention			
Section:	Administrative – Rules & Regulations			
SOG #:	110.32	Page:	1 of 2	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for the retention and destruction of records.

2. PROCEDURE:

- a. The Maitland Fire Rescue Department will follow the *State of Florida General Records Schedule GS1-SL and the General Records Schedule for Fire Departments (Schedule GS8)* for the retention and destruction of records.
- b. All records that fall under these guidelines will be stored at the main fire station (Station 45) located at 1776 Independence Lane, Maitland, FL, 32751.
- c. A record shall be maintained of all records destroyed (see page 2).
- d. Records shall be destroyed by one of the following methods:
 1. For paper records containing information that is confidential or exempt from disclosure, appropriate destruction methods include burning in an industrial incineration facility, pulping, pulverizing, shredding, or macerating. High wet strength paper, paper mylar, durable-medium paper substitute, or similar water repellent papers are not sufficiently destroyed by pulping and require other methods such as shredding or burning.
 2. For electronic records containing information that is confidential or exempt from disclosure, appropriate destruction methods include physical destruction of storage media such as by shredding, crushing, or incineration; high-level overwriting that renders the data unrecoverable; or degaussing/demagnetizing.
 3. For other non-paper media containing information that is confidential or exempt from disclosure, such as audio tape, video tape, microforms, photographic films, etc., appropriate destruction methods include pulverizing, shredding, and chemical decomposition/recycling.
 4. Confidential or exempt records shall not be buried since burying does not ensure complete destruction or unauthorized access.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Member Development Program			
Section:	Administrative – Training & Safety			
SOG #:	130.01	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	April 1, 2015	
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. PURPOSE:

The purpose of this policy is to set forth minimum requirements for training objectives for all personnel employed by Maitland Fire Rescue Department.

2. PROCEDURE:

The training plan will be followed by all ranks below the level of the Fire Chief.

2.1 Trainee

New Hire EMT or Paramedic without State of Florida Minimum Standards

HIRE DATE TO COMPLETION OF MINIMUM STANDARDS

2.2 Certified Entry Level Firefighter

New Hire EMT or Paramedic with State of Florida Minimum Standards

HIRE DATE TO 6 MONTHS MUST COMPLETE THE FOLLOWING*:

- Complete Recruit Orientation (OJT Program)
 - NIMS Certifications
 - Right-to-Know Training
 - Anti-Kickback Training
 - Red Flags Training
 - Target Solutions Training
- Pass EMS Skills Test
- Complete EVOC Course
- Pass Equipment Location Test
- Pass a 50 question Comprehensive Street Test with 80% or Better
- NFIRS power point training

* At Fire Administration's discretion, items may be adjusted for those members who attend Standards or Paramedic School in the first six months.

Variation to the Policy must be approved by Fire Administration.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Member Development Program		
Section:	Administrative – Training & Safety		
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2.3 Firefighter First Class

Has completed all Certified Entry Level requirements

****Department will not sponsor through any outside classes unless deemed necessary to continue operations of the department or necessary to recertify in a required area as approved by the Deputy Fire Chief or Fire Chief.**

2.4 Firefighter II

Has completed all Firefighter First Class requirements and has been employed by the Department for at least six months.

- Attend and pass a department approved Pump Operator course (May function as a relief driver upon successful completion of an approved Pump Operator course and passing of the Department's relief driver assessment.)

****Department may sponsor through classes from this point on.**

After completion of Firefighter II, all personnel are encouraged to attend classes to prepare for promotional opportunities as outlined in *Maitland Fire Rescue Department SOG Section 110.09*.

Professional Development -The following represents a suggested progression of coursework, where not otherwise required by the Department, that should be completed before the Firefighter's second anniversary date:

- Paramedic Pre-Requisites (Medical Terminology & Anatomy and Physiology for EMS or A&P I)
- Paramedic Certification
- Firefighter Survival

The following represents a suggested progression of coursework that should be completed before the Firefighter's third anniversary date.

- Fire Officer I Curriculum
- Flashover Simulator
- CPR Instructor

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Member Development Program		
Section:	Administrative – Training & Safety		
SOG #:	130.01	Page:	3 of 3
Effective Date:	August 1, 2008	Revision Date:	April 1, 2015

The following represents a suggested progression of coursework that should be completed before the Firefighter's fourth anniversary date.

- Vehicle & Machinery Rescue Operations
- Rope Rescue I
- ACLS Instructor
- Advanced Airway Management

The following represents a suggested progression of coursework that should be completed before the Firefighter's fifth anniversary date.

- Truck Company Operations
- Vehicle & Machinery Rescue Technician (formally Extrication)
- Rope Rescue II

The following represents a suggested progression of coursework that should be completed before the Firefighter's sixth anniversary date.

- Fire Service Course Design
- Confined Space Rescue

The following represents a suggested progression of coursework that should be completed before the Firefighter's eighth anniversary date.

- Associates Degree with EMS or Fire related major

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	New Member Orientation Program			
Section:	Administrative - Training & Safety			
SOG #:	130.02	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2014	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline defining the new member orientation program

2. PROCEDURE:

- e. The Maitland Fire Rescue Department will require all new members to complete an orientation prior to shift assignment. Orientation will normally be a two week period; however this could be amended at the Fire Chief's discretion.
- f. During the orientation period, new members will be issued a recruit manual, review Fire Department SOP's, City personnel policies, vehicle operations, and FF/EMS competencies, complete right to know, infection control, HIPAA training. All updated SOG's shall be made available in each Lieutenants office and on the City's K: Drive for each employee to access.
- g. New members will also be issued uniforms, bed linens, bunker gear and additional PPE as needed.
- h. New members are fit tested for HEPA masks and SCBA masks.
- i. New members tour RDV Sportsplex, Orange County's Communication Center, both fire stations and City Hall. During this time, members will meet with the Personnel Department, IT and Fire Administration.
- j. Any competencies or requirements not accomplished during the orientation period are to be completed prior to 6 months of employment. It is the responsibility of each new member to review their recruit manual with their assigned Lieutenant immediately once assigned a shift.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Medical Director Meetings			
Section:	Administrative - Training & Safety			
SOG #:	130.03	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for attendance of monthly Medical Director Meetings.

2. PROCEDURE:

- a. The City of Maitland's E.M.S. Medical Director, Dr. Todd Husty conducts monthly meetings for the purpose of quality assurance, run report review, and training.
- b. The meeting will be scheduled and held once a month. Date and time will be set according to Dr. Husty's schedule and availability.
- c. Notice of the meeting will be E-mailed to all department personnel a minimum of seven (7) days prior to the meeting date containing the reports that will be reviewed at the meeting. It is the responsibility of each Paramedic to review his/her report(s) prior to the meeting and submit corrections or addendums to the meeting chairperson.
- d. An "all page" will be sent out a minimum of two (2) days prior to the meeting to remind personnel of the time and location. It is the shift commander's responsibility to insure this task is completed.
- e. All EMT members are encouraged to attend these meetings. Paramedics are required to attend 5 of the 12 monthly meetings within each calendar year. Paramedics in the FIT program are required to attend all meetings unless approved by their assigned Battalion Chief.
- f. For each meeting attended, members will be credited with two (2) hours continuing education credit (CEU) toward their required hours for State recertification.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Occupational Health & Safety Program			
Section:	Administrative - Training & Safety			
SOG #:	130.04	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide a guideline consistent with federal, state and city regulations as set forth by the Florida State Fire Marshal's Office Florida Administrative Code 69A-62 authorized by F.S. 633.821 that provides for adequate and consistent safeguards for firefighter occupational health and safety.

2. PROCEDURE:

- a. All employees of the Maitland Fire Department shall comply with the safeguards set forth in this guideline and its references unless otherwise exempted.
- b. All regulations of Florida Statute 633, Florida Administrative Code 69A-62, and Maitland City Code are herein adopted by reference and include, but may not be limited to:
 - Uniform minimum firefighter employment standards
 - Workplace safety and health programs
 - Safety and health compliance
 - Workplace safety committees
- c. There is herein created the fire department's safety committee that shall meet as directed by the department and include the provisions of the City's safety management program as found in the link below.

<K:\share\risk management\safety policies-update2a.pdf>

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Physical Fitness Program			
Section:	Administrative - Training & Safety			
SOG #:	130.05	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To facilitate a comprehensive fitness program, whether in the station or at RDV Sportsplex without reduction in the emergency response priorities. The guidelines set forth are established to provide for a structured and safe fitness plan.

2. GENERAL STATEMENTS:

- a. It is in the interest of the department to promote physical fitness as a necessary requirement of the firefighting job.
- b. A structured fitness program should be accomplished as a priority for all shift personnel. Personnel are encouraged to participate in a good physical fitness training program both on and off duty to maintain a state of physical fitness for the profession of firefighter.
- c. Accomplishing an on-duty workout must take into consideration the primary mission of the department, which includes a rapid response to emergency scenes.
- d. A shift fitness program at each station is recommended as it accomplishes two tasks in one; personal physical fitness and team building.

3. PROCEDURE:

- a. A max of one unit from each station shall occupy RDV at a given time.
- b. If RDV is used, units will be positioned in the parking lot, away from the normal flow of traffic, and in such a way their exit will be quick and unimpeded.
- c. The workout at RDV will be limited to the bottom floor weights and cardio machinery. No court sports, showers, sauna, or hot tub use will be permitted while on duty. Station fitness programs should include cardio and strength training.

Each member's goal should be to complete 20-30 minutes of cardio and 20-30 minutes of strength training 2-3 times per week. Part of each member's goal should be to strive for progressive and obtainable improvements in his/her exercise regiment.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Traffic Safety Vests			
Section:	Administrative - Training & Safety			
SOG #:	130.06	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

A means of reducing the possibility of personnel being injured while working in close proximity to vehicular traffic or other emergency scenes where visibility is reduced because of darkness or other adverse conditions.

2. PROCEDURE:

Normal safety precautions must be exercised on the scene of all alarms.

Personnel safety vests shall be worn by all fire rescue personnel operating in areas where vehicular traffic is anticipated or other emergency scenes where visibility is reduced because of darkness or other adverse conditions.

- a. Safety vests will be provided in each Maitland Fire Dept vehicle in accordance with vehicle inventory.
- b. Each member will wear a safety vest or reflective gear while working in areas where vehicular traffic is anticipated or other emergency scenes where visibility is reduced because of darkness or other adverse conditions.
- c. It is the responsibility of the officer in charge to ensure that all personnel including students and riders utilize safety vests when dictated.
- d. Turnout gear (coat) or reflective rain gear may be utilized in place of the safety vest
- e. While safety vests do not ensure complete protection, they do increase on-scene visibility and therefore decrease the possibility that an individual will be struck by a moving vehicle.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Vehicle Placement for Safety and Fend Off Unit Practice			
Section:	Administrative – Training & Safety			
SOG #:	130.07	Page:	1 of 10	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To Position Apparatus at the scene of emergencies in a manner that best protects the work area and personnel from vehicle traffic and other hazards; to the extent practical, keeping roadways open and cleaning up debris
(See attached Memorandum from Chiefs Ken Neuhard and Gary Calhoun dated May 11, 2009.

2. DEFINITIONS:

The following terms shall be used during incident operations, post-incident analysis, and training activities related to working in or near moving traffic.

- a. **Advance Warning** – notification procedures that advise approaching motorists to transition from normal driving status to that required by the temporary emergency traffic control measures ahead of them.
- b. **Block** – positioning a fire department apparatus on an angle to the lanes of traffic creating a physical barrier between upstream traffic and the work area. Includes “block to the right” or “block to the left”.
- c. **Buffer Zone** – the distance or space between personnel and vehicles in the protected work zone and nearby moving traffic.
- d. **Downstream** – the direction that traffic is moving as it travels away from the incident scene.
- e. **Fend Off Unit** – A fire department vehicle (principally a pumper truck) with primary responsibility for being staged in such a manner as to protect other units on the scene of an emergency where transient traffic on roadways of all types might be distracted and crash into rescuers and their vehicles.
- f. **Flagger** – a fire department member assigned to monitor approaching traffic and activate an emergency signal if the actions of a motorist do not conform to established traffic control measures in place at the highway scene.
- g. **Shadow** – the protected work area at a vehicle-related roadway incident that is shielded by the block from apparatus and other emergency vehicles.

Maitland Fire Rescue Department

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- h. **Taper** – the action of merging several lanes of moving traffic into fewer moving lanes.
- i. **Temporary Work Zone** – the physical area of a roadway within which emergency personnel perform their fire, EMS and rescue tasks at a vehicle-related incident.
- j. **Transition Zone** – the lanes of a roadway within which approaching motorists change their speed and position to comply with the traffic control measures established at an incident scene.
- k. **Upstream** – the direction that traffic is traveling from as the vehicles approach the incident scene.

3. PROCEDURE:

3.1 Safety Benchmarks for Personnel Operating in or Near Traffic

Emergency personnel are at great risk while operating in or around moving traffic. There are approaches that can be taken to protect yourself and all crew members.

- a. Never trust approaching traffic.
- b. Avoid turning your back to approaching traffic.
- c. Crews should exit the curb side or non-traffic side of the vehicle whenever possible.
- d. Always look before stepping out of apparatus, or into any traffic areas. When walking around fire apparatus parked adjacent to moving traffic, keep an eye on traffic and walk as close to fire apparatus as possible.
- e. Always wear Class III high visibility reflective vests during daylight operations.
- f. Always wear structural firefighting helmet.
- g. Wear full protective clothing plus the highway safety vest at all vehicle-related emergencies between the hours of dusk and dawn or whenever lighting levels are reduced due to inclement weather conditions.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Vehicle Placement for Safety and Fend Off Unit Practice		
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- h. Establish a fire department member assigned to the “Flagger” function to monitor approaching traffic and activate an emergency signal if the actions of a motorist do not conform to established traffic control measures in place at the highway scene.
- i. Use traffic cones and/or cones illuminated by flares where appropriate for sustained highway incident traffic control and direction.

3.2 Apparatus Benchmarks for Safe Operations in or Near Moving Vehicle Traffic

Due to occurrences of near miss incidents, emergency personnel of the Maitland Fire Department should always maintain an acute awareness of the high risk of working in or around moving traffic and protect the scene, themselves, other emergency responders and the patient through proactive steps including, but not limited to the following:

- a. Establish an initial “block” with the first arriving emergency vehicle or fire apparatus. The first arriving apparatus should allow 1 foot for every mile per hour of the posted speed limit between the “fend off position” and the “temporary work zone” area.
- b. Always position apparatus to protect the scene, patients, emergency personnel, and provide a protected work area. Where possible, angle apparatus at 45 degrees away from curbside while turning the front wheels away from the incident scene (See Figure 1).
- c. During DAYTIME operations, leave all emergency lights on to provide warning to drivers.
- d. For NIGHTTIME operations, turn OFF fire apparatus headlights. This will help reduce the blinding effect to approaching vehicle traffic. Other emergency lighting should be reduced to yellow lights and emergency flashers where possible.
- e. Establish advance warning and adequate transition area traffic control measures upstream of incident to reduce travel speeds of approaching motorists.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Vehicle Placement for Safety and Fend Off Unit Practice		
Section:	Administrative – Training & Safety		
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013

- f. Place traffic cones at the scene to direct traffic. This should be initiated by the first company arriving on the scene and expanded, if needed, as later arriving companies arrive on the scene. Always place and retrieve cones while facing on-coming traffic.
- g. Placing flares, adjacent to and in combination with traffic cones for nighttime operations greatly enhances scene safety. Place flares to direct traffic where safe and appropriate to do so. Listed below are general recommendations for the start of traffic cones/flares.
- h. For first arriving engine companies where a charged hose line may be needed, angle the engine so that the pump panel is “down stream,” on the opposite side of on-coming traffic. This will protect the pump operator (See Figure 5).
- i. The initial company officer (or Command) must assess the parking needs of later-arriving fire apparatus and specifically direct the parking and placement of these vehicles as they arrive to provide protective blocking of the scene. This officer must operate as an initial safety officer.
- j. At intersections, or where the incident may be near the middle of the street, two or more sides of the incident may need to be protected. Block all exposed sides. Where apparatus is in limited numbers, prioritize the blocking from the most critical to the least critical (See Fires 2,3 and 4).
- k. At major intersections police response may be necessary. Provide specific direction to the police officer as to exactly what your traffic control needs are.
- l. At residential medical emergencies, park Rescue in driveways for safe loading where possible. If driveways are inaccessible park Rescue to best protect patient loading areas. (See Figures 6 and 7).
- m. Once enough fire apparatus have “blocked” the scene, park or stage unneeded vehicles off the street whenever possible. Bring in Rescue/Ambulance companies one or two at a time and park them in safe locations at the scene.
- n. Position Rescues to protect patient loading areas (See Figure 8).

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3.3 Freeway Operations

Freeway emergencies pose a particularly high risk to emergency personnel. Speeds are higher, traffic volume is significant, and motorists have little opportunity to slow, stop or change lanes.

- a. If possible, keep the freeways flowing. Where need be, the freeway can be completely shut down.
- b. For freeway emergencies, continue to block the scene with the first apparatus on the scene to provide a safe work area. The first arriving apparatus should allow 1 foot for every mile per hour of the posted speed limit between the “fend off position” and the “temporary work zone” area.
- c. Other companies may be used to provide additional blocking if needed.
- d. The initial company officer, or command, must thoroughly assess the need for apparatus on the freeway and their specific positions.
- e. Companies should be directed to specific parking locations to protect the work area, patients, and emergency personnel.
- f. Other apparatus should be parked downstream when possible. This provides a safe parking area.
- g. Staging of Rescue companies off the freeway may be required. Rescues should be brought into the scene one or two at a time. A safe loading area must be established.
- h. Traffic cones should be placed farther apart, with the last cone approximately 160 feet “upstream, to allow adequate warning to drivers. Place and retrieve cones while facing the traffic.
- i. Command should establish a liaison with the Department of Transportation as soon as possible to jointly provide resources, a safe parking and work area and to quickly resolve the incident.
- j. The termination of the incident must be managed with the same aggressiveness as initial actions. Crews, apparatus, and equipment must be removed from the freeway promptly, to reduce exposure to moving traffic.

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- k. The termination of the incident must be managed with the same aggressiveness as initial actions. Crews, apparatus, and equipment must be removed from the freeway promptly, to reduce exposure to moving traffic.
- l. The termination of the incident must be managed with the same aggressiveness as initial actions. Crews, apparatus, and equipment must be removed from the freeway promptly, to reduce exposure to moving traffic.

3.4 Fend Off Unit Request and Use

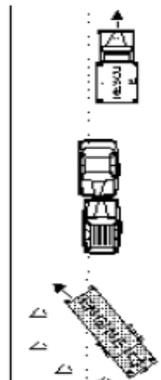
- a. At the request of the first due suppression unit, an additional unit may be dispatched to assist other units already on scene with fending off vehicles approaching the scene.
- b. The first arriving company officer (or other qualified personnel in the absence of the company officer) shall make an assessment regarding the need for an additional unit to serve in the fend off capacity. When the need has been established, the appropriate unit will be dispatched. Personnel from the fend off unit will park their unit as appropriate and may further assist with rescue efforts at the scene.
- c. Response mode (emergency vs. non-emergency) shall be determined and broadcast by the requesting officer.

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Figure #1



Where possible, angle apparatus at a 45 degree angle from the curb.

Figure #3

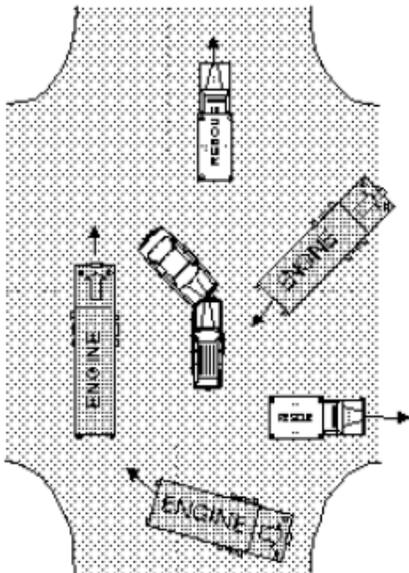


Figure #2

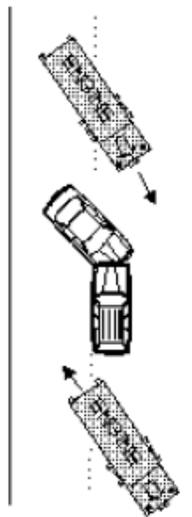
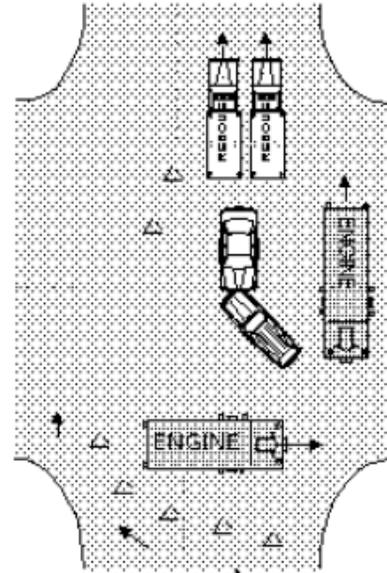


Figure #4



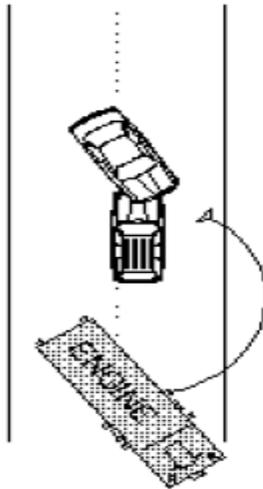
Often times two or more sides may need to be protected. Prioritize placement of the apparatus by blocking from the most critical to the least critical side.

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Figure #5



To protect pump operator, position apparatus with the pump panel on the opposite side of on-coming traffic.

Figure #6

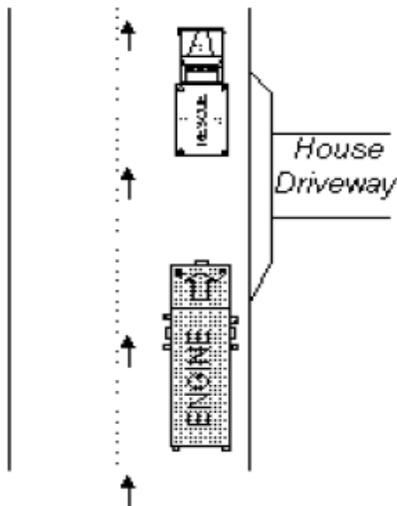
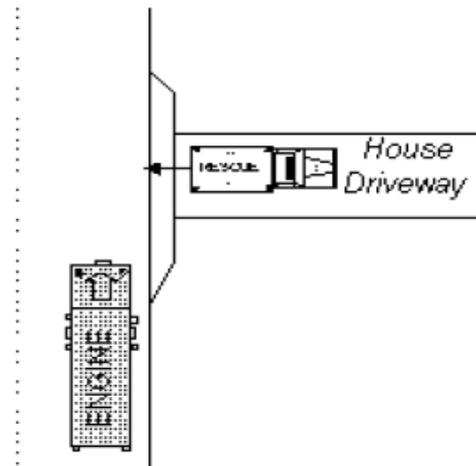


Figure #7

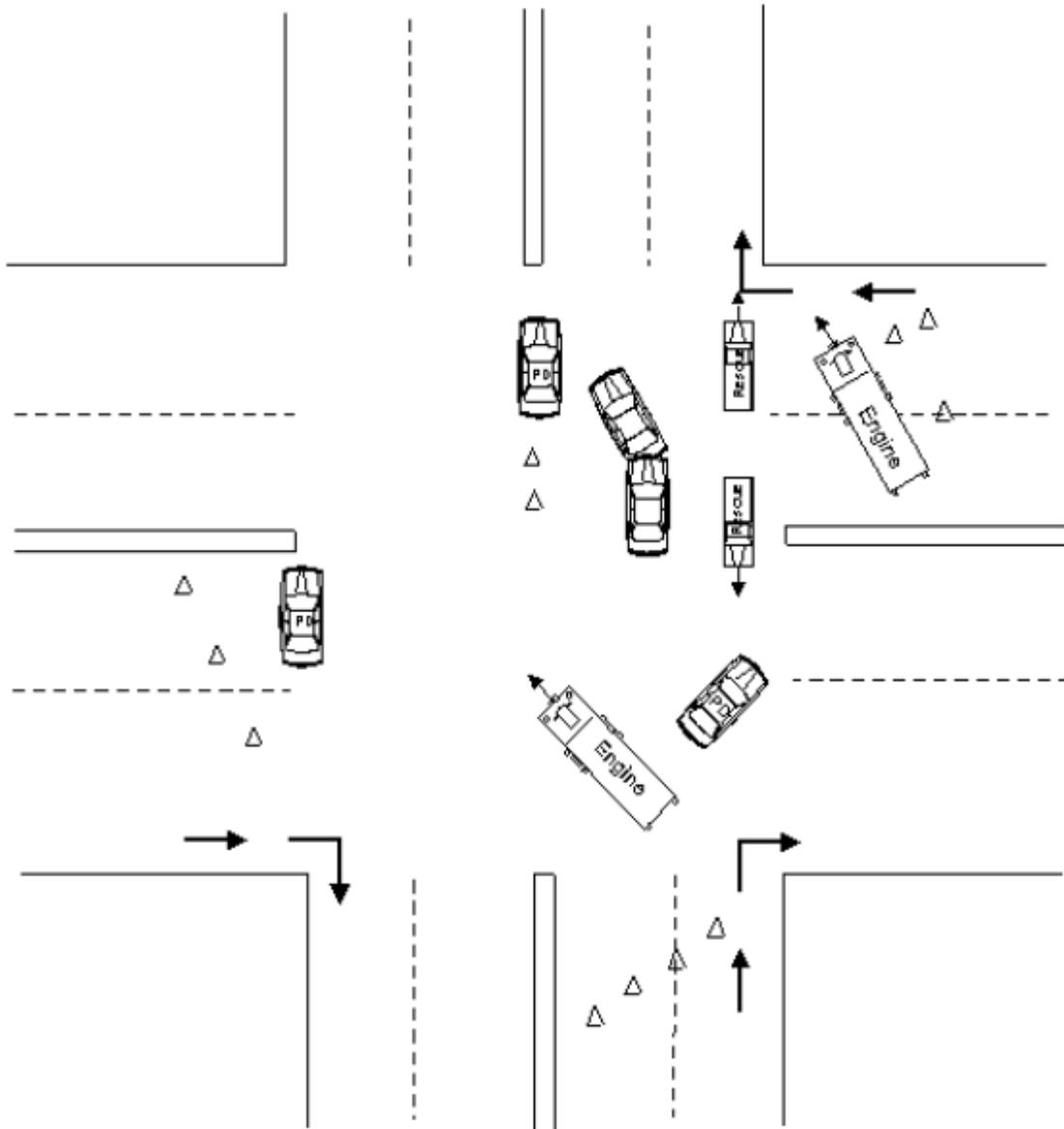


Where possible, park rescues in driveways or position rescue to protect patient loading area.

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Provide specific direction to police as to what traffic control needs you have. Position rescues to protect patient loading areas.

MEMORANDUM

City of Maitland

TO: All Police & Fire Personnel

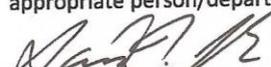
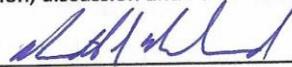
FROM: Kenneth Neuhard, Fire Chief
Gary Calhoun, Police Chief

DATE: May 11, 2009

SUBJECT: Safety Procedures at Vehicle Crashes

The following safety related rules are to be followed by all public safety personnel working on vehicle crash scenes.

1. The safety of Firefighters and Police Officers working in and around vehicle accidents on the roadways takes precedence over everything else. This includes, but is not limited to, clearing the roadway, opening lanes of travel, debris cleanup, etc.
2. The initial responsibility for the mitigation of hazardous vehicle conditions, patient extrication, treatment of medical/trauma victims and the control of leaks/spills rests with the Fire Department.
3. Police Department members will not in any way modify safety precautions implemented by the Fire Department unless there is the existence of exigent circumstances. If this becomes necessary, communications and coordination between the ranking fire and police officers will occur.
4. Fire Department members will not in any way modify safety precautions implemented by the Police Dept. unless there is the existence of exigent circumstances. If this becomes necessary, communications and coordination between the ranking fire and police officers will occur.
5. The responding fire officer will insure that proper placement of fire & EMS apparatus occurs when arriving on-scene of a vehicle crash in accordance with SOG 130.07 (Vehicle Placement for Safety) and will make every effort to assist PD by moving FD apparatus from lanes of travel when it is safe to do so and when staffing is available.
6. It is agreed that good communications between police officers and firefighters on-scene is essential and that every effort should be made between the two groups to provide the safest working environment possible through open and cooperative communications.
7. When conflicting viewpoints are encountered, the position that affords the greatest safety to responders will prevail.
8. Both Departments agree that when procedural conflicts occur that they will be brought forward to the appropriate person/department for consideration, discussion and resolution after the incident.

	05-11-09		5/11/09
Gary Calhoun	Date	Ken Neuhard	Date
Police Chief		Fire Chief	

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Post Incident Analysis (PIA)			
Section:	Administrative - Training & Safety			
SOG #:	130.08	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Post Incident Analysis (PIA) - the reconstruction of an incident to assess the chain of events that took place, methods used and the actual results of the department's action. The main purpose is to reinforce actions that are effective, and to give insight into how the department's operations could be improved in the areas of procedures, training and equipment.

2. PROCEDURE:

- a. PIA should be performed on virtually every significant emergency call. The depth and nature of the analysis should be based on the circumstances. The PIA may be either formal or informal.
- b. An informal PIA is normally held as soon as is practical after the emergency, and may be as simple as a table top discussion at the station. Documentation of the informal PIA is not required, although the purpose is identical to that of a formal PIA.
- c. A formal PIA is *mandatory* under the following circumstances
 - Serious injury or death of a Fire-Rescue employee
 - Multiple civilian fire casualties
 - Third alarm or greater response
 - Extraordinary fire loss (i.e. total loss of a commercial structure)
 - Incidents which require long term commitment of resources
 - Level 3 MCI
 - Incidents of an unusual nature as determined by the Deputy Fire Chief or Fire Chief
- d. A formal PIA is suggested for the following
 - Injury of a Fire-Rescue employee
 - Single civilian fire casualty
 - First and Second alarm response
 - Incidents resulting in a significant fire loss (i.e. 50% of commercial structure)
 - Level 1 or Level 2 MCI's

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- e. The responsibility for implementation of the PIA will be assigned by the Deputy Fire Chief. A formal PIA consists of two activities; the PIA meeting and the written report.
- f. **PIA Meeting** - is intended to bring together participants involved in all aspects of the incident, although this may be limited by staffing. When possible, each unit supervisor should be given the opportunity to discuss the incident from their perspective. The meeting will be facilitated by the individual appointed by the Deputy Fire Chief. The facilitator should insure that the PIA is conducted in a constructive manner, controlling individual criticism or inappropriate comments. The PIA meeting should be conducted within two weeks of the incident.
- g. To prepare for this meeting, the following items should be obtained
 - CAD Incident history
 - Tape recording of 911 call and pertinent radio transmissions
 - Quick Access Survey, if available
 - Applicable SOGs
 - Scene sketch
 - Overhead transparencies, slides, video footage or photographs of the incident
- h. Personnel to be considered for inclusion in the PIA meeting should include
 - Companies and command staff assigned to the incident
 - Investigations
 - Training & Safety Division
 - Deputy Fire Chief
 - Other affected agencies
- i. A suggested agenda for such a meeting is as follows
 - Introductions of participants
 - Reinforce the reason for performing the PIA
 - Brief description of the incident
 - Chronological review of observations and actions taken, i.e. first arriving unit, second arriving unit, incident commander, etc.
 - Strategic goals and objectives - As defined by the Incident Commander
 - Specific identification of problems associated with procedures, training or equipment

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Near Miss Training/Reporting			
Section:	Administrative – Training & Safety			
SOG #:	130.09	Page:	1 of 4	
Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Near-miss reporting has proven to reduce fatalities, injuries, and equipment loss in a number of industries (i.e., aviation, medicine, gas/oil, nuclear). Managing error through the use of non-punitive strategies such as near-miss reporting has proven to be an effective tool in keeping the workforce and community served safe. Given the concept's proven track record, and the dedication this department has to the health and welfare of its members, the Maitland Fire Rescue Department is issuing this policy endorsing the use of near-miss reporting.

2. PROCEDURE:

This policy applies to all members of the Maitland Fire Rescue Department.

****An endorsement from the jurisdiction's labor group or governing body may be placed here.***

3. DEFINITIONS:

- a. Near-Miss – An unintentional act that nearly resulted in an injury or property damage, results in an injury or property damage, could have resulted in a more serious injury or property damage.
- b. Near-Miss Reporting System – The National Fire Fighter Near-Miss Reporting System (www.firefighternearmiss.com) is a voluntary, confidential, non-punitive, secure reporting system whose goal is reducing firefighter death and injury. The system provides a firefighter friendly format for submitting a near miss event.
- c. Reporter – A firefighter who files a near-miss report.
 - o Reviewer – A contract employee of www.firefighternearmiss.com hired to review near-miss reports and collect data. Reviewers sign confidentiality agreements as a condition of employment by the National Fire Fighter Near-Miss Reporting System.
 - o Simple Human Error (or Error) – An error committed by a member due to: miscommunication, poor decision making based on a lack of adequate information, poor task performance due to a lack of training, or loss of situational awareness.

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- Violation – Willfully committing an act that violates department policy. An example of a violation would be an employee who tucks a seat belt under a riding position to avoid having to wear the belt.

4. POLICY:

- a. The Maitland Fire Rescue Department is adopting a non-punitive approach to simple human error. Members who commit an error while in the performance of their duty may be exempt from disciplinary action provided they promptly file a near-miss report. This exemption from disciplinary action applies to actions that do not willfully violate department policy or purposely place members unnecessarily in harm's way.
- b. Members who personally experience, witness or are made aware of a near-miss incident shall report such incident to the on duty Battalion Chief and shall then file a near-miss report.
- c. Members filing near-miss reports shall use the National Fire Fighter Near-Miss Reporting System (www.firefighternearmiss.com) as the vehicle for recording their near-miss event.
- d. Multiple reports of the same incident are encouraged. The variety of perspectives provides additional value to reporting the incident.
- e. Members shall forward a copy of the posted report to their Battalion Chief, the Assistant Chief of Operations or the Fire Chief so the department can rapidly respond to implement corrective actions needed to prevent the near miss from becoming a serious injury or fatality within our department.
- f. Ensuring anonymity and confidentiality is paramount. No member submitting a near-miss report shall be forced to identify themselves to the firefighter near miss web site. Department members lower than the rank of Chief shall not seek out the identity of a member or members who file near-miss reports. Members who voluntarily submit their contact information to the department will remain anonymous.

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- g. All shift members shall review the ROTW (report of the week) from the fire fighter near miss web site each week and hold a training session with their respective shifts regarding the event(s). Items to be discussed during the training session shall include but not be limited to: Lessons learned, things that went well, things that could have gone better and actions that could eliminate the possibility of reoccurrence. Once the training has been completed a roster will be signed by all attending and forwarded to the training officer.
- h. All members within the department that assist with SOG development shall review the sample policies and training section of the firefighter near miss web site monthly for any new, suggested or advised SOG's.

5. PROCEDURE:

- a. Members who experience, witness or are informed of a near-miss incident shall log on to www.firefighternearmiss.com to support the program's efforts to improve firefighter safety.
- b. Sections 1 thru 4 of www.firefighternearmiss.com shall be completed by the affected/informed members.
- c. Section 5 of the reporting system is optional. Members are *encouraged* to provide at least one off-duty contact number or email address. This contact information provides the system's reviewers with a means to contact the reporter with follow up questions that will enhance the data collected and provide the maximum reporting effort to ensure another firefighter's safety.
- d. Reporters shall copy their submitted report and forward it to their Battalion Chief. No names or contact information are required to personnel below the rank of Chief.

6. RESPONSIBILITY

- a. The fire chief is responsible for ensuring the department maintains a non-punitive approach to correcting errors.
- b. Department officers are responsible for maintaining an environment that encourages members to report errors and file near-miss reports.
- c. All members are responsible for filing timely near-miss reports.
- d. All officers are responsible for maintaining a working knowledge of the National Fire Fighter Near-Miss Reporting System.

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- e. The department safety officer is responsible for filing reports with www.firefighternearmiss.com whenever he/she is notified or becomes aware of a near miss event in the department.

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Standard Operating Guidelines

Title:	Rope Training - Station 45			
Section:	Administration - Training & Safety			
SOG #:	130.10	Page:	1 of 5	
Effective Date:	April 1, 2013	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Maitland Fire/Rescue will not operate as a high angle rescue team. This policy is in place for Maitland Fire/Rescue Department to use for training and the safety of Maitland Fire/Rescue personnel. The fire department recognizes the dangers to its personnel during any rope-assisted rescue/operation, which takes members to extreme heights or into confined spaces. These operating procedures are designed to ensure the safety of each rescuer during such operations. In the event that a rescue is deemed necessary an alarm will be activated immediately and a high angle rescue team will be requested from Orange County Dispatch.

2. ANCHOR CLASSES

- a. **Class "A" anchor:** is generally thought of as being an integral part of the structure and is sometimes referred to as "Bomb Proof". Examples would be a concrete column, the iron I beam framework of a metal building or a large mature tree rooted into the ground.
- b. **Class "B" anchor:** are attachment points that have been placed through the structure after construction. Examples of these would be a large iron pipe run through chase holes in floors, an I-bolt through a reinforced wall or a secure large heavy boulder.
- c. **Class "C" anchor:** are items attached to the structure with minimal hardware and don't possess the strength/integrity to withstand a significant amount of force. Examples of this type of anchor are stair rails attached to the wall by screws or Lag bolts, door and door hinges, and smaller trees or exposed roots.

3. PERSONNEL REQUIRED

- a. The following personnel will be required for all rope operations. All personnel are responsible for the safety of all other personnel. Any team member observing an unsafe practice shall correct the situation immediately. All persons may stop any operation at any time for safety purposes by yelling "**FREEZE!**" After a safety issue has been recognized all operations will cease to continue until the safety issue has been corrected. The operation shall only continue upon the team leader and safety leaders joint decision. No member of the team goes on a rope or starts an operation until he/she is checked by another member. The team member must ensure all carabineer gates are locked, all safety lines are attached, and all equipment, harnesses, and anchors are properly secured. You are responsible for checking your own anchor prior to starting an evolution.

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- b. Team Leader – shall have a strong working knowledge of rope rescue operations and personal escape systems, as well as the associated techniques, methods, skills, rigging principles, and coinciding safe practices. The team leader shall have a minimum qualification of rope rescue: operations level. The team leader is overall responsible for the safety of all persons during training. The team leader will oversee all operations and ensure procedures are strictly adhered to. All changes in operations, techniques, and plans shall only happen at the discretion of the team leader. The team leader shall remain “hands off” unless checking rigging, equipment, or correcting an issue. The team leader should be positioned to visualize the rescuer/trainee, rigging system, belay tenders, and safety officer at all times. If for any reason the team leader cannot remain in visual contact then a means of communications should be established prior to any operation. If deemed necessary then an edge man may be utilized to communicate between the rescuer/trainee and the team leader.

- c. Safety Leader– shall have a strong working knowledge of rope rescue operations and personal escape systems, as well as the associated techniques, methods, skills, rigging principles, and coinciding safe practices. The safety leader shall have a minimum qualification of rope rescue: operations level. The safety leader shall be “hands off” unless checking rigging, equipment, or correcting an issue. The safety leader should be positioned to visualize the rescuer/trainee, rigging system, belay tenders, and safety officer at all times. If for any reason the safety leader cannot remain in visual contact then a means of communications should be established prior to any operation. If deemed necessary then an edge man may be utilized to communicate between the rescuer/trainee and the safety leader.

- d. Belay Tender – shall be utilized anytime a member is performing a rope operation or escape. The belay tender will be responsible for tending the belay line that is attached to the rescuer/trainee. The belay tender will always communicate to the rescuer/trainee when they are ready to tend the line. The rescuer/trainee shall not proceed with any evolution until the belay tender is in place and has communicated that they are ready to tend the line. There shall be a belay tender assigned to each belay line that is in use. The belay tender is required to have a strong working knowledge of rope rescue operations, personal escape operations, and various belaying techniques. The belay tender should remain in constant visual contact with the rescuer/trainee. If they cannot because of rigging locations then an edge man will be assigned.

- e. Edge Man – may not always be necessary. The use of an edge man will be determined by the team leader. The edge man is responsible for communicating between the rescuer/trainee and all other team members. The edge man shall always have visual contact with the rescuer/trainee. The edge man is responsible for

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communicating to the belay tender the needs, status, and position of the rescuer/trainee. The edge man is also responsible for ensuring that edge protection is in place for any ropes that are transitioning over a sharp edge.

- f. Rescuer/Trainee – is any individual that will be operating on a rope or system. The rescuer/trainee may be operating as a rescuer, performing a personal escape, and/or repelling. Any rescuer/trainee should have a strong working knowledge of rope rescue operations, techniques, and skills. They shall have a strong working knowledge of personal escape systems, methods, skills, and techniques.
- g. Deus Certified Trainer – shall be present for all Deus training evolutions. The Deus trainer is responsible for ensuring the proper deployment, operation, and uses for the Deus systems.

4. ROPES AND SAFETY EQUIPMENT

- a. Only ½" or greater static kern mantle rope will be used for rescue and belay lines. This rope must meet or exceed the criteria established in NFPA 1983(2006 ed.) for Life Support Rope.
- b. Personal escape rope used with the Deus system shall only be 7.5mm Deus rescue rope NFPA 1983(2006 ed.)
- c. Security lines, tag lines, and guide lines must be a minimum of static kern mantle rope with a minimum diameter of 7mm. They do not have to be lifeline.
- d. Personal safety edge lines may be either static kern mantle rope with a minimum diameter of 7mm or a minimum of 1" flat or tubular webbing.
- e. All persons operating on a rope shall have on a harness that is a Class III full body or a Class II seat harness, either of which meet NFPA 1983(2006 ed.). If an individual is wearing a Class II seat harness then they shall have a full body hasty harness made of 1" tubular or flat webbing, to which the belay line will be attached. If an individual is wearing a Class III full body harness they do not need any additional harnesses. The belay line will also be attached to the Class III harness.
- f. All persons using a personal escape system with an improvised Swiss seat or seated hasty harness shall also have a full body hasty harness, to which a belay line will be attached. All improvised Swiss seats and hasty harnesses shall consist of webbing which will be a minimum of 1" tubular/flat webbing. A person may wear a Class II seat harness that meets NFPA 1983(2006 ed.) in place of an improvised Swiss seat

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or seated hasty harness. A full body hasty harness will still be required, to which a safety line will be attached.

- g. Each safety/belay line shall have a belay tender. The rescuer/trainee that is operating shall always get the attention of the belay tender before they start their operation. The rescuer/trainee shall not start any operation until the belay tender has acknowledged that the rescuer/trainee is about to begin an operation and then given the rescuer/trainee a verbal “safety on” or “belay on” command.
- h. Rope shall not be deployed or hung over any height without being anchored off first.
- i. If a roof has a parapet, personnel shall hook-up to the rescue/descent line prior to mounting the parapet wall. The slide gate on station 45 shall not be opened until all persons on the roof are made aware that it is being opened and all persons within 3 ft. are already attached to a safety line.
- j. All ropes transitioning over a sharp, hard surface shall have either hard or soft edge protection in place. If a rope is transitioning over an edge but stationary then a soft, fabric edge protection may be used. If a rope will be moving over an edge then a hard, plastic or metal edge protection shall be used. All edge protection shall be secured to the structure with rope/webbing.
- k. All personnel shall have personal protective gear that consists of helmet, gloves, pants, and rubber soled safety shoes.
- l. The area below any evolution shall be secured prior to starting. This may be achieved by roping off/taping off the area and marking it as an unsafe area to ensure it remains secured to pedestrians and personnel not involved with the evolution.

5. OPERATIONS

- a. All persons operating from an elevation of greater than 10’, within 3’ of a roof edge shall have a safety line, self-belay, and/or fall restriction/prevention line attached to them. Unless a parapet wall or safety rail at least 3’ high is present.
- b. All persons going over a handrail or parapet wall shall be tied off and secured prior to climbing on to either.
- c. Whenever a rescue line is secured to an anchor point, a second anchor.

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6. INSPECTION AND LOGS

- a. All ropes and equipment shall be inspected before and after each training session and/or rescue operation as per the manufacturer's guidelines. Any piece of equipment that does not meet the manufacturer's standard shall be taken out of service, marked as such, and reported through the chain of command. An incident report shall then be completed with a description of the damage, how the damage occurred, and who was involved.
- b. All equipment taken out of service will be first inspected by a certified rope rescue: operations level individual. If it is deemed unusable then it shall be sent off to the appropriate manufacturer for repair. If the manufacturer deems the item unusable and damaged beyond repair, then it shall be destroyed so as to never be used for life safety operations.
- c. After use of all rope and equipment, all items will be inspected and the appropriate equipment log shall be filled out and updated with the current condition and status of the equipment by the team leader. Any deficiencies shall be noted in the log and reported through the chain of command.
- d. Any piece of hardware equipment dropped onto a hard surface from a height five feet or greater shall be taken out of service.
- e. All equipment lists, equipment logs, manufacturer's specifications, instruction manuals, and inspection notes are maintained at Station 47. They are located in a binder labeled escape system logbook in the file cabinet marked Deus.

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Standard Operating Guidelines

Title:	Single Gas Monitors, Use and Maintenance			
Section:	Administrative – Training & Safety			
SOG #:	130.11	Page:	1 of 3	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The Purpose of carrying a single gas detector for the detection of CO on all “First In” bags is to provide early detection of an unknown presence of Carbon Monoxide. These disposable detectors are designed to remain on at all times to warn personnel of a potential hazard and the presence of Carbon Monoxide in the immediate area.

2. PROCEDURE:

- a. Each apparatus is equipped with a blue back pack or a “First In” bag. Personnel will always carry this equipment bag with a GasAlertClip, CO detector attached to the outside of the bag, into the scene.
- b. The gas detector measures the presence of Carbon Monoxide. When the detector alarms, crews will exit the area until they are out of harm’s way and don SCBA and PPE until reentering the scene.
- c. The OIC will notify the Battalion Chief and dispatch of the current condition, location, and any other pertinent information.
- d. The CO detector is designed to operate at all times, monitoring the immediate area. The detector is disposable and generally last 2-3 years.
- e. A brief calibration test will be performed by crews each morning, during morning checkout. A description of calibration/testing procedures is listed below.

3. INSTRUCTIONS:

- a. Activate the Detector-If the gas detector is being turned on for the first time then follow the directions below.
 1. Move to a normal atmosphere (20.9% O₂) that is free from hazardous gas.
 2. Press and hold the push button for 5 seconds.
 3. The detector beeps and vibrates once.
 4. The LEDs flash once.
 5. The detector performs a self test. This may take several minutes.

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6. When self test is successful, the detector beeps and vibrates once. The detector then displays the Detector Life-Remaining Clock.
 7. **NOTE: Once the detector is activated, it cannot be deactivated except after a battery life-ending alarm.**
- b. **Self-Test-** Will be performed each morning at during vehicle checkout. The detector will display a reminder that a self-test is needed every 22 hours.
1. Make sure self-test is performed in a hazardous gas free atmosphere.
 2. Press and hold button for 1 second.
 3. Confirm that the following tests are performed:
 - a. The detector beeps and vibrates once.
 - b. The LEDs flash once.
 - c. The LCD displays all elements.
 - d. The LCD flashes **TEST** while sensor integrity and battery life are tested.
 - e. The LCD displays low and high alarm set points.
 - f. If an alarm has occurred in the last 24 hours, the LCD displays the maximum gas exposure value and hours that have elapsed since the exposure. All exposures must be relayed to the OIC, Battalion.
 - g. The LCD flashes Prn and Wi-Fi symbol.
- c. **Self-Test Fail-** If self-test fails, the detector beeps five times and LEDs flash before LCD displays a blank screen. The LCD then returns to the normal operation screen and displays **Test**. Repeat self-test.
1. If self-test fails 3 consecutive times, the LCD displays a blank screen and deactivates.
 2. Notify your OIC and Battalion if the detector deactivates and they will provide a replacement.
- d. **Detector Life-Remaining Clock**
1. The detector life-remaining clock counts down the amount of operating time remaining in months, then days, then hours.
 2. Personnel will notify the OIC when 2 month remaining is displayed on the LCD, so replacements can be made available.

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3. The detector will alarm when the clock reads 0 hours remaining. The detector continues normal operation for 8 hours.

e. Intentional Abuse or Exposure to Gases

1. The intentional exposure of gases to the unit is prohibited unless a certified calibration gas is used by an authorized technician.

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Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To established a guideline for the care and maintenance of personal protective equipment for structural firefighting.

This guideline is to be followed by all personnel. Any deviation must have the approval from the Fire Chief.

The following guideline is established to provide a program for the proper selection of protective ensembles and elements used by this organization for structural firefighting and the intent is to minimize the safety and health risks associated with poorly maintained, contaminated or damaged protective equipment.

2. PROCEDURE:

2.1 Administration and Guidelines

The established guideline shall comply with NFPA 1851, the Standard on Selection, Care and Maintenance of Structural Fire Fighting Protective Ensembles, 2014 edition. The manufacturer requirements of the protective ensembles shall also be reviewed.

a. Selection Committee:

The Department's designated Safety Committee shall oversee the authorization/ selection of structural firefighting ensemble. The Assistant Fire Chief or his/her designee will be responsible for the care, maintenance and record keeping of the Department's personal protective equipment.

b. Contract Resources

If this organization elects to utilize contract resources for specific parts of this program, the contractor shall substantiate to the committee that it has been recognized by the manufacturer to perform:

- Cleaning
- Repair
- Modifications

The contractor shall also identify to the committee any limitations placed by the manufacturer as a condition of recognition.

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2.2 Training Requirements

a. Inspections

Routine Inspection

- All members who have been issued a protective ensemble or ensemble elements shall be trained to perform a Routine Inspection as directed in this document.
- A member of this organization who has already been trained by the manufacturer's representative may perform training.

Advanced Inspection

- Selected members of this organization shall be trained to perform Advanced Inspections as directed by this guideline.
- The manufacturer or manufacturer's representative of each element shall train selected members and training shall be documented.
- Each member who is assigned to perform the advance inspections must attend on-line or classroom training by the manufacture.

b. Cleaning

Routine Cleaning

- All members of this organization who have been issued a protective ensemble or ensemble elements shall be trained to perform a Routine Cleaning as directed in this guideline.
- A member of this organization who has already been trained will perform training.

Advanced Cleaning

- Selected members of this organization will be trained to perform Advanced Cleaning as directed by this guideline.
- The manufacturer or manufacturer's representative of each element shall train selected members and training shall be documented.

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Specialized Cleaning

- Selected members of this organization shall be trained to perform Specialized Cleaning as directed by this document.
- The manufacturer or manufacturer's representative of each element shall train selected members and training shall be documented.

c. Repair

- The manufacturer's representative will perform all repairs or a resource recognized by the manufacturer of the protective ensemble.

2.3 After-Market Modifications and Alterations

- a. No after-market modifications or alterations of any type to any ensemble or ensemble element unless authorized by the manufacturer. This includes but is not limited to hooks, patches, snaps, belts, paint, decals, etc.

2.4 Manufacturer's Instructions

- a. Where the manufacturer's instructions regarding care and maintenance deviate from this guideline, the manufacturer's instructions shall supersede in all cases.
- b. When issuing new ensembles or ensemble elements, this organization shall provide its members with applicable parts of this document and, a copy of the manufacturer's instructions on care, use, maintenance, limitations and, warnings.

2.5 Limiting Exposure to Soiled or Contaminated Ensembles or Ensemble Elements

- a. Ensembles or ensemble elements that are determined to be soiled or contaminated shall be removed from service, placed in an airtight container and transported to Fire Station 45 to be cleaned or decontaminated.
- b. At no time shall members of this organization transport or store soiled or contaminated ensembles or ensemble elements in department living areas, department apparatus, personal vehicles, or personal place of residence.
- c. At no time shall members of this organization unnecessarily expose themselves, family, other members of this organization, or the public to ensembles and ensemble elements that have been soiled or contaminated.

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- d. The committee shall also become familiar with federal and state OSHA regulations as well as section 2.5 and A.2.5 of NFPA 1851 Standard on Selection, Care, and Maintenance of Structural Fire Fighting Ensemble, and NFPA 1581 Standard on Fire Department Infection Control Program with regards to soiled or contaminated ensembles.

2.6 Terminology and Definitions

The following terms with definitions are recognized by NFPA and may be found in this document or others created in support of this document:

- **Accessories:** Those items that are attached to an ensemble or ensemble element but designed in such a manner to be removable from the ensemble or the element and that are not necessary to meet the requirements of the standard. Such accessories include, but are not limited to, utility belts, harnesses, backpacks, tools, tool packs, radios, radio packs, suspenders, lights, and heat sensing devices.
- **Biological Agents:** Biological materials that could be capable of causing a disease or long-term damage to the human body.
- **Body Fluids:** Fluids produced by the body including, but not limited to, blood, semen, mucus, feces, urine, vaginal secretions, breast milk, amniotic fluids, cerebrospinal fluid, synovial fluid, and pericardial fluid.
- **Carcinogen/Carcinogenic:** A cancer-causing substance which is identified in one of several published lists.
- **Care:** Procedures for cleaning, decontamination, and storage of protective clothing and equipment.
- **Certification/Certified:** A system whereby a certification organization determines that a manufacturer has demonstrated the ability to produce a product that complies with the requirements of a specific standard(s), authorizes the manufacturer to use a label on listed products that comply with the requirements of that standard(s), and establishes a follow-up program conducted by the certification organization as a check on the methods the manufacturer uses to determine compliance with the requirements of that standard(s).

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- **Char:** The formation of a brittle residue when material is exposed to thermal energy.
- **Cleaning:** The act of removing soils and contaminants from ensembles and elements by mechanical, chemical, thermal or combined processes.
 - **Advanced Cleaning:** The thorough cleaning of ensembles or elements by washing with cleaning agents.
 - **Contract Cleaning:** Cleaning conducted by a facility outside the organization that specializes in cleaning protective clothing.
 - **Routine Cleaning:** The light cleaning of ensembles or elements performed by the end user without taking the elements out of service.
 - **Specialized Cleaning:** Cleaning to remove hazardous materials or biological agents.
- **Coat:** A protective garment; an element of the protective ensemble designed to provide minimum protection to upper torso and arms, excluding the hands and head.
- **Contamination/Contaminated:** The process by which ensembles and ensemble elements are exposed to hazardous materials or biological agents.
- **Coverall:** A protective garment; an element of the protective ensemble configured as a single-piece garment and designed to provide minimum protection to the torso, arms, and legs, excluding the head, hands, and feet.
- **Craze:** The appearance of fine cracks in surface of helmet shell or other smooth surface of an element.
- **Cross Contamination:** The transfer of contamination from one item to another or to the environment.
- **Crown:** The portion of the helmet that covers the head above the reference plane.
- **Crown Straps:** A helmet term for the part of the suspension that passes over the head.

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- **Decontamination:** The act of removing contaminants from ensembles and ensemble elements by a physical, chemical, or combined process. (See also *Cleaning, and Specialized Cleaning.*)
- **Disinfectant:** An agent that destroys, neutralizes, or inhibits the growth of harmful biological agents.
- **Ear Covers:** An integral part of the helmet designed to provide limited protection for the ears. Provides no significant thermal protection.
- **Elasticity:** The ability of an ensemble or element, when repeatedly stretched, to return to its original form as applied to wristlets and hoods.
- **Elements:** The parts or items that comprise the protective ensemble. The protective ensemble elements are coats, trousers, coveralls, helmets, gloves, footwear, and interface components.
- **Embrittlement:** The hardening of a textile material that makes the ensemble or element or a textile material susceptible to easy fracture.
- **Emergency Medical Operations:** The delivery of emergency medical care and transportation prior to arrival at a hospital or other health care facility.
- **Energy Absorbing System:** A material, suspension system, or combination thereof incorporated into the design of the helmet to attenuate impact energy.
- **Ensemble:** Multiple elements of clothing and equipment designed to provide a degree of protection for fire fighters from adverse exposures to the inherent risks of structural fire fighting operations and certain other emergency operations. The elements of the protective ensemble are coats, trousers, coveralls, helmets, gloves, footwear, and interface components.
- **Faceshield:** A helmet component intended to help protect a portion of the wearer's face in addition to the eyes, not intended as primary eye protection.
- **Field test:** The non-laboratory evaluation of one or more protective ensemble elements used to determine product performance related to organizational expectations or to compare products in a manner related to their intended use.
- **Fit:** The quality, state or manner in which the length and closeness of clothing, when worn, relates to the human body.

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- **Flame Resistance/Resistant:** The property of a material whereby the application of a flaming or non-flaming source of ignition and the subsequent removal of the ignition source results in the termination of combustion. Flame resistance can be an inherent property of the material, or it can be imparted by specific treatment.
- **Footwear:** An element of the protective ensemble designed to provide minimum protection to the foot, ankle, and lower leg.
- **Functional/Functionality:** The ability of an ensemble or element or component to continue to be utilized for its intended purpose.
- **Garment(s):** The coat, trouser, or coverall elements of the protective ensemble designed to provide minimum protection to the upper and lower torso, arms, and legs, excluding the head, hands, and feet.
- **Gauntlet:** The circular, flared, or otherwise expanded part of the glove that extends beyond the opening of the glove body.
- **Gear Manager:** Internet based software program for electronic records management of personal protective equipment.
- **Gloves:** An element of the protective ensemble designed to provide minimum protection to the fingers, thumb, hand, and wrist.
- **Glove Wristlet:** The circular, close-fitting part of the glove, usually made of knitted material, that extends beyond the opening of the glove body.
- **Goggles:** A helmet component intended to help protect the wearer's eyes and a portion of the wearer's face, not intended as primary eye protection.
- **Hardware:** Non-fabric components of the structural firefighting protective ensemble including, but not limited to, those made of metal or plastic.
- **Hazardous Materials:** Any solid, liquid, gas, or mixture thereof that can potentially cause harm to the human body through respiration, ingestion, skin absorption, injection, or contact.
- **Hazardous Materials Emergencies:** Incidents involving the release or potential release of hazardous chemicals into the environment that can cause loss of life, personnel injury, or damage to property and the environment.

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- **Helmet:** An element of the protective ensemble designed to provide minimum protection to the head.
- **Hood:** The interface component element of the protective ensemble designed to provide limited protection to the coat/helmet/SCBA facepiece interface area.
- **Integrity:** The ability of a ensemble or element to remain intact and provide continued minimum performance.
- **Interface Area:** An area of the body where the protective garments, helmet, gloves, footwear, or SCBA facepiece meet (i.e., the protective coat/helmet/SCBA facepiece area, protective coat/protective trouser area, the protective coat/glove area, and the protective trouser/footwear area).
- **Liner System:** The combination of the moisture barrier and thermal barrier as used in a garment.
- **Maintenance:** Procedures for inspection, repair, and retirement of protective clothing and equipment.
- **Manufacturer:** The entity that assumes the liability and provides the warranty for the compliant product.
- **Melt:** A response to heat by a material resulting in evidence of flowing or dripping.
- **Moisture Barrier:** The portion of the composite designed to prevent the transfer of liquids.
- **Organization:** The entity that provides the direct management and supervision for the emergency incident response personnel.
- **Outer Shell:** The outermost layer of the composite with the exception of trim, hardware, reinforcing material and wristlet material.
- **Protective Ensemble:** Multiple elements of clothing and equipment designed to provide a degree of protection for fire fighters from adverse exposures to the inherent risks of structural firefighting operations and certain other emergency operations. The elements of the protective ensemble are coats, trousers, coveralls, helmets, gloves, footwear, and interface components.

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- **Reinforcement:** An additional layer placed in or on an element.
- **Retirement:** The process of permanently removing an element from emergency operations service in the organization.
- **Seams**
 - **Major A Seams:** Outermost layer seam assemblies where rupture could reduce the protection of the garment by exposing the inner layers such as the moisture barrier, the thermal barrier, the wearer's station/work uniform, other clothing, or skin.
 - **Major B Seams:** Moisture barrier or thermal barrier seam assemblies where rupture could reduce the protection of the garment by exposing the next layer of the garment, the wearer's station/work uniform, other clothing, or skin.
 - **Minor Seams:** Seam assemblies that are not classified as Major A or Major B seams.
- **Selection:** The process of determining what protective clothing and equipment is necessary for protection of fire and emergency service responders from an anticipated, specific hazard, or other activity, the procurement of the appropriate protective clothing and equipment, and the choice of the proper protective clothing and equipment for a specific hazard or activity at an emergency scene.
- **Separate:** A material response evidenced by splitting or delaminating.
- **Service Life:** The period for which a ensemble or element is useful before retirement.
- **Shall:** Indicates a mandatory requirement.
- **Shank:** Reinforcement to the area of protective footwear designed to provide additional support to the instep.
- **Should:** Indicates a recommendation or that which is advised but not required.
- **Soiled/Soiling:** The accumulation of materials, that are not considered hazardous materials or biological agents, but which could degrade the performance of the ensemble or element.

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- **Stress Areas:** Those areas of the garment that are subjected to more wear, including but not limited to, crotches, knees, elbows, and shoulders.
- **Suspension:** A helmet term for the energy attenuating system made up of the headband and crown strap.
- **Tensile Strength:** The force at which a fiber or a fabric will break.
- **Thermal Barrier:** The portion of protective ensemble or element composite that is designed to provide thermal protection.
- **Trim:** Retro-reflective and fluorescent material attached to the outermost surface of the protective ensemble or element for visibility enhancement.
- **Trouser:** A protective garment. An element of the protective ensemble that is designed to provide minimum protection to the lower torso and legs, excluding the ankles and feet.
- **Universal Precautions:** An approach to infection control in which human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- **Units:** In this standard, values for measurement are followed by an equivalent in parentheses, but only the first stated value shall be regarded as the requirement. Equivalent values in parentheses shall not be considered as the requirement, as these values might be approximate.
- **Utility Sink:** A separate sink used for cleaning ensembles and ensemble elements.
- **Winter Liner:** A garment term for an optional component layer designed to provide added insulation against cold.
- **Wristlet:** An interface component element of the protective ensemble that is the circular, close-fitting extension of the coat sleeve, usually made of knitted material, designed to provide limited protection to the protective coat/glove inter-face area.

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3. RECORD KEEPING

a. All record keeping will be maintained and stored on an electronic data collection program. This record keeping system complies with NFPA 1851.

b. At a minimum, the following data shall be recorded:

- Person to whom element is issued
- Date and condition when issued
- Manufacturer and model name or design
- Manufacturer's identification number, lot number, or serial number
- Month and year of manufacture
- Date of and findings of Advanced Inspection (required at least every 12 months)
- Date of Advanced Cleaning (required at least every 6 months)

- Date of Specialized cleaning (required when decontamination is necessary)
- Reason for Advanced Cleaning or Specialized Cleaning and who performed the task
- Date of repairs, who performed repairs, and brief description of all repairs
- Date of retirement
- Date and method of disposal

c. Records shall be maintained until the element is retired and disposition has occurred. Records shall be kept for at least 12 months past retirement of the employee.

4. SELECTION

a. Risk Assessment

The Battalion Chief of Administration or his /her designee shall initiate a risk assessment with the goal of establishing the appropriate needs for the personal protective equipment of the organization on an annual basis.

The risk assessment shall consider the following:

- Climate
- Field elevation
- Expected low & high temperature
- Average day and night temperatures
- Average winds
- Average humidity
- Types of incidents responding to

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- Frequency of use of ensembles
- Organization's operational strategy and tactics
- Past experiences
- Other issues deemed important

The Assistant Fire Chief, or his /her designee shall have the option to contact manufacturers or vendors to field test other protective ensembles and evaluate their equipment for technology changes and organizational needs.

b. Purchase Specifications

1. Purchase specifications are intended to translate the findings of the Department that identifies the performance and design requirements of the ensemble or ensemble elements as well as every aspect of this organizations needs and expectations.
2. The purchase specifications shall incorporate at least the following information:
 - The governing regulations each element is to comply with.
 - Language required by the purchasing department.
 - Any language requiring manufacturers' to substantiate, to the committee's satisfaction, compliance with the purchase specification.
 - Language detailing a pre-bid conference, if deemed necessary.
 - Language requiring bid samples be submitted, if deemed necessary.
 - Language providing for disposition of bid samples at the conclusion of the selection process.
 - Language indicating that an inspection of received products will be completed prior to final acceptance of all orders.
 - Language detailing the procedures for returning unsatisfactory products.
 - Language detailing performance demands such as delivery, sizing, training, etc.
 - Language detailing any penalties for failure to comply with the specifications.
 - Garment outer shell fabric, weight and, color.
 - Garment thermal liner/moisture barrier composite.
 - Garment trim type and configuration.
 - Garment closure system.
 - Garment wristlet system.
 - Hood fabric and face opening criteria.
 - Glove composite, gauntlet or wristlet (wristlet fabric).
 - Helmet material, color, retention system, trim configuration, trim color, ear coverings, and eye protection.
 - Boot composite.
 - The various options that are being added to each element.

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- Language detailing specific construction criteria for each element.
- Intergovernmental cooperative purchasing contracts.

5. INSPECTION

General Information

The purpose of the inspection process is to determine the serviceability of the ensemble and the ensemble elements by identifying damage that, if left unnoticed, could result in a failure of that element.

- Prior to initiating an inspection, the ensemble and ensemble elements shall be evaluated for soiling and contamination.
- If the ensemble or ensemble elements are found to be soiled or contaminated, the inspection processes shall be suspended until the ensemble and its elements have been clean or decontaminated. .
- The inspection criteria shall be in a “GO” or “NO GO” criteria.
- Elements that are found to be damaged shall be immediately removed from service and evaluated by the fire officer responsible for protective ensembles, who is specially trained to determine if the element is to be repaired or retired.

Inspections shall be classified as Routine Inspection and Advanced Inspection.

5.1 Routine Inspection

- Routine Inspection is the responsibility of each member of this organization who has been issued a protective ensemble or ensemble elements.
- Routine Inspections shall be completed after each use, after exposure to an event that could have resulted in damage to the element or, as warranted.
- This organization encourages each member to conduct a routine or brief inspection prior to the start of each duty day.

5.2 Advanced Inspection

- Members of this organization who have been trained by the manufacturer or manufacturer’s representative shall conduct advanced Inspections.

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- b. Contract Resources may also perform advanced Inspections, provided they meet all manufacturers' requirements.
- c. Advanced Inspections shall be performed at least every 12 months with the findings documented on an electronic data collection program, which is utilized by this organization.
- d. An Advanced Inspection shall also be completed when a Routine Inspection identifies a potential problem.
- e. This organization also requires an Advanced Inspection to be completed prior to any element being returned to service from Advanced Cleaning, Specialized Cleaning or Repair.

5.3 Routine Inspection Procedures

The Routine Inspection shall include the following, minimum criteria:

Jacket and Trouser

- Soiling, contamination or physical damage such as rips, tears, and cuts
- Damaged/missing hardware and closure systems
- Thermal damage such as charring, burn holes, and melting
- Damaged or missing reflective trim

Hood

- Soiling or contamination
- Physical damage such as rips, tears, and cuts
- Thermal damage such as charring, burn holes, and melting
- Loss of face opening adjustment

Helmet

- Soiling or contamination
- Physical damage to the shell, such as cracks, crazing, dents, soft spots, and abrasions
- Thermal damage to the shell such as bubbling, soft spots, warping, or discoloration
- Physical damage to the ear flaps such as rips, tears, and cuts
- Thermal damage such as charring, burn holes, and melting
- Damaged or missing components of the suspension and retention systems

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- Damaged or missing components of the face shield/goggle system, including discoloration, crazing, and scratches to the face shield/goggle lens limiting visibility
- Damaged or missing reflective trim

Gloves

- Soiling or contamination
- Physical damage such as rips, tears, and cuts
- Thermal damage such as charring, burn holes and melting
- Inverted liner
- Shrinkage
- Loss of elasticity/flexibility

Footwear

- Soiling or contamination
- Physical damage such as cuts, tears, and punctures
- Thermal damage such as charring, burn holes, and melting
- Exposed/deformed steel toe, steel midsole, and shank
- Loss of water resistance
- Closure system component damage and functionality

6. CLEANING

6.1 General Information

- a. This organization shall provide a means of having soiled and contaminated ensemble and ensemble elements cleaned and decontaminated.
- b. UNIVERSAL PRECAUTIONS shall always be utilized when handling soiled and contaminated elements.
- c. The manufacturer of the element shall be contacted anytime there is a question regarding cleaning or decontaminating.
- d. Cleaning shall be classified as Routine Cleaning, Advanced Cleaning and Specialized Cleaning.

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6.2 Routine Cleaning

- a. Routine Cleaning is the responsibility of each member of this organization who has been issued a protective ensemble or ensemble elements.
- b. Routine Cleaning shall be completed following an event that results in soiling or contamination to the element or, as warranted.

6.3 Advanced Cleaning

- a. Members of this organization who have been trained as per Chapter 1, Section 4, Training Requirements, of this document, shall conduct advanced Cleaning.
- b. Contract Resources may also perform advanced Cleaning, provided they adhere to all manufacturer requirements.
- c. Advanced Cleaning shall be performed at least annually and the findings documented as per Chapter 2.
- d. An Advanced Cleaning shall also be completed when a Routine Cleaning fails to render the elements sufficiently clean.
- e. This organization also requires Advanced Cleaning to be completed prior to any element being submitted for Advanced Inspection.

6.4 Specialized Cleaning (Hazardous Material Exposure)

- a. Universal precautions shall be observed when handling elements known or suspected to be contaminated with hazardous materials or biological agents.
- b. Ensembles or ensemble elements that are known or suspected to be contaminated shall be isolated, tagged, bagged and removed from service under the supervision of the senior fire ground commander or his designate.
- c. Contract Resources may also perform specialized Cleaning, provided they adhere to all manufacturer requirements.
- d. If a Contract Resource is utilized, contaminated elements shall be shipped in accordance with federal, state, and local regulations.

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- e. Upon completion of Specialized Cleaning, the elements shall be inspected for effectiveness of cleaning and, if necessary, cleaning process is to be repeated.

6.5 General Cleaning Guidelines

- a. Universal precautions shall be used.
- b. Water temperature shall not exceed 105 degrees Fahrenheit.
- c. Commercial dry cleaning shall not be used as a means of cleaning or decontaminating ensembles and ensemble elements unless approved by the manufacturer of the ensemble or ensemble element.
- d. **Chlorine bleach or chlorinated solvents shall never be used to clean or decontaminate ensembles or ensemble elements.**
- e. Cleaning solutions shall have a pH range of not less than 6.0 pH and not greater than 10.5 pH.
- f. To prevent structural damage to the ensemble or ensemble element, heavy scrubbing or spraying with high velocity water jets, such as a power washer, shall not be used.
- g. **Protective ensembles and ensemble elements shall be cleaned separately from non-protective items. Non protective ensemble items (clothing, household articles, etc.) shall not be washed with protective ensemble items.**
- h. To prevent damage to components and cross contamination, the shells and liners of protective garment elements shall be separated and cleaned with like items (shells with shells and liners with liners, etc.).

6.7 Routine Cleaning Procedures

- a. Universal precautions shall be used.
- b. In establishing a Routine Cleaning guideline, the fire officer responsible for the care and maintenance of protective ensembles shall examine the manufacturer's label and user information provided by the manufacturer, for the instructions on cleaning the ensemble or ensemble element.

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c. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:

- When possible, initiate cleaning at the incident scene.
 - Brush off any dry debris.
 - Gently rinse off debris with a water hose.
 - If necessary, scrub gently with a soft bristle brush and rinse off again.
- If necessary, spot clean utilizing procedures for Utility Sink.
- Inspect for soiling and contamination, and repeat process or submit for Advanced Cleaning.

6.8 Advanced Cleaning Procedures

- a. Universal precautions shall be used.
- b. In establishing an Advanced Cleaning guideline, the committee shall examine the manufacturer's label and user information provided by the manufacturer, for the instructions on cleaning the ensemble or ensemble element.
- c. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:
- Brush off any dry debris.
 - Clean utilizing procedures for:
 - Utility Sink Cleaning
 - Machine Cleaning.
 - Contract Resources
 - Inspect for soiling and contamination, and repeat process or submit for Specialized Cleaning.

6.9 Specialized Cleaning Procedures

- a. Universal precautions shall be used.
- b. Where elements are known or suspected of being contaminated with a hazardous material or biological agent, an attempt shall be made to identify the contaminant or suspected contaminant.

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- c. When the contaminant has been identified, this organization shall consult the manufacturer of the contaminant for an appropriate decontamination agent and process.
 - d. In addition, the manufacturer of each element shall also be contacted for approval of the recommended agent and process.
 - e. If the contaminate can not be identified or a cleaning solution found, the ensemble or ensemble elements shall be disposed of following federal, state, and local guidelines.
 - f. For ensembles or ensemble elements that have been soiled with body fluids the following process shall be used:
 - Contact the manufacturer or follow the provided manufacturer’s instructions to determine appropriate disinfectant to use.
 - Clean following
 - Utility Sink Cleaning
 - Machine Cleaning
 - Contract Resource
 - Inspect for effectiveness of cleaning, and repeat process and repeat process if necessary.
1. Cleaning Procedures for Garment Element using Utility Sink
 - a. The following procedures shall be used when cleaning in a utility sink:
 - Wear protective gloves and eye/face splash protection
 - Fill the sink with water not to exceed 40° C (105° F).
 - Add cleaning solution or detergent (liquid is recommended)
 - If necessary, pre-treat heavily soiled or spotted areas.
 - Do not overload the sink.
 - Scrub gently using a soft bristle brush.
 - Use extra care with moisture barrier assemblies.
 - Drain the water from the sink.
 - Refill the sink; agitate gently using gloved hand or stir stick.
 - Gently wring out garments and drain the water from the sink.
 - Repeat the rinse steps until garment is thoroughly rinsed.
 - Dry the elements.
 - Rinse out the sink.

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2. Cleaning Procedures for Garment Element using Machine Washer

a. The following procedures shall be used for machine cleaning:

- Load machine with no more than three jackets and pants and select “Program 30”. Select “Program 29” for liners. Maximum of ten liners may be washed at any given time.
- Press “start”. Machine is preset for automatic operation by manufacturer of extractor.
- Detergent is automatically dispensed.
- If biohazard contamination is suspected, manually add eight ounces of disinfectant as machine fills.
- Do not overload the machine.
- If necessary, pre-treat heavily soiled or spotted areas.
- Fasten all closures, including pocket closures, hook and loop, snaps, zippers, and hooks, etc.
- Remove items upon completion of all cycles and air-dry the elements.
- Inspect and rewash if necessary.

c. Drying Procedures for Garments

1. In establishing a Drying guideline, the committee shall examine the manufacturer’s label and user information provided by the manufacturer, for the instructions on drying the ensemble or ensemble element.
2. In the absence of the manufacturer’s instructions or manufacturer’s approval of alternative procedures, the following cleaning procedure shall be used:
 - For air drying:
 - Place elements in a clean, dry, well ventilated area.
 - Do not dry in direct sunlight.
 - For machine drying:
 - Machine drying will not be permitted.

d. Helmet Cleaning Procedures

1. Wear protective gloves and eye/face splash protection.
2. The committee shall examine the manufacturer’s label and user information provided by the manufacturer, for the instructions on cleaning the helmet element.

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3. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:

- Helmets shall not be machine cleaned or dried.
- Helmet shells, headbands, crown straps, ear covers, suspension systems, and all other components shall be hand washed using a Utility Sink.
- The manufacturer shall be consulted if stronger cleaning agents are required.
- No solvents shall be used to clean the face shield or goggle.
- The manufacturer shall be consulted when more thorough cleaning of the face shield or goggle is necessary.

e. Hood Cleaning Procedures

1. Wear protective gloves and eye/face splash protection
2. The committee shall examine the manufacturer's label and user information provided by the manufacturer, for the instructions on cleaning the hood element.
3. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:
 - The Hood shall be cleaned following
 - Utility Sink Cleaning
 - Machine Cleaning
 - Contract Resource
 - Hoods shall be dried in accordance with the provisions identified in Drying Procedures

f. Glove Cleaning Procedures

1. Wear protective gloves and eye/face splash protection.
2. The committee shall examine the manufacturer's label and user information provided by the manufacturer, for the instructions on cleaning the glove element.
3. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:

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- Gloves shall be cleaned following
 - Utility Sink Cleaning
 - Machine Cleaning
 - Contract Resource
- Gloves shall be dried in accordance with the provisions identified in Drying Procedures with the exception of no heat setting shall ever be used.

g. Footwear Cleaning Procedures

1. Wear protective gloves and eye/face splash protection. The committee shall examine the manufacturer's label and user information provided by the manufacturer, for the instructions on cleaning the glove element.
2. In the absence of the manufacturer's instructions or manufacturer's approval of alternative procedures, the following cleaning procedure shall be used:
 - Footwear shall not be machined washed
 - Footwear shall be cleaned following
 - Utility Sink Cleaning
 - Contract Resource
 - Footwear shall be air dried in a clean, dry, well-ventilated area.
 - Footwear shall not be machine dried.

7. REPAIRS

Due to the complex nature of repairs and the liability associated with making them, this organization shall use Contract Resources to facilitate all repair work as well as alterations and modifications.

8. ISSUING AND STORAGE

a. Issuing

1. The ensemble or ensemble elements that are to be issued shall be inspected to confirm they are in a serviceable condition.
2. The ensemble or ensemble element shall be properly fitted to the member receiving the equipment.
3. Member shall receive adequate training for the donning, doffing, limitations, care and, maintenance of each element.

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4. The member shall receive a copy of the manufacturer's instructions, if available, for each element and, a copy of this standard operating guideline.
5. All training shall be documented upon completion of the care and maintenance, limitations and the proper donning of each element.

b. Short Term Storage

1. Ensembles or ensemble elements that are issued but not in use shall be stored or transported as follows:
 - Not exposed to direct sunlight
 - Not exposed to long term UV producing lights
 - Not kept in airtight containers
 - Ensemble elements shall not be stored or transported where they can be contaminated with fluids, solvents, fuels, fuel vapors or other contaminants
 - Ensemble elements shall not be stored or transported in compartments or trunks where they can be damaged by other tools or equipment
 - Soiled or contaminated elements shall be handled properly as outlined in this guideline.

c. Long Term Storage

1. Ensembles or ensemble elements that are not issued shall be stored as follows:
 - Not exposed to direct sunlight
 - Not exposed to long term UV producing lights
 - Not kept in airtight containers except when new and never issued
 - Ensemble elements shall not be stored where they can be contaminated with fluids, solvents, fuels, fuel vapors or other contaminants
 - Ensemble elements shall not be stored in compartments or trunks where they can be damaged by other tools or equipment
 - Ensemble elements shall not be stored at temperatures below -40c or above 82c.
 - Storage area shall be clean, dry and, well ventilated
 - Ensemble elements shall be clean and dry before being placed into storage

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9. RETIREMENT and DISPOSITION

a. Retirement

1. Ensembles or ensemble elements shall be retired and removed from service when they are worn or damaged to the extent that they can no longer be repaired, decontamination is not possible or cost prohibited.
2. A member of this organization who has received specialized training in the inspection and repair of ensembles and ensemble elements shall determine retirement.
3. A Contract Resource can also make recommendations for retirement however; final determination shall be made by fire officer responsible for our protective ensembles, which has received specialized training in the inspection and repair of ensembles and ensemble elements.

b. Disposition

1. Ensembles or ensemble elements that have been retired shall be destroyed or disposed of in such a manner that prevents their use in firefighting or other emergencies.
2. Ensembles or ensemble elements that have been retired, but are still serviceable may be used for training provided that the training does not involve live fire-fighting.
3. Retired ensembles or ensemble elements that are used for training shall be marked in such a way that would prevent their being used for live firefighting.

c. Procedures for Events Involving Injury or Death

1. Upon the removal of the ensemble or ensemble elements from the employee, the incident commander, who is on scene shall take custody of each element.
 - Universal precautions shall be utilized before handling any element involved in the event.
 - The incident commander shall act to preserve each element from unnecessary handling and further damage
 - The incident commander shall document the time and circumstances as soon as possible.

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- The incident commander shall secure each element and maintain custody until turned over to a police officer and held as evidence.
- Each element shall be secured in a paper bag or cardboard box and sealed with tamper proof tape by a police officer.
- At no time shall elements be placed in an airtight container, except when contaminated with a hazardous material.
- Custody of each element shall be maintained until the investigation or litigation is concluded.

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Advanced or Specialized Cleaning must be completed prior to initiating Advanced Inspection.

Issued To:
Inspected By:

Manufacturer		DOM (mm/yy)
Model/Style		S/N or ID #
Final Results	GO	NO GO - (RETIRED mm/yy)

JACKET	GO	NO GO	Concern	Corrected Date
Proper Fit				
Proper Overlap w/Trouser				

JACKET SHELL	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Hardware Integrity				
Hardware Functionality				
Flame /Heat Damage				
Stitching/Seam Integrity				
Fabric Integrity				
Wristlet Integrity.				
Reflective Trim for Function				
Reflective Trim Integrity				
Label Integrity				
Label Legibility				
Hook & Loop Cleanliness				
Hook & Loop Integrity				
Liner Attachment Functionality				
Closure System Functionality				
Accessory Integrity				
After Market Accessories Compliant and Authorized				

JACKET LINER SYS.	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Flame /Heat Damage				
Stitching/Seam Integrity				
Quilt Stitching Integrity				
Fabric Integrity				
Shifting of Liner Fabric				
Moisture Barrier Sean Sealing Tape				
Moisture Barrier Leak Test (Puddle Test)				
Label Integrity				
Label Legibility				
Hook & Loop Cleanliness				
Hook & Loop Integrity				
Liner Attachment Functionality				
Accessory Integrity				
After Market Accessories Compliant and Authorized				

NOTES:

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TROUSER - ADVANCED INSPECTION RECORD

Advanced or Specialized Cleaning must be completed prior to initiating Advanced Inspection.

Issued To:
Inspected By:

Manufacturer		DOM (mm/yy)
Model/Style		S/N or ID #
Final Results	GO	NO GO - (RETIRED mm/yy)

TROUSER	GO	NO GO	Concern	Corrected Date
Proper Fit				

TROUSER SHELL	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Hardware Integrity				
Hardware Functionality				
Flame /Heat Damage				
Stitching/Seam Integrity				
Fabric Integrity				
Wristlet Integrity.				
Reflective Trim for Function				
Reflective Trim Integrity				
Label Integrity				
Label Legibility				
Hook & Loop Cleanliness				
Hook & Loop Integrity				
Liner Attachment Functionality				
Closure System Functionality				
Accessory Integrity				
After Market Accessories Compliant and Authorized				

TROUSER LINER SYS.	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Flame /Heat Damage				
Stitching/Seam Integrity				
Quilt Stitching Integrity				
Fabric Integrity				
Shifting of Liner Fabric				
Moisture Barrier Sean Sealing Tape				
Moisture Barrier Leak Test (Puddle Test)				
Label Integrity				
Label Legibility				
Hook & Loop Cleanliness				
Hook & Loop Integrity				
Liner Attachment Functionality				
Accessory Integrity				
After Market Accessories Compliant and Authorized				

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HOOD - ADVANCED INSPECTION RECORD

Advanced or Specialized Cleaning must be completed prior to initiating Advanced Inspection.

Issued To:
Inspected By:

Manufacturer		DOM (mm/yy)
Model/Style		S/N or ID #
Final Results	GO	NO GO - (RETIRED mm/yy)

HOOD	GO	NO GO	Concern	Corrected Date
Proper Fit				

HOOD	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Flame /Heat Damage				
Stitching/Seam Integrity				
Fabric Integrity				
Fabric for Excessive Stretch				
Excessive Wear				
Face Opening for Excessive Stretch				
Label Integrity				
Label Legibility				

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GLOVES - ADVANCED INSPECTION RECORD

Advanced or Specialized Cleaning must be completed prior to initiating Advanced Inspection.

Issued To:
Inspected By:

Manufacturer		DOM (mm/yy)
Model/Style		S/N or ID #
Final Results	GO	NO GO - (RETIRED mm/yy)

GLOVES	GO	NO GO	Concern	Corrected Date
Proper Fit				

GLOVES	GO	NO GO	Concern & Location	Corrected Date
Rips, Tears, Cuts, Etc.				
Flame /Heat Damage				
Stitching/Seam Integrity				
Fabric Integrity				
Wristlet Integrity.				
Excessive Shrinkage				
Loss of Flexibility				
Liner Attached & Not Inverted				
Label Integrity				
Label Legibility				

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Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To established a guideline for the care and maintenance of personal protective equipment for structural firefighting.

The following guideline is established to provide a program for the proper selection of Self Contained Breathing Apparatus elements used by this organization for respiratory protection and the intent is to minimize the safety and health risks associated with poorly maintained, contaminated or damaged protective equipment.

The established guideline shall comply with NFPA 1851, the Standard on Selection, Care and Maintenance of Structural Fire Fighting Protective Ensembles, 2014 edition. The manufacturer requirements of the protective ensembles shall also be reviewed.

2. PROCEDURE: Administration and Guidelines

a. Selection Committee:

The Department's designated Safety Committee shall oversee the authorization/selection of structural firefighting ensemble. The Assistant Fire Chief or his/her designee will be responsible for the care, maintenance and record keeping of the Department's personal protective equipment.

b. Contract Resources

If this organization elects to utilize contract resources for specific parts of this program, the contractor shall substantiate to the committee that it has been recognized by the manufacturer to perform:

- Testing
- Repair
- Warranty work
- Modifications

The contractor shall also identify limitations placed by the manufacturer as a condition of recognition.

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c. Inventory

All SCBA inventory is assigned to specific locations including vehicles or personnel.

3. TRAINING

- a. Firefighters wearing respiratory protection shall be trained in proper use, cleaning and maintenance. No firefighter shall wear respiratory protection without training as specified in this document. Training in the use of respiratory protection shall be done in two phases. Each new firefighter will be given initial training before using respiratory protection and annual training thereafter.
- b. New Recruit Training - Initial training is to be provided during the Fire Fighter I Course at a State approved training academy. No firefighter is to use respiratory protection unless training has been successfully completed. Firefighters trained at other than a state approved fire academy must be certified as trained by the Safety Officer or designees before wearing an SCBA.
- c. Annual Training - On-going training shall be provided to all firefighters of the Department. Each firefighter must pass a face piece fit-test during initial and annual training. Appendix B of this program contains the fit-test protocol and example fit-test record. At a minimum, the following topics are to be covered in the SCBA training.
 - Why the SCBA is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
 - What the limitations and capabilities of the SCBA are.
 - How to use the SCBA effectively in emergency situations, including situations where the SCBA malfunctions.
 - Instruction on recognizing medical signs and symptoms that may limit or prevent the effective use of the SCBA.
 - How to inspect, put on and remove, use, and check the seals of the SCBA.
 - What the procedures are for maintenance, and storage of the SCBA.

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- The general requirements of the Respiratory Protection Standard.
- d. Fill Station Training - SCBA cylinders will be filled only by firefighters who have completed fill station training. Retraining will be provided annually. Initial and annual fill station training shall include:
- Procedures for inspecting the SCBA cylinder for damage.
 - Information to ensure that the cylinder has the proper hydrostatic test date.
 - Information to ensure that composite cylinders older than 15 years are not refilled and are removed from service.
 - Procedures for safely operating the fill station.
 - Information on the importance of using at least grade D air.
 - Information on the consequences of cylinder failure.
 - The manufacturer's instructions for the fill station.
 - Record keeping requirements, Cascade Fill Station Log.
- e. Non IDLH Training Only Air packs - Air packs will be available for all non-IDLH training. These air packs will be identified as such by the fluorescent paint on the backpack frame.

Any employee wanting to check out an air pack for outside department demonstrations or training evolution in a "Non IDLH" environment, can do so by requesting permission from Fire Administration via email. An SCBA technician will assign a pack for the event. Training air packs will be used for outside department demonstrations.

4. RESPIRATOR FITTING AND SEAL CHECK

Each firefighter must pass a face piece fit-test during initial and annual training.

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- a. Inspection Before Use - When using SCBA, each firefighter shall select and wear the correct size face piece as determined by initial and annual fit testing. A firefighter shall not wear respiratory protection unless the proper size face piece is available and the equipment is in proper working condition according to the manufacturer's specifications.
- b. Effective Seal Required - An effective face-to-face piece seal is extremely important when using respiratory protective equipment. Minor leakage can allow contaminants to enter the face piece, even with a positive pressure SCBA. Any outward leakage will increase the rate of air consumption, reducing the time available for use and safe exit. The face piece must seal tightly against the skin, without penetration or interference by any protective clothing or other equipment.

Nothing can be between the sealing surface of the mask and the face of the wearer, including but not limited to, eyeglasses, protective hoods, and beards or other facial hair.

Firefighters shall perform a seal check prior to every SCBA use. SCBA can only be worn when an adequate seal is achieved. (NOTE: the required seal check procedures are found in Appendix B-1 of the Respiratory Protection Standard.

5. INSPECTION, STORAGE, MAINTENANCE AND AIR SUPPLY

- a. Inspection - Regular periodic inspections are required to ensure that all respiratory protection equipment is properly operating and available for use.

Inspection Schedule

- All SCBA and spare cylinders shall be inspected before and after each use and at least monthly. Guidelines for inspection are in the manufacturer's instructions and NFPA 1852 is found in Appendix A of this program.
- After each inspection, the appropriate forms (see Appendix E) shall be completed. SCBA units determined to be unfit for use shall be taken out of service, and "RED" tagged and a repair request form filled out and emailed to the SCBA Repair Team, see Section 8 Repair Request.
- In the event replacement or repair of SCBA components is necessary, it shall be performed according to manufacturer's instructions and only by persons trained and certified by the manufacturer or returned to a certified service facility.

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- Firefighters will not subject SCBA units to unnecessary abuse due to neglect and/or carelessness. Caution must especially be exercised to protect the face piece section of the mask from being scratched or damaged. Each Firefighter has been issued a fleece lined, mask bag for storage, when not in use.
 - Each SCBA shall be cleaned and disinfected after each use. Only cleaning/sanitizing solutions for respiratory equipment will be used for cleaning and disinfection. (NOTE: the required SCBA cleaning procedures are found in Appendix B-2 of the Respiratory Protection Standard.
 - SCBA cylinders shall be hydrostatically tested within the period specified by the manufacturer and applicable governmental agencies. Composite cylinders must be tested every five (5) years. Composite cylinders will be removed from service after 15 years from the first hydrostatic test date.
- b. Storage - All units shall be stored so that they are protected against direct sunlight, dust accumulation, severe temperature changes, excessive moisture, fumes, and damaging chemicals. Care is to be taken so that the means of storage does not distort or damage rubber or elastomeric components.
- c. Air Supply - Breathing air in the SCBA cylinder shall meet the requirements of the Compressed Gas Association G-7.1-'13, COMMODITY SPECIFICATION FOR AIR, with a minimum air quality of Grade D. The Fire Department shall ensure that private vendors supplying compressed breathing air provide a copy of the most recent inspection and certification.
- Records of testing will be maintained digitally in the database management software and a hard copy file. The results of the quarterly testing will be posted at both the fill station and the compressor as required by NFPA and CGA.
 - The purity of the air from the Fire Department's air compressor shall be checked by a competent laboratory quarterly.
 - The Fire Department shall assure that sufficient quantities of compressed air are available to refill SCBA for all emergencies. In the event that the department's air compressor is out of service than this can be accomplished through mutual aid with Winter Park or Orange County Fire Department.
 - Air cylinders for SCBA shall be filled only by personnel who have completed fill station training. Compressed oxygen shall not be used in open-circuit SCBA.

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6. TESTING

The following tests will be completed either by a certified contractor or department certified SCBA technicians:

- a. Mask fit tests will be complete annually on every combat firefighter
- b. SCBA flow test will be complete annually on every in-service SCBA air pack
- c. Cascade air quality tests will be complete quarterly

7. MEDICAL EVALUATION

A medical evaluation to determine the firefighter's ability to wear a SCBA will be provided. Only firefighters that are medically able to wear SCBA will be allowed to do so.

8. RECORDKEEPING

- a. The SCBA repair program manager will maintain the following reports:
 - Completed SCBA inspection forms
 - Air quality tests records/results
 - Completed fit test records for each combat firefighter
 - SCBA training records
 - Fill station training records
- b. Inventory information will be stored in the Fire Program database and backed-up on USB drive. Each inventory component will have a hard paper file containing maintenance, inspection and location information. These records will be kept in the SCBA Repair Room.

The information for each unit must include:

- Date the unit was first placed in service.
- Dates for required inspections along with name of the person who conducted the inspection.
- Dates for each use of the SCBA – training exercise or fire incident, along with the name of the user.
- Information regarding repairs to unit and manufacturer upgrades, etc.
- Date the unit was permanently removed from service.

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9. REPAIR REQUEST

- a. SCBA Repair Procedures - Department personnel must be able to identify those repairs to an SCBA unit that they can make and the signs that indicate an SCBA should be removed from service and examined by a certified technician.
- b. Personnel will follow the manufacturer's recommendations that are included in the operational manual, online at the manufacturer's website, and in the department's initial and annual training on the unit. All issues shall first be reported to OIC and/or Battalion Chief as directed by current SOP's.
- c. SCBA Repair Team - The technician receiving the equipment will fill out the bottom of the repair request form.

When the unit returns from being repaired, include the following information before putting the unit back in service:

- Date and time unit was received.
- Description of the repairs made to the unit, the name of the technician who worked on the unit, and the name of the company that employs the technician.
- Inspection of the unit to ensure that the necessary repairs have been made and that the unit is now functioning properly.
- Date and time unit was placed back in service.

The person responsible for conducting the inspection/repair on the SCBA will be responsible for documenting that the inspection was completed as required.

10. PROGRAM EVALUATION

- a. Evaluation Requirements - The effectiveness of the SCBA program shall be evaluated and corrective actions taken to ensure the respiratory protection program is properly implemented. The fire department will regularly consult with firefighters to assess their views on the effectiveness of the program and to identify any problems. The evaluation will ensure:
 - Procedures for purchasing of approved equipment are in place;
 - All firefighters are being properly fitted with respiratory protection;
 - All firefighters are properly trained;
 - The proper equipment, cleaning, inspection, and maintenance procedures are implemented;
 - The required records are being kept;

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- Changes are implemented to correct deficiencies.
- b. Program Monitoring - Periodic monitoring of the respiratory protection program is necessary to ensure that all firefighters are adequately protected. Random inspections shall be made by the Assistant Fire Chief or designee to ensure that the provisions of the program are being properly implemented.

Appendix A - Respirator Fit Test Record

Date: (of fit test) _____

Firefighter: _____ MT# _____

SCBA Manufacturer: _____

Model: _____ Mask # _____

Face piece Size

Small _____ Medium _____ Large _____

Conditions which could affect respirator fit:

- Clean Shaven Facial Scar Dentures Absent
- 1 -2 Day Beard Growth 2+ Day Growth
- Moustache Glasses Haircut Side Burns

Comments: _____

Fit Test Protocol Used _____

Pass Fail

Comments: _____

_____.

FIT Tester _____ Last Calibration Date _____

Employee Acknowledgment of Test Results:

Employee Name (Print): _____

Employee Signature _____

Date: _____

Test Conducted By (Print :): _____

(Signature): _____

Appendix B – Procedure for Cleaning Respirators

Procedures for Cleaning Respirators

- Remove any obvious dirt from the external surfaces of the components using SCOTT recommended sanitizing or the approved sanitation solution with a sponge or soft cloth.
- Remove filters, cartridges, or canisters if applicable.
- Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild liquid dish detergent or with approved sanitation solution. The approved sanitation solution must be used if disinfecting the mask or component. If using approved sanitation solution, allow the component to sit 5 – 10 minutes after spraying.
- Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. No other cleaning agents are to be used other than listed within policy. Bleach or products containing bleach or chemicals are NOT to be used with SCBA equipment including masks, cylinders, and air packs.
- Components should be hand-dried with a clean lint-free cloth or air-dried. If air drying components, you must clean ambient air or class D or better breathing certified air for pressurized air.
- Reassemble face piece, replacing filters, cartridges, and canisters where necessary.
- Regulators are to be sanitized and cleaned prior to each shift when users share regulators with the approved sanitation solution.
- Inspect the inside of the regulator assembly through the regulator opening. If excessive dirt or soil is present, take air pack out of service, Label with Red Tag and forward to Maitland's SCBA technicians for a thorough cleaning.
- Depress the donning/air saver switch; close the purge knob by turning fully clockwise. Use the SCOTT recommended sanitizing or disinfecting cleaner in the regulator opening and the immediate area around the opening. Be sure to cover internal components completely.
- Allow 10 minutes of contact time for sanitizing or disinfecting before rinsing. Rinse the regulator with drinking water using a spray bottle or gently running tap water.
- Shake excess water out of regulator. Completely air dry the regulator before use. Test the respirator to ensure that all components work properly.

Appendix C – Fill Station Log

Fill Station Log

Date_____ Time_____ Employee (print)_____
Employee (signature)_____ Shift_____ Station_____
____Number of Cylinders filled Compressor turned off Regulator Released
 Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____
Employee (signature)_____ Shift_____ Station_____
____Number of Cylinders filled Compressor turned off Regulator Released
 Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____
Employee (signature)_____ Shift_____ Station_____
____Number of Cylinders filled Compressor turned off Regulator Released
 Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____
Employee (signature)_____ Shift_____ Station_____
____Number of Cylinders filled Compressor turned off Regulator Released
 Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____
Employee (signature)_____ Shift_____ Station_____
____Number of Cylinders filled Compressor turned off Regulator Released
 Banks filled before leaving Compressor Drain Opened prior to starting

Appendix D – SCBA Inspection Record

SCBA Inspection Checklist							
Type of Check: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> After Use							
Checked by: _____							
Date: _____							
SCBA PAK# _____		Regulator # _____		Reducer# _____			
Cylinder# _____		Hydro Date _____					
Harness Check				Mask Check		Pass	Fail
Conditions of Straps	<input type="checkbox"/>	<input type="checkbox"/>	Pass Regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buckles	<input type="checkbox"/>	<input type="checkbox"/>	Exhalation Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back plate	<input type="checkbox"/>	<input type="checkbox"/>	General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O-Ring in Place	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Pressure Hose		<input type="checkbox"/>	<input type="checkbox"/>				
Low Pressure Hose	<input type="checkbox"/>	<input type="checkbox"/>					
Operational Check							
Bottle Condition	<input type="checkbox"/>	<input type="checkbox"/>					
Cylinder Pressure (PSI)	<input type="checkbox"/>	<input type="checkbox"/>					
Harness Gauge	<input type="checkbox"/>	<input type="checkbox"/>					
Pressure	<input type="checkbox"/>	<input type="checkbox"/>					
Pressure Function	<input type="checkbox"/>	<input type="checkbox"/>					
Bypass Function	<input type="checkbox"/>	<input type="checkbox"/>					
Pack Alarm	<input type="checkbox"/>	<input type="checkbox"/>					
PASS Device	<input type="checkbox"/>	<input type="checkbox"/>					
COMMENTS							
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

Appendix E – SCBA Mask Record

SPARE MASKS	
Number	Condition

M-	

SPARE CYLINDERS					
Number	Condition	Number	Condition	Number	Condition

Engine 45 and Quint 47

Driver
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

OIC
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Right Jump
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Left Jump
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Spare
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Rescue 45 and 47

Driver
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Passenger Cylinder level _____ Regulator Sanitized _____

Appendix F - Technician Repair Log

Appendix G – SCBA Technician Repair/Calibration Log

Date and Time Unit Received _____ Technician _____

MFD# _____ Mask Cylinder Airpak Fill Station

Compressor Possi Check Mask FIT Tester

Assigned Location _____ Technician Signature _____



Repair Request

Our Family Helping Yours

Date: [Enter date]
 Time _____
 [Name]
 Shift
 Station

Maitland #	Description of component (Cylinder, Airpak, Mask, Fill Station, Compressor)	Assigned to	OIC
Replaced with Maitland#	Detailed Description of Problem and location of equipment		

Description of Repairs _____

Warranty Yes No Cost of Repair _____ Sent to Fisher OHD Scott

Inspected after Repairs and log into SCBA Inspection Log Book

Date and Time Back In-Service _____ Flow Tested Yes No

Date and Time Unit Received _____ Technician _____

MFD# _____ Mask Cylinder Airpak Fill Station

Compressor Possi Check Mask FIT Tester

Assigned To _____ Technician Signature _____

Description of Repairs _____

Warranty Yes No Cost of Repair _____ Sent to Fisher OHD Scott

Inspected after Repairs and log into SCBA Inspection Log Book

Date and Time Back In-Service _____ Flow Tested Yes No

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Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide specific tactical level procedures used by the Incident Commander (IC) and followed by all members operating on the incident scene to secure strategic objectives by deploying and directing resources in a safe and effective manner.

2. PROCEDURE:

2.1 Establishing Command

- a. The first fire department Officer or Acting Officer to arrive at the scene of an alarm shall normally establish Command and take all necessary actions required to satisfy the functions of the IC until relieved of command or until the incident is mitigated and command is terminated.
 - At minor incidents such as routine EMS and auto accidents, the Officer in Charge (OIC) will use his/her unit designation for communications purposes, and shall be responsible to perform all Command functions.
- b. When the first officer to arrive is part of a Company (Engine or Quint) the Officer may deploy his/her crew appropriately and remain outside and establish a command or pass command to the next arriving officer.
 - Passing Command - If the situation warrants immediate actions that cannot be safely accomplished without the Officer, the Officer may elect to pass command to the next arriving officer and join his/her crew. The officer shall advise the dispatcher that he/she is passing command and reports the actions the crew is taking. The Dispatcher shall immediately advise the next due officer.

Examples of actions taken by the first arriving Engine Company:

- **3-person engine arrives first:** The preferred method of entry shall be that the first arriving officer pass command and enter the structure guiding their personnel to make the initial fire attack.

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Providing the rescue arrives simultaneously with the first arriving engine the officer may establish command and stay outside with the driver operator and become the 2-out. Two or three firefighters (one or two from the rescue) shall enter the structure to attack the fire.

- **Sole 4-Person engine arrives first:** 1 Firefighter and the Engineer can stay out and become the 2-Out. The Officer and the other Firefighter enter the structure to attack the fire and start the primary search. To comply with the 2-Out, the Engineer would be required to bunker out, don his/her SCBA and be immediately available to initiate rescue efforts.
 - **Investigation Mode** – These situations generally require investigation by the first arriving unit. Normally, the officer should go with his/her company to investigate while utilizing the portable radio to maintain Command. This is not an acceptable mode when there is a known IDLH.

2.2 Command Post (CP)

- a. The standard Command Position for the IC should be a stationary one located close to the entry point of the building with a view of two sides of the building if possible. The IC shall report the location of the CP, and any changes to that location to the dispatcher who shall announce the location on the radio. A Command vehicle should be utilized as the Command post when parking is available.
- b. One or more persons should be assigned to the CP to assist with accountability and resource tracking at all greater alarm incidents, where available.
- c. The IC shall utilize the appropriate command board(s) to track personnel and other resources as required.
- d. As a minimum ensemble, the IC shall identify himself/herself by wearing a helmet and Incident Commander's vest or bunker coat.

2.3 Transferring Command

- a. This procedure should be performed face-to-face and shall include information about unit locations and assignments, what tactics have been implemented, and any recommendations to the new IC.

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- b. The transfer of command is not complete until the Officer assuming command announces, “I have command,” and the locations and actions of assigned personnel are updated on the appropriate Command Board. The Officer assuming command shall notify the dispatcher that he/she has command ie: “Battalion-45 has command,” and the dispatcher shall announce: “Command Transferred to Battalion-45.”
- c. The arrival of a ranking chief officer on the fire ground does not mean that Command is automatically transferred to that officer.

2.4 Arrival Report

- a. The first unit or member on the scene shall provide a brief arrival report on the radio that includes:
 - Radio ID on the scene
 - Brief description of the building or event (number of floors, construction and occupancy type)
 - Description of situation found as seen when pulling up; i.e., nothing showing; fire showing from 2nd floor window Quadrant-D Side-A; white laminar smoke showing from open door 1st floor Side-A.
 - Announce the establishment of Command and location of the CP or the passing of command.
 - Initial actions to be taken
 - Announce mode of operations Offensive Operations, Defensive Operations or Investigative Mode
 - Request additional resources or reduce responding resources as needed.

2.5 Size-Up

The IC shall be responsible to see that a proper size-up is conducted on all incidents which shall include:

- a. A physical observation of all sides of the building or complex (may be done by Command or delegated)

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- b. Review of any Pre-Fire Plans
- c. Consideration of all known and unknown conditions relating to the operations and safety of both members operating at the incident as well as any civilians involved.

2.6 Staging

Arriving units will report to the scene or stage based on the following direction, unless directed otherwise by Command.

- a. Level-1 Staging: The default staging level until a level-2 staging area is initiated.
 - Chief Officers and EMS Officers shall report directly to the scene unless directed otherwise.
 - First arriving pumping unit reports to the scene
 - Second arriving unit shall normally establish a water supply unless otherwise directed by the IC.
 - All other first alarm units respond to the scene and report directly to the command post for assignment unless otherwise directed by the IC.
- b. Level-2 Staging: Formal location(s) designated by Command for all greater alarm units to report to and await assignment.
 - Chief Officers and EMS Officers shall report directly to the scene unless directed otherwise.
 - The first officer to arrive at staging will become the Staging Officer and manage the staging process until formally replaced.
 - Units in staging should park in a unified manner that facilitates their immediate deployment, or allows their vehicle to remain unmoved should the crew be deployed on foot. If vehicles are staged in the street, they should be parked on the same side of the street, and Law Enforcement requested to provide traffic control.
 - Crews shall remain with their vehicle for a rapid deployment.

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- Units at staging and enroute may be assigned to a non-fire ground radio channel. The staging officer shall monitor both the staging channel and the fire ground channel when this occurs.

2.7 Risk Management

- a. The following Risk Management principles shall be utilized by the Incident Commander:
 - Activities that present a significant risk to the safety of members shall be limited to situations where there is a potential to save endangered lives
 - Activities that are routinely employed to protect property shall be recognized as inherent risks to the safety of members, and actions shall be taken to reduce or avoid these risks.
 - No risk to the safety of members shall be acceptable when there is no possibility to save lives or property.
- b. The incident commander shall evaluate the risk to members with respect to the purpose and potential results of their actions in each situation.
- c. In the situations where the risk to fire department members is excessive, as defined above, activities shall be limited to defensive operations.

2.8 Incident Action Plan (IAP)

A verbal or written plan that establishes the overall strategic decisions and assigned tactical objectives for the incident.

- a. The Incident Commander shall be responsible for developing and/or approving an IAP. The plan shall be communicated to all staged and assigned members at an incident.
- b. The IAP shall include such key strategic decisions as offensive verse defensive operations, as well as include any tactical level or task level assignments in support of achieving the strategic level objectives.

2.9 Modes of Operations

The IC shall determine which mode of operation members will be operating in and communicate that direction to everyone staged and assigned to the incident.

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- a. Investigative Mode – Actions that are intended to determine if there are any emergency conditions requiring the services of the fire department. This mode of operation is only used when there are no known IDLH atmospheres.
- b. Offensive Operations – Actions generally performed in the interior of involved structures that utilize a direct attack on a fire to control and extinguish the fire.
- c. Defensive Operations – Actions that are intended to control a fire by limiting its spread to a defined area, avoiding the commitment of personnel and equipment to dangerous areas.
 - No member shall enter any building or hazardous area that has been designated by Command as defensive operations for any reason unless approved by Command. Once designated, this mode does not change even after the fire is out, unless approved by Command.
- d. Command may authorize both Defensive and Offensive modes when members are operating in large or multiple buildings, in which case Command must ensure adequate supervision for the safety of all the crews operating in the different modes.

2.10 Organizational Structure

The incident Commander shall develop an organizational structure to effectively manage the incident utilizing the following:

- a. The basic components of the Command structure include four levels:
 - Strategic Level – Incident Command
 - Control Level – Section Chiefs
 - Tactical Level – Divisions and Groups
 - Task Level – Unit, Companies and Crews
- b. The most basic structure for a routine incident involves only two levels. The role of Command combines the strategic, control and tactical levels. Companies report directly to Command and operate at the task level.

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- c. In more complex situations, Command will group crews to work in Divisions and Groups. These supervisors operate at the tactical levels, directing the work of several crews within their divisions or groups. Command continues to operate at the strategic level, determining and directing the overall strategy to deal with the incident.
- d. The development of the Operations Section Chief at the control level is normally reserved for very large incidents involving 20 or more companies or crews.
- e. When assigned, Divisions and Groups shall be identified on the radio by the following standards:
 - Geographical Assignments
 - o Division-A (Side-A of the building or area)
 - o Division-1 (first floor of a building)
 - o Roof Division
 - o Lobby Division
 - o Basement Division
 - Functional Assignments
 - o Staging Group
 - o Ventilation Group
 - o Medical/Rehab Group (Unit if under Logistics Section Chief)
 - o Extrication Group
 - o Evacuation Group
 - o Search and Rescue Group

2.11 Tactical Priorities

The following bench marks represent critical functions that need to be satisfied at most fire incidents in order to mitigate the emergency. Command will be required to promptly assign and direct resources to accomplish each function based on the specific needs of the incident. Those functions and associated completions include:

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- a. Command must decide, based on the size-up and available resources, which actions will need to be accomplished and in which order. Life safety is always the first priority. The following represents the primary priorities listed in order of importance Command must follow:
- Search, Rescue and Ventilation – The activities required to find, protect, remove, and/or treat the occupant(s) while introducing clean fresh air in the area to improve the occupant(s) chances of survival as well as improve the conditions for the rescuers to operate in.
 - Fire Control – The activities required to locate, contain, control, and extinguish the fire.
 - Property Conservation – The activities required to stop or reduce additional loss to property.

2.12 Search, Rescue and Ventilation

- a. Search, rescue and ventilation are the top priority for the IC on a fire incident. It must be conducted as soon as possible on all fire scenes where entry is possible and when there is a possibility of saving a life. Search and rescue is so important, that it may be conducted prior to establishing a 2-out. This is only permissible when a known life safety conditions exists. Our goal is to protect all occupants and maintain rescuer safety.
- b. With the threat of fire conditions rapidly worsening, locating and controlling the fire may be the best way to support search and rescue efforts. In most cases, stopping the spread of the fire will leave more areas in the building where occupants may survive and provide rescue crews with more time to find them. The primary search should be started at the same time as the fire attack, unless rescue crews are able to safely conduct it sooner. The fire attack crew(s) should assist in conducting a primary search when possible as they move through the building to locate the fire.
- c. Any search crew exposed to fire conditions shall be protected by a hand line, if possible.
- d. Search crews shall utilize a safety guide rope, search line, or hose line when operating in any commercial building, or large area to provide a means to find their way out.

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- e. Crews entering for search and rescue shall utilize the most appropriate search pattern (left or right hand) that affords them the quickest means to locate the seat of the fire and search back towards their entry point. Exceptions shall be reported to Command or the Sector Officer.
- f. Search crews shall be comprised of a minimum of two personnel. Depending on the area to be searched, it may be advisable that one person maintains a position at the entry point of the room, while one rescuer conducts the actual search. This technique requires the two rescuers to maintain verbal contact at all times.

2.13 Ventilation

- a. Providing prompt and effective ventilation is critical in most fires to improve the interior conditions encountered by crews entering for search and rescue, and fire control, as well as for any occupants trapped. Proper ventilation can also reduce the spread of a fire.
- b. Command must approve all ventilation efforts.
- c. The different types of ventilation include:
 - Positive Pressure Ventilation (PPV) – The use of a gas driven fan to pressurize the building and force the smoke and heated gases out.
 - Vertical Ventilation – Usually involves crews on a roof cutting a hole directly over the fire, or opening up skylights, vents, or other natural openings.
 - Horizontal Ventilation – The opening of windows, doors or walls at the same level as the fire.
- d. Positive Pressure Ventilation (PPV) is a very effective method to ventilate the interior of a structure by introducing a rapid flow of fresh air at a single entry point and controlling the exit of heated smoke and gases at or near the area involved in fire. Before starting PPV, the following must be completed:
 - Command approves the use of PPV
 - Interior crews are informed when ventilation is started
 - The effects of the ventilation are carefully observed so it can be stopped if it has negative impact on the fire control, search and rescue or the safety of members operating in the structure.

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- Have a charged hose line ready to attack the fire, if not already in use
 - Provide an exit opening at or near the fire area by opening or breaking a window or opening a door.
 - Providing additional openings will reduce the effectiveness of PPV and the breaking or opening of additional windows and doors should be avoided unless needed to directly support a rescue or fire attack.
- e. Vertical ventilation requires crews to operate on the roof of the structure involved in fire which is inherently dangerous given the possibility of roof collapse. Considering the fact that most buildings have wood truss roof systems, a rapid collapse of a roof under attack by a fire should be anticipated. Because of this, crews will not be allowed to operate on any truss roof that is exposed to fire.
- Crews should never operate on the roof of any house or apartment building with an involved attic fire for purposes of ventilation or fire attack. Attic fires can be vented by opening up gable vents or gable ends from the safety of a ladder when gables are present.

2.14 Incident Scene Safety

- a. A Safety Officer shall be assigned by Command at all incidents involving a first alarm assignment or greater and at any incident involving hazardous materials or special operations.
- b. At any incident involving hazardous materials or special operations, a technical Safety Officer with the technical certification(s) being used shall be assigned, in addition to the incident scene Safety Officer.
- c. The Safety Officer has the authority to alter, suspend or terminate any unsafe practice. The Safety Officer must notify command of action taken.

2.15 Interior Operations

- a. Members operating in IDLH atmospheres or other hazardous areas shall operate in crews of two or more and shall be in communication with each other through visual, audible, or physical means or safety guide rope, in order to coordinate their activities.
- b. Crews operating in the interior of a structure involved in a fire shall wear full protective clothing and utilize SCBA at all times until Command authorizes a change.

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- Prior to crews being authorized to remove their SCBA masks, Command will see that a proper air monitoring test is completed and the following conditions are met:
 - o CO Level below 35 PPM
 - o Oxygen level above 19.5
 - o Free of visible smoke and particles
- c. Company Officers shall maintain an ongoing awareness of the location and condition of all company members. Where assigned as a company, members shall be responsible to remain under the supervision of their assigned Company Officer.
- d. All interior crews operating in an IDLH atmosphere shall utilize a TIC when possible. Command will be informed by any crew entering without a TIC.
- e. Members of a hose crew shall utilize the hose line as a means to find their way out of the building with at least one member remaining in contact with the hose line, while all members maintain communications as defined in 2.15a.
- f. Crews operating in the interior of a building or any hazardous area shall have a minimum of one portable radio per Firefighter.

2.16 Communications

- a. All members shall utilize clear text, or plain language while communicating over the radio.

3. REFERENCES:

National Incident Management System (NIMS) March 1, 2004; NFPA 1500

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Function	Completion Report
Primary Search	All Clear
Secondary Search	Secondary Search Complete
Fire Control	Fire located in Quadrant-A
	Water on the fire
	Fire contained or Exposure protected
	Fire knocked down
	Fire out
Ventilation	PPV started, Roof vented, Gable vented, Window vented
Overhaul	Overhaul complete
Property Conservation	Salvage complete
Water Supply	Sustained water supply established
	Tanker hooked up
	Tanker shuttle established
Secondary Egress	Secondary means of egress established Side-B, Quadrant-B

Basic Offensive Plan

1. Take command
2. Do primary search
3. First line – fast, aggressive, interior attack
4. Second line – back-up first/cover internal exposure and react
5. Pump water
6. Provide support activities
7. Quickly evaluate success

Many times offensive/defensive conditions are clear cut and Command can quickly develop a decision that relates to that mode. In other cases, the situation is marginal and Command must

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must 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 an extended time. Command must be aware and responsive to such mode changes.

Command must consider the most dangerous direction of fire extension particularly as it affects rescue activities, confinement efforts, and exposure protection. Command must then allocate resources based upon the fire spread evaluation. Always have plan “B” mind (think about where will this fire be in 5 minutes).

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**. Companies must take special precautions to prevent “candle moth” syndrome, where the company is drawn to the fire and willing to make a direct attack from the involved side of the building. This will generally drive the fire, smoke and heat back into the building, hindering rescue efforts and decreasing survivability of victims. Damage to the structure is also dramatically increased in these cases. Initial attack efforts must be directed toward supporting the primary search, if possible the attack line should be between the victims and the fire to protect avenues of escape.

Determine fire location and extent before starting fire operations, if possible. Avoid operating fire streams into smoke unless it is utilized for room temperature regulation. Command cannot lose sight of the very simple and basic fire ground reality that at some point the fire forces must engage the fire and fight. Command must structure whatever operations are required to put the **WATER ON THE FIRE**. The rescue/fire control/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. Command must establish an attack plan that overpowers the fire with actual water application. Where fires involve concealed spaces (attics, ceiling areas, construction voids, etc.) these areas must be opened and fire streams operated into them. 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.

The attack plan must take into consideration the seven sides of a structure: top, bottom, front, back, both sides and the interior. The plan must concentrate on the most dangerous directions and avenue of fire extension and provide a means to stop the fire in that direction. The remaining sides are then considered in order of danger.

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Defensive Operations

1. Take command
2. Evaluate fire spread/write off lost property
3. Identify key tactical positions
4. Prioritize fire streams
5. Provide big, well-placed streams
6. Pump water
7. Quick determination on addition resources
8. Surround and drown

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. Communications Center will sound alert tones and repeat the Emergency Traffic message. The Incident Commander will in addition, designate one unit to operate their air horn device for a period of approximately 15 seconds with 10 short blasts. Command will then complete a PAR.

Interior lines will be withdrawn (or abandoned if necessary) and repositioned when changing to a defensive mode. Lines should be backed away to a position, which will protect exposures. The first priority in a defensive operation is to protect exposures. The second priority may be to knock down the main body of the 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. When the exposure is severe and water is limited, the most effective tactic is to put the water on the exposure, once the 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 guidelines should be employed.

The completion of bringing the fire under control is reported utilizing a radio report of **“FIRE UNDER CONTROL”**. It is the responsibility of Command to transmit this report to dispatch. This time will be recorded by 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.

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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure for the handling of a fire incident involving fire and or significant smoke conditions in High-Rise Structures over seven stories or 75-feet in height to be handled in the jurisdiction of the Maitland Fire Rescue Department (MFRD).

Ensure that a strong, direct, and visible command will be established from the onset of the incident.

Establish an effective organization, defining the activities and responsibilities assigned to the incident commander and to other individuals operating within the Incident Command System.

Use the applicable sections of this SOG for fires in Low-Rise Structures between four and seven stories in height with a high life safety risk.

2. PROCEDURE:

2.1 Responsibilities of Command:

- a. Remove endangered occupants and treat the injured.
- b. Stabilize the incident and provide for life safety.
- c. Conserve property.
- d. Provide for the safety, accountability and welfare of personnel. This prior is ongoing throughout the incident.

2.2 Immediate Priorities:

- a. Identify the fire floor.
- b. Provide for an initial fire attack and search and rescue operations on the fire floor with at least three Companies.
- c. Provide for the life safety of persons in immediate danger.

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- d. Evacuate the occupants as necessary.
- e. Provide water supply for the initial attack.
- f. Establish Lobby and Accountability (Passport) Control.
- g. Make a size-up of the fire floor and the floor above.
- h. Identify which stairwell is going to be used as an Attack Stairwell and which stairwell is going to be used as the Evacuation Stairwell.
- i. Begin to establish support systems (staging, resources, etc.).

2.3 Unit Assignments:

- a. The Incident Commander should realize that considerable smoke or fire in these structures would require more resources than responding on the initial standard alarm. When necessary additional alarms or resources should be called as soon as possible when managing these incidents.
- b. The Incident Commander can and should change these assignments at their discretion based on the dynamics of the incident. Situations may dictate that you will need all hands up on the fire floors. The basic initial Groups, Divisions or single unit assignments under Command that need to be made are the Fire Floor Division, In-building staging area, Fire Control Room, Lobby Division, Entry Control Point Under Lobby Division, Accountability, RIT Group and FDC functions. More assignments can be made as resources arrive.
- c. Once an Entry Point is established, all units shall enter and exit through the Entry Point or Remote Entry Points unless an emergency evacuation is announced. Crews will enter through an entry control point, if established, then go directly to the person in-charge of the group or division they are assigned.
- d. All units will report to Command for their initial assignment prior to entering the building unless Command directs otherwise.
- e. Before the initial crews leave the lobby they should try and determine the fire location by reports from occupants and information from the Fire Alarm Enunciator panel. They shall travel two floors below the lowest activated fire protection device such as smoke detectors, heat detectors, water flow detectors, etc, to set-up their operation.

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- f. Units responding on greater alarms should not request incoming orders, but instead report their arrival and stage appropriately.
- g. First Arriving Engine: (High-rise Equipment, Fire Phone Set (if available) and TIC)
- Establish Command in the Lobby/First Floor area, identify and announce the Location of Command.
 - Establish and report the Entry Control Point; gather the building's master keys, Fire Phones, guest lists, etc.
 - The Engineer may be assigned to the Fire Control Room to rapidly report his or her findings from the enunciator panel(s). The Engineer shall make periodic updates to command as to the status of the fire protection and building systems.
 - Gather size-up information to determine the extent of the incident and request additional resources if necessary.
 - Once the transfer of Command is made with the Chief Officer, this crew may be assigned as the Lobby Division.
 - Passing of Command: If the First arriving Engine officer decides to investigate the situation, he/she will announce the passing of command to the next arriving officer and proceed with those duties outlined below in place of the second arriving engine.
- h. Second Arriving Engine: (High-rise Equipment, Fire Phone set and TIC)
- Report to Command
 - During a working fire incident, the entire crew should proceed to a point two floors below the reported fire floor or incident. Crews should review this floor layout, if it is similar to the reported fire floor. Observe compartmentalization features, room numbers, standpipe connections, stairwells, elevators, points of refuge and egress, etc.
 - Proceed to the fire floor, via the stairwell, and determine the plan of attack by locating the source of fire and smoke, Identifying and reporting the floors affected and quickly checking the floor above the fire.

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- Determine and report the affects of the smoke and fire on the occupants and what areas or floors will require evacuation.
 - Crews should use the internal Fire Phone system (when available) to establish a communication link with the Fire Control room and relay size-up information to Command. Phone sets should be the primary means to communicate between Divisions and/or Groups and Command when possible.
 - When a hose line is deployed, it should be done from the stairwell and connected to the standpipe system one floor below the fire floor.
 - If the first arriving Engine Company passes Command, be prepared to establish Command on arrival and perform those duties outlined above in place of the first arriving Engine.
- i. First Arriving Rescue: (Medical, Fire Phone Set & Forcible Entry Equipment)
- Report to Command
 - Establish 2-Out located one floor below the fire floor.
 - The rescue crew should review the floor layout one floor below the fire floor to acquaint themselves with the exits points, hallways, standpipe connections, etc. Crews should check for and report on any smoke or fire conditions found.
- j. First Arriving Truck: (Forcible Entry, Fire Phone Set, Air Monitoring & TIC)
- Report to Command
 - If the Truck Company arrives ahead of any other officer, they will follow the appropriate sections of this EOP regarding command as covered in First Arriving Engine.
 - Command should assign the Truck Company crew to either an elevated means of egress, ventilation or to assist the crews on the fire floor with forcing doors, search and rescue while checking for fire extension using the thermal imager.

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- k. Third Arriving Engine: (High-rise Equipment, Fire Phone set, RIT Equipment and TIC)
- Report to Command
 - Be prepared to assume the first RIT Group.
 - Join the Rescue crew (2-Out) and establish a RIT, located one floor below the fire floor if conditions warrant.
 - Evaluate exits, stairwells, standpipes, means of egress, points of refuge, etc.
- l. First Arriving Chief Officer:
- Assumes Command
 - Sets up the Command Post (CP) and announces the location on the radio. The CP should be located in an area not subject to falling debris, inside the lobby/First floor area or at least 200 feet from the structure. Any changes in location will be announced on the radio.
 - Request additional resources according to the needs of the incident.
 - Determine early on what the evacuation needs are and confirm they are being managed.
 - Make sure the following initial benchmarks are being addressed and/or completed if necessary:
 - Ensure the Immediate Priorities (page one) are being addressed.
 - Ensure adequate resources are available on the fire floor to safely investigate the problem and stretch an initial hose-line and conduct search and rescue operations, as required.
 - Provide for the evacuation of the occupants in areas that are being threatened by smoke or fire.
 - Assign a Safety Officer.
 - Assign a Fire Floor Division during working incidents.

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- Rapid Intervention Team RIT Group is established.
 - The Entry Control Point is established, the location is communicated to responding crews and dispatch.
 - The Entry Control Officer is assigned when necessary.
 - Identify and announce which stairwell is going to be used as the Attack Stairwell and Evacuation Stairwell.
 - The Fire Control Room is being monitored.
 - The Lobby Division is established.
 - An engine is set-up at the FDC.
 - The EMS Branch or Division is established if necessary.
 - Assign in-building staging two floors below the incident, when necessary. This is a single unit assignment and is the staging area for the Fire Floor Division, for example: If you have Division-16 the staging area will be two floors below and referred to as the “14th floor staging”.
 - The Ventilation Group, Vent Group is established if necessary.
- m. First Arriving EMS Supervisor:
- Report to Command
 - Be prepared to establish the EMS Branch or Division in the lobby.
- n. Fourth Arriving Engine: (High-rise Equipment and TIC)
- Report to Command
 - Be prepared to hook into the FDC, and check the status of the fire pump.
 - The Engineer remains at this location and the remaining crew reports to Command for assignment anticipate being assigned to interior staging area, or as directed by Command.
- o. Squad: (Air Monitoring Equipment, and TIC,)
- Report to Command
 - Be prepared to report to the Interior staging for the Division Area.

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p. Second Arriving Battalion Chief:

- Report to Command and be prepared to assume the fire floor Division.
- The Special Services Units (Squads) may provide Hardwire Communications between the Command Post, Lobby, and the Fire Floor Division.

q. Additional Resources can be brought in for:

- Evaluation, treatment & transport of patients
- Evacuation of occupants
- Controlling utilities
- Control of stairwells, Stairwell Groups
- Smoke control / Ventilation
- Additional relief manpower
- Provide auxiliary lighting
- Supplementing the command staff
- Elevated Rescue

2.4 BASIC HIGH RISE Groups or Divisions:

a. Fire Floor Division:

- Use floor number to ID, i.e., Division-10 for the Fire Floor Division on the 10th floor.
- Coordinates the interior attack crews in performing Fire Suppression, Ventilation, Search and Rescue.
- When necessary an Entry Control Point may be identified for the fire floor and relayed to Command. Crews shall report to this Entry Control Officer prior to going to the actual fire floor.

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b. Interior Staging Area:

- This area should be set-up two floors below the fire floor.
- This is a single unit assignment and is the staging area for the Fire Floor Division, for example: If you have Division-16 the staging area will be two floors below and referred to as the 14th floor staging.
- The Interior staging area provides a supply of personnel and equipment to support the firefighting operations and is managed by a single unit assignment supervised by the Fire Floor Division Manager.
- This area supervisor shall manage the Entry Control Point if one is established.

c. Medical/Rehab Group:

- Set-up two floors below the incident from the Fire Floor located near the interior staging area.
- This Group is responsible for monitoring the medical and rehabilitation needs of the crews operating at the incident.

d. EMS Division or Branch:

- Consider establishing the Division or Branch in the Lobby when the fire is on the upper floors.
- With incidents involving a large number of victims an EMS Branch should be established rather than a Division.
- Determine EMS needs and requests additional resources.
- When necessary determine the best location for the Triage, Treatment and Transport Groups.

e. Search and Rescue (SAR) Group:

- Command shall determine early on how evacuation should be conducted. If it is determined that the occupants are safer protected in place, the occupants shall be told to stay in their rooms until told they can leave by fire department personnel.

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- Consider the compartmentalization features designed in High Rise buildings when evaluating the need for evacuation. Crews need to make sure smoke and fire doors are closed and not obstructed to maintain compartmentalization.
 - Also consider that the fire alarm system will automatically play prerecorded announcements advising the occupants to evacuate from the fire floor, one floor above and one floor below the activated fire detection device.
 - Assure that the evacuation stairwell has been identified.
 - Coordinate with the Lobby Division to determine an area of refuge for these occupants considering a convenient location providing good access and security for the evacuees.
 - Make sure the occupants are directed and/or escorted down uncontaminated stairwells (Evacuation Stairwell). Ideally the farthest from the fire.
 - When evacuation is required it is a recommended to move the occupants' to a location that is a minimum of three floors below the smoke and fire.
 - When evacuating occupants, evacuate the most severely threatened occupants first (the fire Floor), the floor above and remaining floors or areas as necessary.
- f. Fire Control Room: (Single Unit Resource)
- Establish a communication link to Command by, radio, runner, telephone, Nextel, hardwire system, etc.
 - Determine if the fire pump is operational and its status.
 - Monitor the Fire Alarm Enunciator Panels for any indication of smoke and/or fire. Make periodic updates to command as to the status of the fire protection and building systems.
 - Utilize and monitor the Fire phone/Public Address (PA) system.
 - o Use the Public Address system to alert the occupants and fire crews of important messages.

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- o When an Evacuation Order is given by command; personnel in the Fire Command Room shall repeat the order over the public address system if possible.
 - o Assure that when crews operate the fire phone system they do not leave their phones plugged in when not in use.
 - o Monitor the Elevator Panels and other building systems in the Fire Control Room.
- Establish a telephone link directly with Orange County Communications.
- g. Lobby Division:

Make sure the Fire Control Room is being monitored.

- Assure an Entry Point has been established and has been announced.
- Assure an Entry Control Point Officer is in place and operational.
- Obtain and track master keys and issue Fire Phones to crews.
- Obtain multiple copies of a listing of occupants, employees and Special Needs occupants.
- Have the building staff establish a staging area for employees the business may call in to assist with the incident.
- Direct the front desk staff to call individual rooms for evacuation.
- Direct law enforcement to secure the perimeter of the structure to control unauthorized entry and re-entry of people.
- Relay radio transmissions to Orange County Dispatch and Command when required.
- Direct crews to the appropriate stairwells or elevators so they can transverse to their assigned Group or Division.
- Assemble the Manager on Duty (MOD), Security Supervisor, and Maintenance Engineer for command.

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h. Rapid Intervention Team(s) (RIT):

- The RIT shall be located one floor below the fire floor, if conditions warrant.
- From this vantage point the team(s) shall evaluate exits, stairwells, standpipes, means of egress, points of refuge, etc.

i. Stairwell Group:

- In the event crews cannot use the elevators, a Stairwell Group will have to be established to move equipment and supplies to the Interior staging area.
- The Group Supervisor should determine which stairwell would be best suited for this Group to move equipment quickly and safely.
- Generally this stairwell should have access to the roof if ventilation becomes necessary.
- Personnel assigned to the stairwell Group should station themselves at every other floor having their bunker gear and air pack with them.

2.5 ELEVATOR USE

a. General Elevator Use:

- Elevators should only be used after it is determined that there is no smoke or fire in the elevator lobbies, shafts or elevator mechanical rooms. This may be difficult for the first due companies to determine.
- The crews shall check the elevator shaft for smoke by looking between the elevator car and elevator lobby threshold using a hand-light.
- When crews are riding elevator cars they shall be wearing their protective gear and SCBA. They also shall have a radio, Fire Phone, and basic tools, during active fire operations.
- If the officer has any doubts to the serviceability or hazards of the elevators, use the stairway, do not use the elevator.

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b. Elevators with Fire Service (Fireman) Feature:

- Engage the Fire Service feature in phase one (Lobby switch) and phase two (Elevator Car Switch). Both switches must be turned on for the elevator to operate properly in the Fire Service mode. If you cannot turn both of these switches on do not use the elevator car.
- When the phase one switch is turned on, all the elevator cars in that bank will go to the first floor and the doors will open, unless the fire is detected on the first floor. Search all the elevator cars for incapacitated occupants when cars arrive in the elevator lobby and report to Command which elevator cars do not return to the lobby.
- Test the elevator operation to assure the elevator car is operating properly; if it is not operating properly do not use that elevator car and then mark it do not use.
- Take the elevator car to the floor two floors below the smoke of the suspected fire floor.
- All occupants in the elevator car shall have all of their protective equipment on; when the elevator arrives at the destination floor all occupants are to be breathing off of their SCBA's when the doors are opened.

c. Elevators without the Fire Service (Fireman) Feature:

- First arriving units shall not use elevators that do not have the Fire Service feature.
- These elevators should only be used after it is thoroughly investigated and determined that there is no potential threat of smoke or fire in the elevator lobbies, shafts or elevator mechanical room.

2.6 Communications

Crews will report to command or their Division or Group Supervisor, anytime there is any significant change in their location within the building (change in floors, major area, etc)

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a. Radio Communications:

- Two-way radio communications may be difficult inside some high-rise buildings because of the density of the building's components.
- When available utilize vehicle and portable repeaters as necessary with company approval.
- Crews will have to utilize the talk around channel for communication when they encounter radio communication problems. This in conjunction with the internal Fire Phone/Public Address System will allow crews two-way communication with the Fire Control Room. The person in the Fire Control Room can then relay the information on the Fire Department Talk Group.

b. Fire Phone/Public Address System:

- Personnel will identify themselves (individual, unit, Group or Division) and their specific location within the building every time they initiate a conversation on the fire phone set so the person in the command room will know where they are and who they are talking with.
- The fire phone/public address system is an internal hardwire communications system that provides crews two-way communication to the Fire Control Room.
- Use the Public Address system to alert the occupants and fire crews of important messages.
- Fire crews can be alerted over the public address system to contact the fire control room using their fire phone handset.
- When an evacuation order is given by command, personnel in the Fire Command Room shall repeat the order over the public address system, if possible.
- Assure that when crews operate the fire phone system they do not leave their phones plugged in when not in use.
- Use runners to send messages between points when necessary.

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2.7 SEARCH MARKINGS:

a. Markings:

- Lieutenants and/or Division or Group Supervisors should use discretion when deciding to mark doors.
- When crews are assigned to search rooms or areas of buildings, the crews should mark all the doors or entryways that lead into the rooms or areas that have been searched.
- When a crew prepares to enter a room for the primary search, they should make a diagonal line on the door or entryway with the unit designation.
- When units discover this single diagonal line with a unit designation they will know that a primary search is being conducted in that area and which unit is doing the search.
- These lines should be at least eighteen inches long and made with a lumber crayon. These marking should be made in the middle of the door or entryway.
- E-45 / (This indicates Engine-45 is conducting a primary search.)
- Once the primary search is completed the crew should make another diagonal line completing the “X”. This will indicate that a primary search has been completed for that room.
- E-45 X (Indicates Engine-45 has completed the primary search.)
- When the crew completes the secondary search, they will place their unit designation below the crew that did the primary search.
- Q-47 (Quint - 47 completed the secondary search)

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Standard Operating Guidelines

Title:	Vehicle Fires			
Section:	Operations – Fire Suppression			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide specific tactical level procedures for the extinguishment of vehicle fires.

2. PROCEDURE:

- a. Several important considerations need to be addressed when crews are faced with fighting active fire involving automobiles. These fires can be very unpredictable and are often considered mundane by the experienced firefighter. It is easy to fail to consider the potential dangers and challenges related to vehicle fires. This guideline serves only to remind all personnel of some of the common hazards and safety practices associated with vehicle fires. The Company Officer should realize that all fire situations pose specific challenges. Vehicle fires are often fought in high traffic situations where firefighters are exposed to the dangers of other motor vehicles around the scene. The OIC should consider the safety of their personnel paramount to the flow of traffic in the area. The OIC should work with the Police to return traffic to normal as quickly as possible but never at the expense of creating an unsafe working environment.
- b. Vehicles are rolling hazardous material containers. Every vehicle on the road contains an amount of gasoline along with motor oil. In addition, vehicles today are storage lockers for people's unwanted chemicals. Containers of every unknown product could be loaded in the vehicle, which is now on fire.
- c. Company Officers should be aware that when weighing the risk versus gain in fighting a vehicle fire, that most vehicles built in the last twenty years contain sensitive electrical components which if destroyed would render it a total loss. Therefore, attempts should be made to contain the fire to the area of origin while keeping risk to firefighters low. Aggressive attempts should be made to control fire exposures and damage to unburned areas of the car through the use of foam extinguishing agent.

3. SAFETY NOTE:

While vehicle fires mostly occur outdoors, their products of combustion create a very hazardous environment for firefighters. Therefore, all firefighting including those involving vehicles **SHALL BE PERFORMED IN FULL PROTECTIVE CLOTHING INCLUDING SCBA.**

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Apparatus placement at vehicle fires is also critical. Engine companies should place their rigs up wind, and in a position which creates an additional safety zone for firefighters. Again, impeding the flow of traffic is critical to creating a safe work zone for firefighters. Engines should be angled so that lines can be easily deployed and a view of the fire scene is afforded to the pump operator. Careful attention must be given to the hazardous run off and the possible need to contact EPA.

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Title:	Mayday		
Section:	Emergency Operations – Fire Suppression		
SOG #:	210.04	Page:	1 of 4
Effective Date:	March 1, 2013	Revision Date:	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>		



1. PURPOSE:

To establish a method for the reporting and rescue of a lost, downed, trapped or missing firefighter(s) on the emergency incident scene.

2. DEFINITIONS:

- a. Emergency Alarm- Activated by pressing the recessed orange button on top of a portable radio that is turned on, or for mobile radios in running vehicles, press the EMER button. No sound is noted or light activated, and the display remains the same on the activated radio. An emergency message is received in the Communications Center. Turn off the radio to deactivate the alarm.
- b. Emergency Traffic – term used by Command to alert all personnel of an emergency and/or fire ground hazard. When this announcement is made radio silence is initiated.
- c. Mayday – term reserved only to report missing, trapped or firefighters in distress. It is verbalized three consecutive times, “Mayday, Mayday, Mayday.”
- d. Personnel Accountability Report (PAR) – A roll call, by unit, of all personnel assigned to the incident, conducted by the IC or designee, and completed visually or by radio.
- e. Rapid Intervention Team (RIT) – Team of three or more firefighters assigned to provide rescue for firefighters in emergency situations.
- f. Tactical Airwave Channel (TAC) – Radio channel designated for communications purposes.

3. RESPONSIBILITY:

- 3.1 The term Mayday will be reserved only to report a lost, downed, trapped, or missing firefighter(s), and is declared by the immediate report (via radio) to command of the Mayday situation.
- 3.2 All Mayday notifications will be done by stating the term Mayday three times in rapid succession, i.e.; “Mayday, Mayday, Mayday”, and should include the company designation or person reporting the Mayday, the best known location of the firefighter(s) in trouble, the amount of air left if self-initiated, and the nature of the emergency. Any member may declare a Mayday event. Speed is of the essence

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when a firefighter is endangered. Notification should occur as soon as a firefighter identifies that they or their team member is in trouble.

3.3 A Mayday event shall be declared for the following events:

- a. Firefighter(s) trapped, disoriented, injured, running out of air, or otherwise unable to safely exit an IDLH atmosphere. (May or may not be self-initiated)
- b. Firefighter(s) lost in an IDLH atmosphere or wildfire (Self-initiated).
- c. Firefighter(s) cannot be accounted for during a PAR after three attempts (Initiated by IC)
- d. The loss of communications, both directly and by radio with firefighter(s) or units operating in an IDLH atmosphere, after three attempts have failed to establish contact (Initiated by IC).

3.4 Actions of the lost or entrapped firefighter (if able to communicate).

- a. Initiate the emergency feature of the radio.
- b. Declare via radio Mayday, Mayday, Mayday followed by **LUNARS**:
L: Location (end of 1 ¾" handline, kitchen area, etc.)
U: Unit Number
N: Name
A: Assignment
R: Reason for Emergency (lost, low on air, failed equipment, collapse/trapped)
S: Status of SCBA Air (amount of air remaining)
- c. Activate PASS device intermittently (10-20 seconds) allowing for radio communications.
- d. Stay calm and conserve air. Attempt to locate exterior doors or windows.
- e. Lost or trapped firefighters shall remain together.
- f. If trapped, attempt to free yourself or team member.
- g. If possible, follow hose line or lifeline out of hazard area.

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- h. Position flashlight towards the ceiling and attempt to make tapping noises with tools.
- i. Assume a horizontal position on the floor to maximize the sound effects of the PASS device.
- j. Communicate your location and surroundings to assist in rescue efforts.

3.5 Command Responsibilities:

When a Mayday has been declared: The Incident Commander shall initiate the following actions immediately following the declaration of the Mayday Event:

- a. Declare Emergency Radio Traffic, and all firefighters shall immediately adhere to Radio Silence while the IC attempts to contact the member(s) involved in the Mayday.
- b. If personnel are missing, announce their radio ID, rank, name and last known location over the radio for all crews to hear.
- c. Activate the Rapid Intervention Team (RIT) to locate and remove the missing or endangered firefighter(s).
- d. Establish a back-up RIT for the activated RIT and a replacement fire ground RIT.
- e. Request an additional alarm assignment. Call for any additional resources as needed (i.e. Squad, Technical Rescue, etc.) Ensure the presence of a ready rescue for the potential victim(s).
- f. Determine which operations should be continued, altered or stopped to best support the rescue and commit all required resources necessary to quickly locate and remove the missing or endangered firefighter(s).
- g. Those not assigned to the RIT operations should continue with their assigned mission. There will be no freelancing or crews engaging in any rescue efforts with the approval of command. It is imperative that all personnel operating on the emergency scene remain calm and shall follow the directions of their supervisors and command, continue with their assigned duties, and listen carefully to radio transmissions.

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h. Command shall determine whether or not fireground operations should be reassigned to another radio Tac. (If this is a short rescue operation, the OIC may decide to leave all fireground units on the same Tac as the RIT). (The firefighter declaring a May Day shall not be asked to change Tacs)

i. Command must insure that firefighting efforts continue. Efforts should be made to keep the fire away from the rescue area and provide appropriate ventilation and lighting.

3.6 Crews will immediately complete a PAR of their own company to ensure they do not have the missing member(s) and report to Command immediately if they know the location of the missing member(s).

3.7 Company Officers and crews shall maintain their current positions and/or assignments (unless otherwise directed by the Incident Commander)

3.8 The IC shall announce when units shall return to normal operations. The Incident Commander shall transmit “May Day all clear- resume normal radio traffic”. Dispatch shall initiate the emergency tone and repeat.

CISM – consider the emotional impact of this type of operation.

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Section:	Emergency Operations – Fire Suppression			
SOG #:	210.05	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a standardized guideline to cover water supply for the Maitland Fire Department.

2. PROCEDURE:

This guideline shall be followed by all members of the Department. Authority to deviate from this procedure rests with the Deputy Fire Chief or the Water Supply Officer, where applicable, who is solely responsible for the results of any deviation.

The intent of this guideline is to establish the roles and responsibilities of the Department's Water Supply Officer, as well as to outline sources and procedures dealing with fixed and alternative water supplies that would be used by the Fire Department. Since fire extinguishment is one of the top priorities, the availability of an adequate water supply is of the greatest importance.

2.1 Water Supply Officer

- a. The Department shall have an appointed Water Supply Officer who will have overall operational responsibility over the Department's side of the fixed water supply. Roles and responsibilities of this position will be:
 - Act as Liaison with the City's Public Works Department for repairs and upgrades
 - Coordinate the annual hydrant testing schedule
 - Coordinate hydrant painting and marking per Department planning
 - Oversee the data input into the hydrant testing database
 - Analyze hydrant test data for existing or potential problems and perform needed fire flow analysis as established by Departmental plans
 - Recommend improvements or changes to Department Administration within his/her jurisdiction

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2.2 Fixed Water Supply

The overall authority over the fixed water supply system shall be the Public Works Department of the City of Maitland. The system is provided for the Fire Department usage. All changes to the water supply system will be conducted by or under the jurisdiction of the Public Works Department. The Fire Department will contact the Public Works Department when it is seen that suppression or training activities will have a greater than normal impact on the overall water system. If there is a problem with the water supply system that may impact the operations of the Fire Department, the Public Works Department will make proper notification through the Communications Center. Procedures for usage of the fixed water supply system on emergency scenes are outlined in other Departmental SOG's dealing with specific emergencies. It is recommended that whenever the Fire Department uses a hydrant, the hydrant should be flushed out first considering the makeup of the system. This should include emergency scenes when possible. If during a fire suppression operation, the need arises for more pressure or volume from the water system, the Incident Commander should contact the Public Works Department with this request. The Public Works Department will do whatever possible to accommodate this request. Any problems found with the water supply system should be forwarded to the Water Supply Officer immediately through the on-duty Battalion Chief.

2.3 Hydrant Testing

- a. Hydrants in the City will be tested on an annual basis. Some locations will need to be flowed at low impact times due to traffic and congestion in a particular location.
- b. When flowing the hydrants, steps to ensure that the stream is directed in such a way as not to destroy any landscaping or other property in the water's path will be utilized.
- c. Prior to attaching any gauges, hydrants must be flushed until the water flows clear. This will ensure that the gauges will continue to work properly and also will minimize dirty water complaints from residents.
- d. All hydrants should be tested using TWO hydrants in the following manner:
 - Attach a cap gauge to one 2 1/2" port on the Number 1 hydrant and open the other 2 1/2" port. Let the hydrant flow until water clears or one minute passes, whichever is longer. Take the FLOW PRESSURE reading (pitot) off the cap gauge and record.

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- Close down Hydrant #1 and cap the open 2 1/2" port. Reopen the hydrant. Record the STATIC PRESSURE.
- Open Hydrant #2, it should be the closest hydrant on the same main to the #1 hydrant, record the RESIDUAL PRESSURE reading on Hydrant #1. Record the FLOW PRESSURE reading from Hydrant #2 after this procedure by following the same process as listed in #1 & #2 of this SOG.
- Close both Hydrants and make sure they are not leaking. If they are leaking, reopen it, flow the hydrant and re-close it.
- Record all information available on the hydrants: Brand Name, Year, Barrel Size, Number of Ports, Tester, and Date Tested, and length of time the hydrant was flowed.
- If a problem is found with the workings of the hydrant, email the hydrant number, the hydrant location and the problem to the Water Supply Officer with a "cc" made to the on-duty Battalion Chief. Be specific in the description of the problem so that the information can be relayed to the Utilities Department.

2.4 Alternative Water Supply

- a. An interruption in the fixed water supply or an area of low volume can hamper a fire suppression operation.
- b. Mobile water-tanker trucks are available through the automatic-aid (joint response) agreements with surrounding agencies. If it is seen that there is a need for such apparatus, the Incident Commander should make the request through the Communications Center. This request should be made as soon as possible to minimize any response time delay.
- c. We do not carry hard suction hose on the units but in the case of an extended incident where there is an alternative water supply available (i.e. lake, river, pool, etc.), there are two sections of hard suction hose and a strainer located at Station 47 for drafting purposes.

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Standard Operating Guidelines

Title:	Response to Automatic Fire Alarms			
Section:	Operations – Fire Suppression			
SOG #:	210.06	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for units responding to buildings with Automatic Fire Alarm Systems.

2. PROCEDURE:

- a. A single suppression unit shall respond non-emergency, in full PPE, when dispatched to an automatic fire alarm. This applies to all automatic fire alarm responses whether in the City of Maitland or surrounding jurisdictions.
- b. The unit shall locate the proper building or buildings, or any part of the building involved by means of the fire alarm control panel (FACP) and inform the other arriving units of the status of the system. The system may be silenced if no immediate indication of fire or life safety exists.
- c. The unit will then begin a search of the building or buildings, perform rescue and evacuation, control fire or, if there is no apparent problem, try to determine why the system activated.
- d. After completion of the above, the building maintenance personnel should place the alarm system back in operation. Fire crews should not reset or place any fire alarm system back in service. (**Crews may reset systems located in buildings owned and operated by the City of Maitland)
- e. Notify the owner, manager or other personnel (responder) acting in the above capacity of the actions taken by the fire department, what was found and whether the system is in operating condition, or what part of the system is not operating.
- f. The name of the building representative shall be documented in the fire incident report when available.
- g. Anytime the owner, manager, or other personnel (responder) is not available to respond to the scene, notify dispatch of the alarm status, and notify the Fire Marshal and Battalion Chief.

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- h. Do not, for any reason, make any derogatory remarks of inadequacy of the alarm system, or the maintenance of the organization. All alarm systems are inspected for Code compliance.
- i. Alarm systems are mandated by Code in many occupancies and should not be taken out-of-service by Fire Department personnel. As an absolute last resort, the building representative may take a system out-of-service. The building representative's name shall be documented in the fire incident report. The Fire Marshal should be notified as soon as possible of any problems with any alarm system.
- j. In situations when easy access is not available to the structure, fire personnel should use any and all means necessary to determine if a fire actually exist within the building. This would include utilization of KEY BOX access keys, raising ladders to upper floors, viewing through windows, use of thermal imaging devices, etc If the officer in –charge is satisfied that no hazard exists within the structure, despite the inability to gain full access, the scene may be released and the alarm regarded as false after attempts or successful notification of a building representative are made.
- k. If on the other hand, it cannot be determined from an exterior examination of the building that a problem exists, the officer in charge should decide if forced access is required. If forced access is required, care should be taken to reduce the amount of damage.
- l. A building representative should be contacted to respond to the scene to assist with gaining access. If no one is available and the OIC is not satisfied that the building is safe, forced entry will be permitted. Maitland Police must be notified in cases when forcible entry is necessary.
- m. The OIC should use all means available to determine the nature of the alarm and its validity before the release of the scene.

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Standard Operating Guidelines

Title:	Personnel Accountability System (PAS) Usage			
Section:	Emergency Operations – Fire Suppression			
SOG #:	210.07	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a Personnel Accountability System (PAS) with associated procedures that an Incident Commander (IC) on an emergency scene can use to accurately and immediately identify all personnel assigned to a specific unit.

2. PROCEDURE:

- a. This system will provide the IC, at a single location, immediate access to the names of all personnel assigned to a specific unit operating at that incident.
- b. The on-duty Lieutenant or Officer-in-Charge is responsible for keeping an accurate account of all members riding on his/her units on the Personnel Accountability System (PAS) cards.
- c. Each Department response vehicle will be equipped with a color coded PAS card to allow for easy identification by the IC. Color coding will be based on the vehicle's response capabilities as follows:

Vehicle Type	PAS Card Color
Command Vehicles	White
Aerial (Quint, Truck)	Black
Engine	Red
Rescue	Blue
Support Vehicles	Green

- d. The PAS cards will be located on the board in the apparatus bay when the vehicle is either O.O.S for repairs or not presently staffed.
- e. Each member of the Department will be issued four (4) individual color coded PAS tags to allow for easy identification of the member's certification or position level. Color coding for individuals will be as follows:

Position	PAS Tag Color
Chief Officers	White
Lieutenant	Red
Engineer	Black
Firefighter	Yellow
Paramedic	Blue

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- f. Each member shall maintain at least one individual nametag on the underside of their fire helmet. Any remaining tags can be stored on the board in apparatus bay.
- g. It is the responsibility of the officer-in-charge, on any given day, to facilitate the placement of the PAS cards with the correct member identifiers on all first run units. This is to be accomplished as close to the start of the shift as possible. It is also the responsibility of that same OIC to insure that the PAS cards are removed from all first run units and placed back on the board at the end of a given shift.
- h. The PAS card, containing the names of personnel assigned to the vehicle, will be placed directly in front of the OIC when seated in the passenger side of the fire engine and directly in front of the passenger seat on the rescue. The PAS card will be placed on the driver's visor of any staff, B/C vehicles. This allows for easy visibility, access and modification when needed.
- i. While the ultimate responsibility to insure PAS card accuracy rests with the OIC, it is the responsibility of the individual members riding on the unit to insure changes are made in a timely manner whenever the personnel staffing changes during the course of the shift. (time trades, personal leave, sick, etc.)
- j. The OIC should deliver the unit PAS cards to the IC whenever feasible. The IC is ultimately responsible for collecting unit PAS cards at emergency scenes.
- k. Members may be asked to relinquish their underside helmet mounted individual PAS tag to a Division Leader or upon entering an IDLH or Hot Zone.

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Standard Operating Guidelines

Title:	Respiratory Protection Plan			
Section:	Emergency Operations – Fire Suppression			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure to prevent injury as a result of acute or chronic exposure to airborne toxic substances or other respiratory hazards such as oxygen deficient atmospheres, superheated gases, toxic products or other hazardous contaminants.

To provide guidelines for maintenance and use of Self Contained Breathing Apparatus (SCBA).

To comply with OSHA Regulation 29 CFR 1910.134.

2. PROCEDURE:

Self Contained Breathing Apparatus is defined as Positive Pressure self-contained breathing apparatus (SCBA).

These procedures apply to all personnel identified as a user of any Respiratory Protective Unit (S.C.B.A.).

2.1 Inspections

- a. Users are responsible for the Daily Inspection of their assigned respirator.
- b. Regular inspection and maintenance of respirators in accordance with the manufacture's instructions will ensure that these respirators, when properly used, will give the wearer the best possible protection.
- c. Inspections shall include but are not limited to:
 - Check regulator, heads up display lights, and low-air alarm for proper operation
 - Check tightness of connections
 - Check condition of the face piece and harness assembly, including straps, shoulder and waist assemblies for tears, frays, and deficiencies.
 - Voice amp and mount

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- Check HYDRO test date on cylinder.
 - Hydro testing shall be conducted every five years
 - Check cylinder pressure
 - Check the condition of the cylinders to ensure that it free from obvious cracks, heat discoloration, or deformities.
- d. If during the inspections any unit is found to be unserviceable, the deficiency will be noted on the red “O.O.S tags” and (placed out of service).
- A “Track-it” work order and “O.O.S TAG” shall be completed. The red O.O.S tag will accompany the out-of-service unit to the SCBA repair area. The work order will be mailed to the head SCBA service member via inter office mail. An Email will be sent to the email group "SCBA Repair Team" advising them of the needed repairs.

2.2 Maintenance

- a. All respirator repair i.e., replacement of lens, batteries, hoses, shoulder harness, cylinder hydrostatic tests, regulator, and all other related repairs are handled by an **SCBA Technician Only**.

2.3 Cleaning Instructions for SCBA's

****** DO NOT USE BLEACH ******

- a. Acceptable cleaning procedure is as follows:
- Using a cleaner/sanitizer, create a warm water solution of no more that 120 degrees F
 - One may use a mild dish detergent in place of a commercial cleaner/sanitizer.
 - Immerse the mask in the solution and wash
 - Rinse the assembly with clean, warm water

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- Drain all water and air-dry the assembly
 - Hand wipe the assembly, valve and other parts with damp cloth as needed to remove residue and all foreign materials
- b. No other cleaning agents or chemicals are to be used on the SCBA mask, including but not limited to bleach, windex, Rain X, etc.

2.4 Storage of Respirator

- a. After cleaning and inspection all SCBA units will be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.

2.5 Medical Examinations

- a. Shall be done on an annual basis with specific emphasis on respiratory protection.

2.6 Training

- a. All training will be conducted in accordance with the MFD Self Contained Breathing Apparatus Training PowerPoint, NFPA Standards 4201-4204.

3. RESPONSIBILITIES:

- a. SCBA's will be worn whenever the presence or possibility of contaminated (toxic) atmospheres.
- b. All personnel that are expected to, or likely to, respond to and function in areas of atmospheric contamination shall be equipped with and trained in the proper use and maintenance of SCBA's.
- d. Personnel shall thoroughly check the SCBA at the start of his/her duty tour to ensure its full serviceability. Each member shall be accountable for his or her personal facemask and assigned SCBA.
- e. If a SCBA is found to be functioning improperly it shall be taken Out Of Service, "Tagged O.O.S" and reported to the Company Officer. Company Officers will be responsible for completing a "Track-it" work order to the SCBA Team for repair and/or replacement.

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- f. SCBA's shall be worn by all personnel operating at fire incidents above ground, below ground or in any other area which is not, but which may become, contaminated by products of combustion or other hazardous substances. In these circumstances only, the SCBA may be worn with the face piece and/or mask regulator removed. The wearing of the SCBA in this fashion provides for a state of readiness in case circumstances rapidly deteriorate.
- g. SCBA's shall not be prematurely removed.
- h. SCBA's shall not be removed until the atmosphere has been determined to be safe. A safe atmosphere following a structure fire is determined by the following parameters.
- CO = less than 35 ppm
 - O2 = greater than 19.5%
 - Authorization for the removal of the SCBA shall only be by Order of the Incident Commander (OSHA 29 CFR 1910.134)
- i. All personnel are responsible for proper donning and use of functioning SCBA's.
- j. In accordance with OSHA 1910.134, Section K, annual training must be conducted and documented on the proper use and donning of SCBA equipment.
- k. All personnel must complete an annual respiratory fit test in accordance with OSHA 1910.134.

3.1 Proper Seal of the SCBA Mask

- a. No hair of any kind shall interfere with the proper and safe donning and seal of the SCBA mask.

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Standard Operating Guidelines

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Section:	Emergency Operations – Fire Suppression			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure for Fire/Rescue personnel to follow when completing required Fire and EMS documentation of an emergency incident.

2. PROCEDURE:

- a. Electronic Incident Reports shall be completed for all assigned responses of fire-rescue apparatus when an Orange County run number is generated by Orange County Dispatch. The Electronic Incident Reporting system utilizes the NFIRS V (National Fire Incident Reporting System Form V.)
- b. All Electronic Reports should include a narrative comment that accurately describes the incident with the exception of patient information. Narratives should be written in proper English utilizing proper spelling, capitalization and punctuation. Narratives should only include factual, verifiable information. Any fire cause and/or origin statements are to be left to the investigator.
- c. Printed copies of electronic incident reports will only be available through request to the Fire Chief's office. These reports will only be available to the public during normal business hours (M-F, 8-5).
- d. Incident reports entered into Fire Programs shall not contain any patient information. Fire Programs Software is not HIPPA compliant and therefore cannot contain any patient information such as **name, age, gender, medical history, etc.**
- e. All NFIRS reports are required to be entered prior to the end of shift. Any late calls should have a NFIRS report completed upon return to the station. All NFIRS reports are required to be entered prior to the end of shift. Any late calls should have a NFIRS report completed upon return to the station. NFIRS reports are to be entered by certain personnel based on type of incident. Any crew member may enter any ALS or BLS EMS related incident. Station Officers in Charge (OIC) are required to enter any "engine company" type incidents. These may include any auto accidents, fire alarms, hazardous conditions and any joint response fires. The on duty Battalion Chief is required to enter the NFIRS report on any incidents where command is declared.

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- f. All Incident reports shall be inspected for accuracy, content and grammar. Station OIC's are to check any reports generated by subordinate crewmembers, the Battalion Chief is to check any Station OIC reports and the Deputy Chief is to review any report generated by a Battalion Chief. Once the report is checked for accuracy the person checking the report shall enter his/her name into the "Checked by ID" on the signature tab.

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Standard Operating Guidelines

Title:	Incident Rehabilitation			
Section:	Emergency Operations – Fire Suppression			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To develop a standard for deployment of Rehab during an emergency scene or training.

2. PROCEDURE:

- a. A minimum of two firefighters are required to set up Rehab with at least one being an Autonomous Paramedic unless otherwise advised by the Incident Commander.
- b. Once the unit/personnel are designated as Rehab group; they are to report to the command post for briefing from the Incident Commander.
- c. The IC/training coordinator will establish a Rehab area, remote from the incident/training ground for the purpose of isolating personnel from the acute emotional stress of the incident/training evolution, clear of the smoke, haze or other hazardous by-products of the incident/training ground.
- d. Required equipment: Rehab unit with assigned equipment, salvage cover, water, ice, drinking cups, oxygen administration equipment, ECG monitor with CO monitoring capabilities, RAD 57, and basic bandaging. If possible a transport unit and stretcher with ALS equipment are also recommended.
- e. The Rehab group must complete a Rehab Tag on each firefighter entering Rehab.
- f. Personnel arriving at Rehab shall remove protective clothing to expedite the cooling process of the body.
 - i. Members shall undergo a modified rehabilitation following the use of one 30 minute cylinder. They will not be required to enter the rehab area, but must have their pulse checked and drink one cup of water while having their cylinder changed. Once their pulse rate falls within normal limits, they will be released. If a members pulse rate continues to remain high or they present with any other abnormal signs/symptoms, they must proceed to rehab until such conditions are resolved.
 - ii. Members shall undergo rehabilitation following the use of a second 30 minute SCBA cylinder, a single 45 minute or 60 minute SCBA cylinder, or 40 minutes of intense work without an SCBA. A supervisor shall be permitted to adjust the time frames depending upon work or

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environmental conditions; however it is recommended that members remain in rehab for a minimum of 20 minutes

- g. Situations involving hazardous materials, personnel must complete the decontamination procedures prior to reporting to REHAB.
 - i. Members entering REHAB for the first time shall rest for a minimum of 20 minutes and longer where practical.
 - ii. A supervisor shall be permitted to adjust the time frames depending upon work or environmental.
 - iii. Members shall replace calories and electrolytes as required, particularly during incidents of more than 3 hours and incidents where members are likely to be working for more than 1 hour.
 - iv. Members are encouraged to wash hands and faces whenever calorie replacement will be used.
- h. Initial assessments of the physical condition of each person shall be made to include pupils, skin color, skin temperature, blood pressure, and the ability to speak clearly. All inappropriate conditions shall be noted and the person shall not be allowed to return to activity until their condition has improved to within normal limits. Normal limits are defined on the Rehab Tags which are located in the Battalion and Rehab vehicles.

EMS personnel shall be alert for the following:

- a. Personnel complaining of Chest Pain, Dizziness, Shortness of Breath, Weakness, Nausea, or Headache as these may be signs of CO poisoning.
 - b. General complaints such as cramps, aches and pains
 - c. Symptoms of heat- or cold- related stress
 - d. Alertness and orientation to person, place, and time of members as these may be signs of CO poisoning
 - e. Changes in gait, speech, or behavior
 - f. Vital signs considered to be abnormal as established in protocol
- i. The Rehab Tags will be given to the IC or their designee once the Rehab group has been disbanded. The tags shall be scanned into the K drive and filed with the Assistant Chief of Operations.
 - j. Firefighters should attempt to maintain proper hydration to maintain normal body function, for scheduled events, pre-hydration shall include an additional 16 oz (500 mL) of fluids within 2 hours prior to event.

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Temperature. Body Temperature is a vital piece of information to assessing individuals with both heat and cold exposures. Normal core body temperature range from 98.6 to 100.6 degrees. The core body temperature (typically obtained using a rectal thermometer) provides the most accurate measurement, but is rarely feasible in the field setting. Oral measurements are about 1 degree lower than core body temperature and tympanic measurements are about 2 degrees lower than core body temperature. Members that are hyperventilating may have a decreased oral temperature. Elevated temperature, noted by touch or measured, should alert the rehabilitation manager or EMS personnel to the possibility of heart related illness. However, given the problem of measuring devices underestimating core body temperature, it is essential that a measured temperature in the normal range not be used to exclude the possibility of heat-related problems.

Heart Rate (Pulse). Heart rate (pulse) is another critical measure used to assess health status. Normal resting heart rates range from 60 to 100 beats per minute. Under stress and exertion, the pulse rate can, and should, increase, frequently above 100 beats per minute. The level of increase depends on the amount of stress and the individual's physical conditioning. As members report to rehabilitation after expending a significant amount of energy in stressful conditions, a pulse rate that is up to 70 percent of maximum heart rate $[(220 \text{ minus age}) \times (0.7)]$ is frequently encountered. After resting in rehabilitation, the member's heart rate should return to near normal resting rates. A fire fighter who has not achieved a heart rate of less than 100 beats per minute by the end of 20 minutes should not be released from rehabilitation, but should be further monitored, and if warranted, sent for further medical evaluation. Part of additional monitoring should include orthostatic pulse and blood pressure.

Respiratory Rate. Respiratory rate is a vital indicator used to assess health status and stress, as well as a possible indicator of exposure to other hazards. Normal respiratory rate is 12 to 20 breaths per minute. By the end of the rehabilitation period, the fire fighter should have a respiratory rate within these parameters.

Blood Pressure. Blood pressure is a critical indicator used to assess health status and stress. Blood pressure should increase as the level of physical exertion/stress increases. Blood pressures that are low, too high, or fail to return to normal levels while in rehabilitation can indicate a medical problem. For example, individuals can become hypotensive as they decompensate in their reaction to stress (e.g. heat stroke). Upon recovery during the rehabilitation, a member's blood pressure should return to, or even be slightly lower than, their baseline. A member whose blood pressure is greater than 160 systolic and/or 100 diastolic should not be released from rehabilitation. These members should continue to be monitored and treated,

Pulse Oximetry. Pulse oximetry uses a noninvasive medical device to measure the percentage of oxyhemoglobin in blood pulsating through the network of capillaries at the probe site on a subject by utilizing a sensor attached typically to a finger, toe, or ear. It is a helpful assessment

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tool prior to and during oxygen administration and can be used to detect blood flow in fingers and toes. Normal SpO₂ readings are between 95 and 100 percent. Readings or 91 to 94 percent reflect mild hypoxemia; 86 to 90 percent reflect moderate hypoxemia; and below 85 percent indicate severe hypoxemia. Oximetry has significant limitations and should not replace careful assessment. It can help to detect hypoxemia that is otherwise unnoticed. Black, blue, and green nail polish cause falsely low oximetry readings; when in doubt remove the nail polish or change the probe site. Bright external lighting or sunlight can falsely lower oximetry readings. Most oximeters are unable to differentiate between oxyhemoglobin and carboxyhemoglobin (blood cells saturated with oxygen versus carbon monoxide).

CO Monitoring. Carbon monoxide is a colorless, odorless gas present in every fire. Symptoms of CO poisoning are nonspecific and easy to miss. Any firefighter exposed to CO or presenting with headache, nausea, shortness of breath, or gastrointestinal symptoms at an incident where CO is present should be assessed for carbon monoxide poisoning. Carbon monoxide readily attaches to hemoglobin in the bloodstream and is measured as a percentage of carboxyhemoglobin saturation (COHb). At an incident scene, carbon monoxide can be measured with a portable exhaled breath CO monitor or a CO-oximeter (a pulse oximeter designed to measure carboxyhemoglobin).

Initial CO Assessment Parameters

0 – 5%	Considered normal
5 – 10%	Considered normal in a smoker
> 10%	Abnormal in any person – consider high flow oxygen
> 15%	Significantly abnormal in any person – treatment mandated

CO Reassessment Parameters

0 – 5%	Acceptable for return to firefighting activities if medically cleared
5 – 10%	Consider high flow oxygen until < 5% regardless of symptoms
> 10%	Abnormal, assess for symptoms, consider high flow oxygen
> 15%	Significantly abnormal, treatment mandated, consider transport

<i>Heat Stress Index</i>									
Relative Humidity									
°F	10%	20%	30%	40%	50%	60%	70%	80%	90%
104	98	104	110	120	132				
102	97	101	108	117	125				
100	95	99	105	110	120	132			
98	93	97	101	106	110	125			
96	91	95	98	104	108	120	128		
94	89	93	95	100	105	111	122		
92	87	90	92	96	100	106	114	122	
90	85	88	90	92	96	100	106	114	122
88	82	86	87	89	93	95	100	106	115
86	80	84	85	87	90	92	96	100	109
84	78	81	83	85	86	89	91	95	99
82	77	79	80	81	84	86	89	91	95
80	75	77	78	79	81	83	85	86	89
78	72	75	77	78	79	80	81	83	85
76	70	72	75	76	77	77	77	78	79
74	68	70	73	74	75	75	75	76	77
NOTE:	Add 10°F when protective clothing is worn. Add 10°F when in direct sunlight.								

Humiture °F	Danger Category	Injury Threat
Above 130°	EXTREME DANGER	Heat stroke imminent!
105° to 130°	DANGER	Heat cramps or exhaustion likely, heat stroke possible if exposure is prolonged and there is physical activity.
90° to 105°	EXTREME CAUTION	Heat cramps and heat exhaustion possible if exposure is prolonged and there is physical activity.
80° to 90°	CAUTION	Fatigue possible if exposure is prolonged and there is physical activity.
Below 80°	NONE	Little or no danger under normal circumstances.

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Standard Operating Guidelines

Title:	Incident Photos, Recordings & Personal Camera Use			
Section:	Emergency Operations – Fire Suppression			
SOG #:	210.11	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines on the uses of photography cameras, voice recorders and video recorders.

2. PROCEDURE:

- a. Any electronic device that has the capability of recording events either through photography, voice or video, must be approved by the Fire Chief before such recordings may take place.
- b. All recordings are the property of the City of Maitland Fire Rescue Department unless approval to release has been granted by the Fire Chief.
- c. The use of these devices must not interfere with daily operations at the Fire Department.
- d. The department is not responsible for damaged, lost or stolen personal recording devices.

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Standard Operating Guidelines

Title:	Traffic Cones			
Section:	Emergency Operations – Fire Suppression			
SOG #:	210.12	Page:	1 of 2	
Effective Date:	May 16, 2011	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. **Purpose:** To properly utilize traffic cones while working on roads and highways. The use of traffic cones is to block lanes of traffic, or reduce the speed of vehicles around emergency scenes.

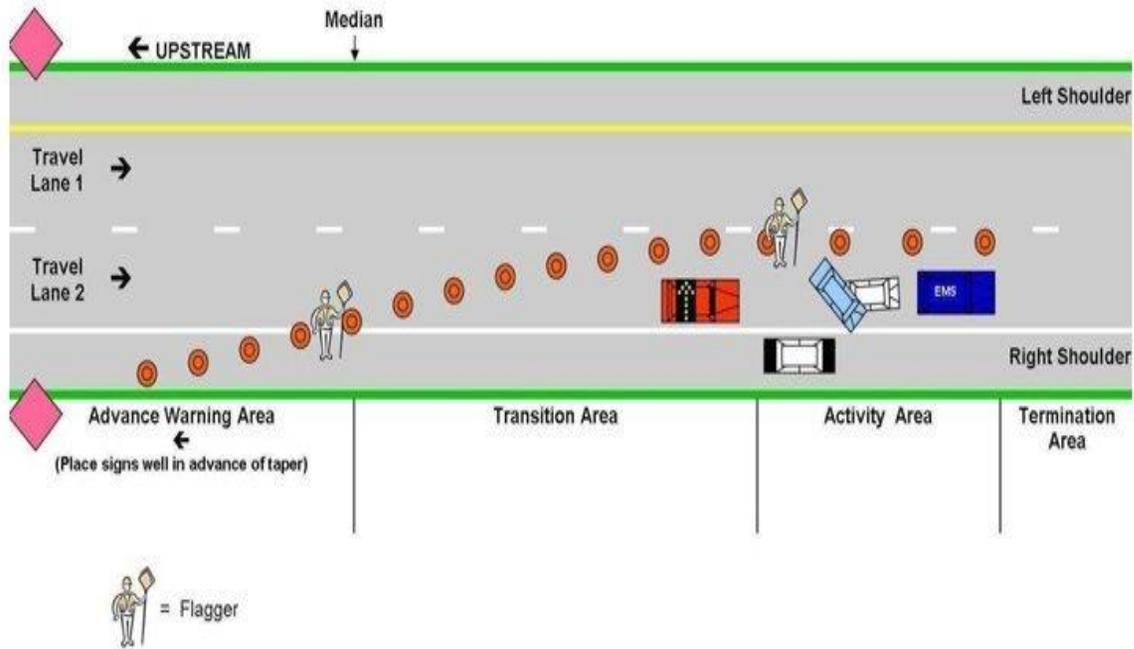
2. **Procedure:**
 1. Traffic cones should be inventoried every morning during morning vehicle checkout.
 2. While on emergency calls traffic cones should always be considered for further crew safety while working on roads and highways.
 3. When placing cones utilize the tapering technique to gradually close lanes of traffic and extend the cones past the back off unit and crews working in the road or highway. The term tapering refers to merging one or several lanes of traffic into fewer lanes to provide scene safety.
 4. Cones should be placed 15-30 feet apart based on the distance of lane closure.
 5. Always place traffic cones while facing the oncoming traffic for safety.
 6. Traffic cones can be found on all front line apparatus. Remember many law enforcement vehicles carry traffic cones if need.
 7. Traffic cone visibility can be increased with the use of LZ strobes if needed per OIC discretion.
 8. Traffic cones can also be utilized to completely block lanes of traffic if needed.

Below is an example of utilizing the tapering technique.

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Standard Operating Guidelines

Title:	Rapid Intervention Teams (RIT)			
Section:	Emergency Operations – Fire Suppression			
SOG #:	210.13	Page:	1 of 5	
Effective Date:	April 1, 2013	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The purpose of rapid intervention is to be immediately available for rescue of a member or team who becomes trapped in an emergency incident, and to provide the means of emergency egress. This guideline is intended to increase safety for members operating at hazardous emergency incidents by ensuring the presence of a dedicated Company or team for rescue of members. A RIT shall consist of a minimum of 3 personnel, including one officer. The team size should be increased to 5-6 personnel as soon as resources are available.

2. DEFINITIONS:

- RIT team - A RIT team is an on-scene crew properly equipped, positioned and prepared to take immediate steps to locate and rescue firefighters in trouble.
- RIT Officer - The RIT Officer is the highest ranking officer assigned as a member of the RIT Team.
- RIT Liaison - The RIT liaison is an individual from each RIT Team assigned to the command post to coordinate radio messages between RIT and Operations radio tac's.
- RIT Group Supervisor - A RIT group supervisor is an Officer placed in charge when multiple RIT teams are assigned.
- May Day - A May Day is an emergency event involving firefighters in distress.

3. ASSIGNMENT OF RIT:

After Command establishes a need for RIT it should be assigned within the initial first alarm assignment. RIT may be assigned to any company or companies responding within the first alarm.

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4. RIT STAGING & LOCATION:

Upon arrival the RIT officer shall report to Command to be briefed on the location and ID of the operating units. Command may select/recommend the staging location of RIT. The RIT(s) shall be set up outside the building or hazard area, in a location that provides the best access to entry points used by crews operating in the building or hazard area. On multistory buildings, the RIT(s) shall be staged one story below the fire floor, or the closest lower floor or location that provides a safe area for rapid and unobstructed access to the crews operating on the fire floor.

5. RIT ACTIONS:

The RIT Officer shall review the building features, floor plan and preplans. The RIT Officer should be familiar with what Units are operating, and their locations in the building or hazard area. The RIT Unit shall perform an exterior size-up, considering primary hazard, building construction and fire conditions. The RIT shall ensure a secondary means of egress for operating crews. As the incident expands in size, complexity, or in unusual operations, RIT may be positioned at additional locations as determined by the Incident Commander. The RIT Unit shall be ready to take immediate action as directed by the Incident Commander.

6. RIT TOOLS & EQUIPMENT MINIMUMS:

6.1 The Basic RIT bag should contain the following minimum equipment:

- SCBA with Mask
- 100' of Search rope w/ Carabineer
- Extra Carabineer
- Nylon webbing 15' with sewn 10" loops on each end
- Marker lights/light sticks/hand lights
- Wire Cutters/Side cutters
- Quick Fill air transfer hose

6.2 The basic tools and equipment to be staged shall include:

- RIT bag
- BLS Equipment
- Axe & Halligan
- 8' Pike pole

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- Thermal Imaging Camera (TIC)
- Hand lights
- Spare SCBA cylinders (Complete SCBA pack if available)
- Extra batteries for TIC and portable radios
- If the crew has air-monitoring equipment it shall be staged as well.
- RIT Board
- A dedicated hose line equal in size and length to the original line deployed.
Example (pre-connected cross-lay or high rise pack)

7. RIT DEPLOYMENT:

RIT shall be deployed by command, anytime a Mayday event is declared.

7.1 Anytime a RIT is deployed :

- Command shall request an additional alarm assignment. and assign an additional RIT Group and RIT Group Supervisor.
- Command shall assign all activated RIT's to another channel. Anytime a RIT is moved off the fire ground channel, a RIT Liaison shall be assigned to the Command Post to coordinate the radio messages between the two channels. Unless directed by Command the firefighter(s) in trouble will not change radio channels.
- Command shall evaluate the complexity of the incident including both the on-going operations and the Mayday event and take the following actions as deemed appropriate:
- Command shall request any additional or specialized resources needed to control the incident, in addition to the automatic 2nd alarm (or greater alarm) initiated at the onset of the Mayday event.
- NOTE: A dispatcher may not be monitoring the RIT channel, and communications should flow through the RIT liaison at the command post.
- Command shall replace the deployed RIT with another RIT to support any ongoing operations that cannot be suspended.
- Command shall assign a back-up RIT to support the deployed RIT.

7.2 Command shall establish a ready and waiting Rescue capable of rapid transport, which will be assigned to the RIT Group.

- Assign one Rescue for each missing or endangered firefighter.

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7.3 The RIT officer shall immediately meet with the Incident Commander, or RIT Group Supervisor if established, to receive specific direction and information to include:

- Name of firefighter(s) in trouble, to include their unit IDs.
- Details known about the emergency that created the Mayday.
- Last known location and assignment of firefighter(s) in trouble. Remember, the closest point to the downed firefighter(s) may not be via their initial entry point.
 - Fire/Incident size-up (where the fire is and where it's going)
 - Hazards and structural stability.
 - Confirm RIT radio assignment (confirm everyone on the team makes the change to the alternate radio channel).
 - The person the RIT will be reporting to (Command or RIT Group Supervisor).
 - The RIT will mark the best-known location of the downed firefighter, or last known location of the missing firefighter and leave the RIT board at the staging area for the backup RIT, and then enter the structure or hazard area with the appropriate equipment to affect the rescue.
 - The RIT will provide regular updates to command, or the RIT Group Supervisor if established, as to their movements, conditions encountered within the building and completion of the following benchmarks.
 - Locate the lost, downed, trapped or missing firefighter.
 - Place the firefighter(s) on air (if not already on air).
 - Remove the firefighter(s) from the building or hazardous area.
- The RIT will utilize search ropes or hose lines to establish their exit route as they move through the building, even when current conditions provide for adequate visibility.
- All RITs will be deployed with a TIC.
- The back-up RIT(s) will review the RIT board and any other information available in preparation of entering the building to assist or replace the first team.

The RIT Group Supervisor may assign additional resources to one or more of the RIT teams to support their rescue efforts. Command shall assign all activated RIT teams to another channel.

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- At The End of RIT operations the Incident Commander shall notify all units and Communications of a return to normal operations and the end of the Mayday Event.



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Standard Operating Guidelines

Title:	General EMS Operations			
Section:	Emergency Operations – EMS			
SOG #:	220.01	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish basic guidelines pertaining to the Emergency Medical Services program and delivery for the Maitland Fire/Rescue Department.

Maitland Fire/Rescue is the sole provider for Emergency Medical Services within the City of Maitland. The Department is duly licensed under the requirements set forth by the State of Florida, Florida Administrative Code, Chapter 64E-2.

This guideline will encompass all members of the Department. The Fire Chief will have final authority for changes to the EMS program. Authority to vary from this guideline rests with the Battalion Chiefs and the Deputy Fire Chief.

2. PROCEDURE:

- a. The Fire Chief will designate the Deputy Fire Chief to oversee the EMS program for the Department.
- b. The designated Deputy Fire Chief will remain apprised of all changes regarding requirements set for continued delivery of EMS within the City; and shall make recommendations to Administration on mandated changes to guidelines and policies.
- c. Vehicles will be stocked with EMS supplies in accordance with 64J-2 for ALS transport and non-transport units.
- d. EMS supplies and equipment will be ordered and inventoried by a “supply officer” designated by the Deputy Fire Chief. Paramedics and Company Officers will ensure that established minimum and maximum levels of all supplies are maintained and needs for replenishment are reported to the supply officer on a daily basis. (Minimum levels are defined in the inventory books for each unit).
- e. EMS medications will be ordered and maintained by a “medication officer” designated by the Deputy Fire Chief. Medication/Fluid storage and security is addressed in SOG #220.03.

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- f. Members of the Department are required to maintain all required EMS certification levels to include: EMT or Paramedic, valid driver's license, BLS provider, ACLS, and PALS. Current copies of certifications will be carried in each member's helmet while on duty.
- g. HRS records will be maintained by a designated member in accordance with requirements for FAC, Chapter 64I-2.
- h. EMS incidents will be recorded in an electronic format and completed prior to release from duty. Exceptions must be approved by the Battalion Chief.
- i. Medical billing and collection will be handled by a contracted, outside agency.
- j. It is the responsibility of all members of the agency to ensure that patient information needed for billing and collection purposes is correct, complete, and legible. It is the responsibility of the OIC to ensure that the information is in its proper format before being sent to Fire Administration.
- k. Requests for copies of EMS reports will be handled according to SOG # 220.10 & 220.11.
- l. Practice Parameters will be maintained on each unit and in electronic format. Continuous review will be accomplished at monthly Medical Director meetings and changes will be made as required by the Medical Director. Members will be notified in the form of email when changes have been made and the books on each unit will be updated.
- m. Newly hired or newly certified Paramedics will be placed in a training program defined as the "FIT" or Field Internship Training program and upon successful completion will be deemed autonomous. Paramedic interns are supervised by "preceptors" that have been appointed by the Fire Chief.
- n. Monthly Medical Director meetings will be held according to SOG 130.06. The Deputy Fire Chief will designate a member to manage these meetings. This member will develop an agenda and maintain minutes of each meeting.
- o. Monthly FIT meetings will occur with all Preceptors to review progress of Paramedic Interns. Minutes will be maintained and distributed to FIT preceptors and Fire Administration.

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Standard Operating Guidelines

Title:	Medication / Fluid Storage & Security			
Section:	Emergency Operations - EMS			
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Effective Date:	August 1, 2008	Revision Date:	April 1, 2015	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish for the Maitland Fire Rescue Department medication, fluids, and controlled substances inventory, storage, and security procedures. (In accordance with 64E-2.037 F.A.C.)

2. PROCEDURE:

2.1 RESPONSIBILITY

It is the responsibility of each ALS provider to secure against unauthorized entry, the areas where medications, fluids, and controlled substances are stored. Therefore the Maitland Fire Rescue Department will follow the procedures listed:

- a. All IV fluids and medications shall be stored in an area that is secured by a locking mechanism. All medications not assigned to an ALS vehicle shall be kept in vending machine at Station 45 or the locked cabinet at Station 47.
- b. All medications shall be stored in a climate controlled location (i.e. air conditioned and heated). **Please note if medications are subjected or exposed to extreme temperatures the person checking the medication shall notify their supervisor and the on duty Battalion Chief as well as the Deputy Chief for medical evaluation of the medication.**
- c. Controlled substances will be kept in a separate container and will be kept in the locked security box inside each ALS box located on each ALS unit.
- d. Only state licensed Paramedics employed by the Maitland Fire Rescue Department shall have access (keys) to controlled substances.
- e. A Medication Inventory Log will be kept on all spare fluids and medications (vehicles, drug boxes, and storage cabinets). The log will include: Date of inventory, quantities of any addition or deletion from stock, location of stock, and the legible name of the person completing the inventory.
- f. Quarterly there shall be a controlled substance inspection completed by the Battalion Chief. The Battalion Chief must confirm amounts received, administered, disposed of, and transferred based on reports, receipts, expiration dates and documentation. Any discrepancies must be addressed ASAP and resolved or proper notification made to Fire Administration and Dr. Husty.

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- g. All fluids and medications will be examined on the first weekday shift of each month (Including vehicles, drug boxes, and storage cabinets) and documented in the Medication Inventory Log.

Any medications or fluids found to be within **one month** of expiration should be removed from service and properly forwarded to the person in charge of medications for their disposal or return credit. The person in charge of medications shall store all expired medications in a locked cabinet separate from the current medications until such time as they are disposed of or returned for credit. All medications and fluids that are forwarded shall be documented accordingly in the Medication Inventory Log.

Anytime a drug/fluid is used and replaced during routine operations, it shall be examined to ensure expiration date is not within one month and that the fluid/medication is not damaged or deteriorated.

- h. Anytime any medication is taken from the EMS cabinet to replace medications in the drug box the Disbursement log must be completed. See example below.

2.2 Controlled Substances

- a. There shall be a stocked supply of controlled substances for the entire department located at Station 45. The stocked supply shall be secured by two different forms of locking devices and there shall only be 4-5 personnel with approved access. Anytime the stocked supply is opened whether for supplies received, disbursement, or any other reason the drug log must be completed and verified by **two** authorized personnel. Both members must complete and sign the log indicating the specific reason for the entry.
- b. Only state licensed Maitland Fire Rescue Department employed Paramedics shall have access to controlled substances.
- c. An inventory for all controlled substances shall be conducted at the beginning and end of each shift by the individual responsible for drug security during that shift and for each instance of use during a call.
- d. Any time a controlled substance is removed from the stock, documentation must be recorded as to why (i.e. administered, broken, expired etc.). If the medication was administered the Paramedic must document the amount given, lot #, expiration date, and the amount wasted. The documentation must be signed by the administering Paramedic and a witness verifying the disposal of the unused

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portion. If the medication is transferred, documentation must show the Unit (i.e. E45, R45), Amount, Milligrams, Milliliters, expiration date, lot number and reason.

- e. Once the call and documentation is complete the inventory shall be restocked to reflect the proper amount to be maintained on the unit.
- f. Records shall be maintained for Morphine, Fentanyl, Ativan, Etomidate, and Versed. *Any controlled substance additions to the inventory will have records maintained in the appropriate log book. See example below.

2.3 Daily Controlled Substance Check Out

- a. Fill out the control log as directed. Unit #, employee name, date, time, and drug name(s).
- b. Visualize each medication and the amount present.
- c. Fill in the log with the information. Amount of mg and ml, expiration date, and lot #. Indicate on each line the name of the drug when filling in the information.
- d. Compare to the previous day to assure concurrency.
- e. If there are any discrepancies, identify the problem. If the problem can not be resolved by yourself and the prior shifts Paramedic you must notify the on duty Lieutenant, Battalion Chief, Deputy Fire Chief and Dr. Husty.

Note: this should be completed as close to the shift change as possible (early morning).

2.4 Documented Administration

- a. Fill in the amount administered, lot #, expiration date, and run number.
- b. The administering Paramedic must print and sign their name.
- c. The unused portion disposal must be witnessed; the witness must print and sign their name.
- d. The comments line should indicate the amount given to the patient and the amount disposed of.

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2.5 Documented Transfer

- a. When restocking the drug box, the station drug log must be filled out.
- b. In the station drug log, the **TRANSFERRED TO** section needs to be filled in. Unit, amount, milligrams, milliliters, expiration date, lot #, and reason. The comments line shall be filled in as needed.
- c. When placing the narcotics in the drug box, the drug box log must be filled out.
- d. In the drug box log, the **RECEIVED FROM** section must be filled in. Unit, amount, milligrams, milliliters, lot #, and reason. The comments line shall be filled in as needed.
- e. Any discrepancy found during the inventory (errors, missing pages, incomplete inventory, missing meds, incorrect meds, or broken meds) shall be reported immediately to the on-duty Lieutenant, Battalion Chief, Deputy Fire Chief and the Medical Director.
- f. Inventory records shall be maintained for a period of two years minimum, at the location where the controlled substances are stored.

2.6 Disposal Procedures

- a. Any unused or damaged medication that is removed from service shall be disposed of into the sanitary sewer system. Any expired medications shall be forwarded to the person in charge of the medications for their return and credit. Empty ampules, vials, sharps, and syringes shall be disposed of according to bio-waste protocols.
- b. Disposal of any controlled substance (including unused portions) shall be documented in the appropriate log. Disposal shall take place with a witness.
- c. The printed name and signature of the person witnessing the disposal of each unused portion of controlled substance shall be included in the log.
- d. Controlled substances shall be removed from any vehicle where a Maitland Fire Rescue Department employed Paramedic is not assigned.
- e. Medication errors and reactions shall be reported to the physician who ordered the medication, receiving physician, Deputy Fire Chief and the Medical Director.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Equipment Retrieval			
Section:	Emergency Operations - EMS			
SOG #:	220.03	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To retrieve equipment in a timely manner.

2. PROCEDURE:

In an effort to reduce the risk of lost or missing equipment, all crews should take the following steps to retrieve any items left at the hospitals:

- a. If the call occurs before midnight, the shift handling the call will retrieve the equipment at the hospital.
- b. If the call occurs after midnight, the on-coming shift must make it a priority to retrieve the equipment as soon as possible after vehicle check-out in the morning.

**At no time will it be acceptable for a full rotation of shifts to occur before equipment retrieval is attempted.

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Standard Operating Guidelines

Title:	Hospital & Report Procedures			
Section:	Emergency Operations - EMS			
SOG #:	220.04	Page:	1 of 3	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish procedures for delivery of the patient to the hospital staff, completion of the Electronic Patient Care Report, when EMS reports are to be completed, and minimizing out of service time after arriving at the hospital.

2. PROCEDURE:

It is the responsibility of crew members to complete a draft of the Maitland Fire Rescue TripTix patient care report and leave a copy at the hospital for each patient. All crew members are required to report the transport mileage to the nearest tenth of a mile in order to meet new Medicare guidelines effective January 1, 2011. They must also obtain a copy of the hospital face sheet for billing purposes. Therefore, the Maitland Fire Rescue Department will utilize the following procedure:

- a. Once the patient has been turned over to the hospital staff and reports have been given, the attending crew member will complete a draft of the *Maitland Fire Rescue TripTix patient care report*, leaving a copy at the hospital for the patient's records.
- b. When the patient is able to do so, obtain patient's signature on the electronic *Patient Signature Form* and in the *Patient Signature Box* within TripTix. (Refer to SOG 220.05) Also have the hospital representative sign the "*Transfer of Care Signature Form*."
- c. Contact the Emergency Department admitting staff to obtain a copy of the patient's hospital face sheet, which lists insurance information for the patient.
- d. If a face sheet is not yet available, obtain an MRI number (medical records number) from hospital staff and make a note of it.
- e. If the face sheet was not ready, leave a completed copy of the *Maitland Fire Rescue Department Request for Patient MRI / Face Sheet* with the Emergency Department admitting staff and ask them to fax the information to us when available. Also, check with the Emergency Department admitting staff if the crew returns to the hospital on other calls during the shift.

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- f. If the face sheet is not available and all options have been exhausted to obtain one, complete the billing section of the TripTix Patient Care Report.
**Obtaining a face sheet on each patient will eliminate the need to complete the billing section on the *TripTix electronic patient care report*.
- g. Attempt to minimize hospital time to approximately 15 minutes. Notify the OIC if hospital time will exceed 15 minutes. At the 30 minute mark, Lieutenants are to contact their on-duty Battalion Chief for notification purposes and possible intervention. At no time is it appropriate to make your first contact with your supervisor at the 30, 45, or 60 minutes interval when you have been unable to off load your patient. The patient may be placed on a green cot if they meet the requirements detailed in Practice Parameter 1.16. The decision to use a green cot shall only be made by a Battalion Chief, an Assistant Chief or the Fire Chief.
- h. Transport mileage on the patient care report must be calculated to tenth of a mile. The transport mileage may be based on start/stop odometer readings noted during transport or may be gained from entering the starting address and ending address in MapQuest.
- i. A TripTix Patient Care Report is to be generated on all EMS calls in the City of Maitland or Town of Eatonville; this includes but is not limited to – patient assists, auto accidents, dry runs (EMS nature), transports, refusals, no patient found, assist PD (EMS nature), etc.... Furthermore, a report must also be generated during calls for service with other agencies if care is rendered by MFRD personnel. When care is not rendered, the NFIRS report must indicate “No EMS report needed.”
- j. Upon completion of the call, the attending crew member will complete the following:
- Computer generated *TripTix Patient Care Report*;
 - Attach a TripTix/ADPI barcode to any patient related paperwork that was generated but not captured within TripTix. Place an individual barcode on each type of different types of paperwork. This includes EKG tracings, hospital face sheets, patient signature forms, stroke alert forms, cardiac alert forms, etc. Then enter each of these barcodes numbers in the appropriate fields within the TripTix Patient Care Report.
 - Every sheet of paper (i.e. ECG, face sheet, signature form) should include, at a minimum, a bar code and patient’s name.
 - All paperwork pertaining to the same patient shall be paper clipped together and place in an interoffice transport envelope.
 - *Interoffice Envelope: At the end of each shift, complete an interoffice transport envelope that includes all bar-coded documents generated for that shift.*

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- TripTix Patient Care Reports are to be completed prior to the end of shift. Exceptions to this are to be made on a case by case basis and approved by the on-duty Battalion Chief.
- k. At the end of each shift, the OIC shall complete the following:
- Collect any envelopes for the shift.
 - Verify that all reports have been entered into TripTix.
 - Verify that required paperwork has a barcode and patient's name attached to each related sheet, is paper clipped by patient, and is present in the envelope.
 - The OIC or his/her designee shall log into Intermedix "Supervisor Review" and review that days reports and either approve each report or reject it for corrections. All reports should have requested corrections made within 72 hours and submitted to Intermedix. At no time should a report be under Supervisor Review for more than 9 days.

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Standard Operating Guidelines

Title:	Patient Signature Form			
Section:	Operations – EMS			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure for obtaining a “patient signature” on all transports performed by the Maitland Fire Rescue Department to meet the requirements for release of information and insurance filing required by Medicare and other insurance companies. Also establishes the necessity of obtaining signatures on patients that refuse transport and/or treatment. MFD reserves the right to obtain unpaid balances for services through collections service payment. Any cost incurred shall be the responsibility of the party billed.

2. PROCEDURE:

It is the responsibility of crew members to obtain a signature from each patient (or guardian) transported and to obtain a signature on patients that refuse transport and/or treatment.

2.1 All Transports:

- a. Each patient transported will be asked to sign the *Maitland Fire Rescue Department Patient Signature Form or the electronic Patient Signature Form and Signature Box within TripTix* which gives the City of Maitland permission to bill the patients insurance company, to release any information necessary to said insurance company and guarantee the patient’s payment if insurance is denied.
- b. If the patient is unable to sign his/her full name, an “X” will be accepted, but must be witnessed by another adult and/or crewmember.
- c. If the patient is a minor, the crew will obtain the signature of the minor’s parent and/or guardian on the release form. If no parent or guardian is present, contact parent or guardian via phone and advise of situation (stable/no need for transport/transport to approved facility) have the paper or electronic form signed/witnessed.
- d. If the patient is unable to sign, a spouse or other immediate (adult) family member may sign for the patient on the *Patient Signature Form hardcopy or electronic Patient Signature Form and Patient Signature Box within TripTix*. Document why the patient was unable to sign, and the relationship of the person that signed for them.

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- e. If the patient is unable to sign and no other adult is present to sign for the patient, a reason must be listed on the release form as to why the patient could not sign. (Examples – Unresponsive, Combative, Patient Refused)
- f. Place patient's name, Maitland incident number, and date of call on all *Patient Signature Forms* (electronic or hardcopy).
- g. When completed, place the *Patient Signature Form* (if a hardcopy) in the *Outgoing Report Summary Envelope* with all other paperwork pertaining to the patient. (Refer to S.O.G. 2.03)

2.2 All Refusals:

- a. All patients encountered with injuries and/or conditions that would warrant the transport of the patient to the hospital for care, but who refuse transport should be asked to sign the *Patient Release form*.
- b. Current procedures for documentation of auto accidents and other calls with no injuries will be followed.

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Standard Operating Guidelines

Title:	Non-Emergency Transports			
Section:	Operations - EMS			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish procedures for non-emergency ambulance transports which will meet requirements of Federal Registry Sections 42 C.F.R. 410.40(d)(2) and 410.40(d)(3) which covers requirements for physicians to certify that non-emergency transportation is required.

2. PROCEDURE:

- a. When a non-emergency transport call is received by any crewmember, it should be referred to a non-emergency provider as posted, or to the nursing supervision of the facility calling. Exhaust all options before accepting a non-emergency transport.
- b. The OIC must be contacted prior to acceptance of a non-emergency transport.
- c. If all options have been exhausted, and a Maitland crew responds and transports a non-emergency patient, it is the responsibility of the crew members to obtain a physicians certification for the non-emergency ambulance transport
- d. A non-emergency transport is any transport that does not originate from the 911 system.
- e. The Maitland Fire Rescue Department will:
 - Obtain a face sheet from the facility.
 - Obtain the name and phone number (if possible) of the patient's physician. (This must be the patient's primary care physician, not the emergency room physician)
 - When the crew returns to the station, contact the patient's physicians office for a fax number.
 - Complete the Maitland Fire Rescue Department fax cover sheet and sections A & B of the *Certificate of Medical Necessity Form*.

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- Fax the cover sheet and *Certificate of Medical Necessity Form* to the physician's office for physician, physician assistant, or nurse practitioner signature.
- Flag the report indicating it is awaiting the physician's signature.
- Attach a Triptix barcode to the form and input the number into Triptix.
- Do not send report to billing company without medical necessity documentation.

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Standard Operating Guidelines

Title:	Infection Control Program			
Section:	Emergency Operations - EMS			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The Maitland Fire Rescue Department recognizes the potential exposure of its firefighters, in the performance of their duties, to communicable diseases. To minimize the risk of exposure, the Maitland Fire Rescue Department will implement an infection control program.

The purpose of this policy is to provide minimum criteria for infection control in the fire station, at an incident scene, and at any other area where fire department members are involved in routine or emergency operations.

2. PROCEDURE:

- a. Members with infections that constitute, in the course of their duties, a risk of infection to patients or other members shall be evaluated by a physician to determine what functions the member can perform.
- b. Members with extensive skin lesions or severe dermatitis on hands, arms, head, face, or neck shall not engage in direct patient contact, handle patient care equipment, or handle medical waste.
- c. Members who are pregnant are discouraged from engaging in Emergency Medical and Firefighting operations. This is due to the dangers to both the member and the fetus from potential infectious and toxic exposures of uncontrollable type, frequency, and severity. It is the responsibility of the member to request a transfer to another position if such conditions are present and they are desirous of following the above recommendations.

2.1 Training and Education

- a. The Infection Control Officer will be responsible to ensure that all members are educated on potential occupational health risks. The training shall include proper use of personal protective equipment, SOP's for safe work practices in infection control, and proper methods of disposal of contaminated articles and medical waste.

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- b. The education program shall provide information on epidemiology, modes of transmission, and prevention of diseases including, but not limited to, meningitis, childhood communicable diseases, herpes viruses, hepatitis A, hepatitis B, hepatitis non-A/non-B, or hepatitis C, tuberculosis, human immunodeficiency virus, lice, and scabies. Information on applicable government regulations shall also be provided.

2.2 Infection Control Liaison

- a. The Infection Control officer will serve as the Infection Control Liaison.
- b. The Infection Control Liaison shall be responsible for maintaining communications between the fire department, the health care facility, and other appropriate health care professionals.
- c. When notified of an exposure, the infection control liaison shall investigate the incident, notify all members who were potentially exposed, and ensure that those members receive appropriate medical follow up.

2.3 Immunization

- a. The fire department will make available to all personnel the opportunity to receive appropriate immunizations, including vaccination against Hepatitis B. If a member refuses to receive the immunization, he/she will be required to sign a declination of immunization.

2.4 Infection Control Garments and Equipment

- a. Members engaging in any emergency patient care shall don medical gloves prior to initiating such care due to the variety of diseases, mode of transmission, and unpredictable nature of the work environment.
- b. Medical gloves shall be removed as soon as possible after the termination of patient care, taking care to avoid skin contact with glove exterior surface and shall be disposed of in accordance with disposal requirements.
- c. Members shall not eat, drink, or smoke while wearing gloves.

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- d. Masks, splash resistant eyewear, and fluid resistant clothing shall be present on all fire department vehicles that provide emergency medical operations. They shall be donned prior to any patient care situations, by the members who will be providing treatment, involving dealing with the airway (intubation, suctioning, ventilating), childbirth, situations where bodily fluids may be encountered, and large volumes or spurting blood.
- e. Artificial respiration equipment shall be used by members performing airway management. Do not perform mouth-to-mouth resuscitation.
- f. All members shall take precautions during procedures to prevent injuries caused by needles, scalpel blades, and other sharp instruments or devices.
- g. Needles shall not be recapped. Following use, all sharp objects shall be immediately placed in sharps containers. Sharps containers shall be in all patient transport vehicles and readily available in drug boxes.

2.5 Skin Washing

- a. Hands shall be washed after each emergency medical incident, after cleaning and disinfecting emergency medical equipment, after cleaning protective equipment, after any cleaning function, before and after using bathroom, before and after handling food or cooking and food utensils. (wash with soap and water and rub vigorously for at least 10 seconds)

2.6 Clothing

- a. All protective equipment and clothing shall be inspected and cleaned regularly.
- b. When protective clothing, station/work uniforms, or other clothing is contaminated, it shall be cleaned as soon as possible.
- c. Small stains from body fluids shall be permitted to be spot cleaned and then disinfected. (See NFPA 1581)
- d. Clothing that is contaminated with large amounts of body fluids shall be placed in leak proof bags, sealed, and transported for proper cleaning or disposal.

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2.7 Emergency Medical Equipment

- a. Dirty or contaminated emergency medical equipment shall not be cleaned or disinfected in fire station kitchen, living, sleeping, or personal hygiene areas. Sink in biohazard area to be utilized for these functions. (Refer to Infection Control Program and Exposure Control Plan for bio-hazard area procedures)
- b. Infection control garments shall be worn whenever there is a potential for exposure to body fluids during cleaning.
- c. Prior to cleaning, dirty or contaminated equipment shall be stored separate from cleaned and disinfected emergency medical equipment.
- d. Reusable emergency medical equipment that comes in contact with mucous membranes shall require cleaning and a high level disinfection or sterilization after each use.

2.8 Disposal of Materials

- a. Sharps containers shall be disposed of following federal, state, and local regulations. The fire department will contract with a disposal agency. A box is provided in the biohazard area for this purpose. Place any disposable items that came in contact with patients in this receptacle. Whenever the puncture resistant containers become somewhat filled, place the container in the biohazard waste box.
- b. Contaminated disposable medical supplies and equipment, contaminated disposable infection control garments, and contaminated wastes shall be placed in leak proof bags, sealed, and disposed of as medical waste. (Red bags on unit, bio-hazard waste box in bio-hazard area, sharps boxes)
- c. When normally non-disposable items cannot be disinfected (determined by the Infection Control Liaison) they shall be placed in leak proof bags, sealed, and disposed of as medical waste.

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2.9 Exposures

- a. If a member has sustained an exposure, the exposed area shall be thoroughly washed immediately using soap and water on mucosal surfaces, and soap and running water on skin surfaces. If soap and running water are not available, alcohol or other skin-cleaning agents that do not require water shall be used until soap and running water can be obtained.
- b. All members will report an exposure immediately and the infection control liaison shall be notified.
- c. All exposures shall be recorded in writing as soon as possible after the incident. The record of the exposure shall become part of the member's confidential permanent health file.
- d. The member will be sent to a facility (Centra Care or Emergency Room) to begin follow up care and enter the Needle Stick Program as outlined in the Infection Control Program and Exposure Control Plan.

Refer to the Department Infection Control Program & Exposure Control Plan for specifics.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Blood Collection Requests for Law Enforcement (MVA's)			
Section:	Administration - EMS			
SOG #:	220.08	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for drawing blood for law enforcement for the purpose of determining the alcoholic content or presence of chemical substances. Law Enforcement shall include: Maitland Police Department, Orange County Sheriffs Office, Florida Highway Patrol, Eatonville Police Department or any other law enforcement agency represented on a MVA scene.

2. PROCEDURE:

- a. Per Florida State Statute #: 316.1933 if a law enforcement officer has probable cause to believe a person driving or in control of a vehicle is under the influence of alcohol, chemical substance(s), or controlled substance(s) and has caused the serious bodily injury or death of a human being, the law enforcement officer shall request that the person driving or in actual physical control of the motor vehicle to submit to a test of the person's blood for the purpose of determining the alcoholic content or the presence of chemical substances. State Statute permits that if the law enforcement officer deems it necessary, he/she may use reasonable force to ensure that the person submits to the administration of the blood test.
- b. Per Statute 316.1933 (b) the term "serious bodily injury" means an injury to any person, including the driver, which consists of physical condition that creates a substantial risk of death, serious personal disfigurement, or protracted loss of impairment of the function of any bodily member or organ.
- c. When requested by Law Enforcement to obtain a blood specimen, The Officer in Charge must contact the on duty Battalion Chief to advise of the situation so a review of the options may be considered. This must occur before attempting to obtain the specimen.
- d. The blood draw will be performed utilizing a Law Enforcement kit provided by the agency, with explicit instructions. Instructions must be followed without variance in order for the blood to be entered into evidence. In the event that the Paramedic is unable to obtain a sample using the vacutainer system provided, they may utilize a needle and syringe and transfer the blood sample to the blood specimen tubes included in the law enforcement kit assembly as long as this equipment is placed in the evidence container. (316.1933 #4b)

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- e. It is the intent of the Maitland Fire Rescue Department to obtain verbal consent from the patient prior to the test.
- f. If the person refuses to consent, state statute does permit the law enforcement officer to use reasonable force to obtain the specimen. The Battalion Chief and OIC will weigh risk vs. benefit when making a decision to draw blood on a person that refuses to consent. When at all possible, the person should be transported to the hospital utilizing reasonable force and the blood shall be drawn in that setting. This will help avoid unnecessary risk of injury to our members and/or the patient. The OIC or Battalion Chief shall contact the receiving hospital to ascertain if a significant delay will be encountered. If timely action can not be insured (i.e. hospitals on delay) and the benefit outweighs the risk (i.e. serious bodily injury or death) the decision to draw the blood in the field may be made.
- g. A maximum of 2 attempts will be made to obtain the sample.
- h. If blood is drawn for the purpose of determining blood alcohol level and/or presence of chemical substance, the Paramedic will document the activity on the PCR.

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Standard Operating Guidelines

Title:	Electronic Patient Care Reports			
Section:	Emergency Operations – EMS			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To ensure that all staff members of Maitland Fire Rescue properly dispose of all non-essential “paper” used in the preparation of a patient care report (PCR) and to secure and restrict PCR accessibility.

2. PROCEDURE:

Maitland Fire Rescue maintains strict requirements on the security and access of all PCR’s as well as the initial documentation created by the field providers in their preparation of a PCR.

- a. All preliminary documentation used by a crewmember to assist in the creation or modification of a PCR is the sole property of Maitland Fire Rescue.
- b. Each crewmember will be given a password to use Maitland Fire Rescue’s computer systems. Each member will also create a personal password for accessing TripTix patient care reporting.
- c. No crewmember may disclose his/her password to any other crewmember.
- d. Each crewmember is to access ONLY his/her PCR’s unless directed otherwise by the Privacy Officer or as permitted by management.
- e. No crewmember is to log onto any computer or password protected software under any user name other than his/her own.
- f. A PCR may be amended by a crewmember upon approval by the Privacy Officer or Management.
- g. Printed PCR’s are to go immediately to a Supervisor for review or be shredded. PCR’s must be either hand delivered or placed in a lock box.
- h. All scratch paper used by a crewmember in the preparation of a PCR must be shredded immediately.

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Standard Operating Guidelines

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Section:	Emergency Operations - EMS			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To outline levels of access to Protected Health Information (PHI) for various staff members of Maitland Fire Rescue and to provide a policy and procedure on limiting access, disclosure, and use of PHI. To provide policies outlining patient rights and Maitland Fire Rescue's responsibilities in fulfilling patient requests. Security of PHI is everyone's responsibility.

2. GENERAL STATEMENTS:

Maitland Fire Rescue retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

Patients may exercise their rights to access, amend, restrict, and request an accounting, as well as lodge a complaint with either Maitland Fire Rescue or the Secretary of the Department of Health and Human Services.

3. PROCEDURE:

3.1 Role Based Access

- a. Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access.

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Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Billing Clerk	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift
Lieutenant/OIC	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Dispatcher	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
F.I.T. Coordinator	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Department Managers		May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel

- b. Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on the Company's reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities.
- c. Access to a patient's entire file will not be allowed except when expressly permitted by company policy or approved by the Privacy Officer.

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3.2 Disclosures To and Authorizations From The Patient

- a. You are not required to limit your disclosure to the minimum amount of information necessary when disclosing PHI to other health care providers for treatment of the patient. This includes doctors, nurses, etc. at the receiving hospital, any mutual aid provider, your fellow crew members involved in the call, and any other person involved in the treatment of the patient who has a need to know that patient's PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by the Company.
- b. Authorizations received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient's authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, the Company is permitted to disclose the PHI requested without making any minimum necessary determination.

- c. For all other uses and disclosures of PHI, the minimum necessary rule is likely to apply. A good example of when the minimum necessary rule applies is when your Company conducts quality assurance activities. In most situations it is not necessary to disclose certain patient information such as the patient's name, address, social security number, all PHI of the treated patient, in order to conduct a call review. This sensitive information should be redacted or blacked out from the PCR being used as a Q/A example.

3.3 Company Requests for PHI

- a. If the Company needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult your supervisor for guidance. For example, if the request is non-recurring or non-routine, like making a request for documents via a subpoena, we must review the request to make sure it covers only the minimum necessary PHI to accomplish the purpose of the request.

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Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported by the Company	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.

3.4 Incidental Disclosures

- a. The Company understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see.

- b. The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other staff members

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should not have access to information that is not necessary for the staff member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

- c. However, all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

3.5 Verbal Security

- a. **Waiting or Public Areas:** If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.
- b. **Garage Areas:** Staff members should be sensitive to that fact that members of the public and other agencies may be present in the garage and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.
- c. **Other Areas:** Staff members should only discuss patient care information with those who are involved in the care of the patient, regardless of your physical location. You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking. This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient. When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information you may have in your possession with others involved in the care of the patient.

3.6 Physical Security

- a. **Patient Care and Other Patient or Billing Records:** Patient care reports should be stored in safe and secure areas. When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

Maitland Fire Rescue Department

Standard Operating Guidelines

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Section:	Emergency Operations – EMS		
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Billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

- b. **Computers and Entry Devices:** Computer access terminals and other remote entry devices such as PDA's and laptops should be kept secure. Access to any computer device should be by password only. Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops and PDA's should remain in the physical possession of the individual to whom it is assigned at all times. See the Maitland Fire Rescue SOG on Use of Computer Equipment and Information Systems.

3.7 Penalties for Violation

- a. The Department takes its responsibility to safeguard patient information very seriously. There are significant legal penalties against companies and individuals that do not adhere to the laws that protect patient privacy.
- b. Staff members who do not follow our policies on patient privacy will be subject to disciplinary action, up to and including verbal and written warnings, suspension and/or termination from the organization. The Company shall make every effort to provide remedial education and training as to our policies and procedures when there is a first time violation of our policies.

3.8 Questions About This Policy or Any Privacy Issues

- a. The Department has appointed a Privacy Officer to oversee our policies and procedures on patient privacy and to monitor compliance. The Privacy Officer is also available to you for consultation on any issues or concerns you have about how our Company deals with protected health information. You should feel free to contact the Privacy Officer at any time with your questions or concerns.
- b. The Department will not retaliate against any staff member who expresses a good concern or complaint about any policy or practice related to the safeguarding of patient information and the Department's legal obligations to protect patient privacy.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Patient Request for Protected Patient Health Information			
Section:	Emergency Operations – EMS			
SOG #:	220.11	Page:	1 of 8	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To ensure that all patients treated by Maitland Fire Rescue are apprised of their rights with regard to PHI and that Maitland Fire Rescue provides the necessary tools to facilitate patient requests.

3. PROCEDURE:

2.1 Notice of Privacy Practices (NPP)

Maitland Fire Rescue field providers will furnish a copy of Maitland Fire Rescue's NPP to the patient at or prior to treatment in non-emergency situations and as circumstances permit after treatment in an emergency. In non-emergency situations only, field personnel should attempt to get a signed acknowledgement from patient or note why a signature was not obtained.

2.2 Non-emergency Transport

- a. Provide a copy of the NPP to the patient.
- b. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
- c. Have the patient sign an Authorization/Acknowledgement form.
- d. An authorized personal representative of the patient may sign on the patient's behalf.
- e. If no signature can be obtained, please explain reason.

2.3 Emergency Transport

- a. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
- b. You do not need the patient to acknowledge receipt of NPP.
- c. Be sure you obtain any other necessary signatures if possible.

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- d. If unable to obtain patient's signature, please provide reason.
- e. A copy of the NPP will be provided to the transported patient by mail after the incident has occurred.

2.4 Refusals of Care

- a. Provide a copy of the NPP to the patient.
- b. Indicate on your trip sheet that a copy has/has not been given to the patient, family member or with hospital staff.
- c. Have the patient sign the Refusal form.

2.5 Patient Access, Amendment or Restriction to PHI

- a. Only information contained in the Designated Record Set (DRS) outlined in this policy is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of Maitland Fire Rescue.

2.6 Patient Access

- a. Upon presentation to the business office, the patient or appropriate representative will complete a Request for Access Form.
- b. The Department employee must verify the patient's identity, and if the requestor is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver's license, social security card, or other form of government-issued identification is acceptable for this purpose.
- c. The completed form will be presented to the Privacy Officer for action.
- d. The Privacy Officer will act upon the request within 30 days, preferably sooner. Generally, the Department must respond to requests for access to PHI within 30 days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to 60 days.

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- e. If Maitland Fire Rescue is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why Maitland Fire Rescue could not respond within the time frame and in that case Maitland Fire Rescue may extend the response time by an additional 30 days.
- f. Upon approval of access, the patient will have the right to access the PHI contained in the DRS outlined below and may make a copy of the PHI contained in the DRS upon verbal or written request.
- g. The business office may establish a reasonable charge for copying PHI for the patient or appropriate representative.
- h. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to Maitland Fire Rescue for review.
- i. The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
 - If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
 - If the information the patient requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- j. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
 - If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
 - If the protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;

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- If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.
 - If the denial of the request for access to PHI is for reasons a, b, or c, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.
 - Maitland Fire Rescue will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. Maitland Fire Rescue will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. Maitland Fire Rescue will provide the patient with written notice of the determination of the designated reviewing official.
 - The patient may also file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with Maitland Fire Rescue's determination.
- k. Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor should not be permitted. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated Maitland Fire Rescue staff member. UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF PHI LEAVE THE PREMISES.
- l. If the patient or requestor would like to retain copies of the DRS provided, then Maitland Fire Rescue may charge a reasonable fee for the cost of reproduction.
- m. Whenever a patient or requestor accesses a DRS, a note should be maintained in a log book indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.
- n. Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

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2.7 Patient Amendment

- a. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. A Request for Amendment Form must be accompanied by any request for amendment.
- b. Maitland Fire Rescue must act upon a Request for Amendment within 60 days of the request. If Maitland Fire Rescue is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by an additional 30 days.
- c. All requests for amendment must be forwarded immediately to the Privacy Officer for review.

2.8 Granting Requests for Amendment

- a. If the Privacy Officer grants the request for amendment, then the requestor will receive a letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
- b. There must be written permission provided by the patient so that Maitland Fire Rescue may notify the persons with whom the amendments need to be shared. Maitland Fire Rescue must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.
- c. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving Maitland Fire Rescue permission to provide them with the updated PHI.
- d. Maitland Fire Rescue will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement by the patient and any rebuttal statement by Maitland Fire Rescue to the designated record set.

2.9 Denial of Requests for Amendment

- a. Maitland Fire Rescue may deny a request to amend PHI for the following reasons:
 - 1) if Maitland Fire Rescue did not create the PHI at issue;
 - 2) if the information is not part of the DRS;
 - or 3) the information is accurate and complete.

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- b. Maitland Fire Rescue must provide a written denial, and the denial must be in plain language stating the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.
- c. If the individual submits a "statement of disagreement," the provider may prepare a written rebuttal statement to the patient's statement of disagreement. The statement of disagreement will be appended to the PHI, or at Maitland Fire Rescue's option, a summary of the disagreement will be appended, along with the rebuttal statement of Maitland Fire Rescue.
- d. If Maitland Fire Rescue receives a notice from another covered entity, such as a hospital, that it has amended its own PHI in relation to a particular patient, the ambulance service must amend its own PHI that may be affected by the amendments.

2.10 Patient Restriction

- a. The patient may request a restriction on the use and disclosure of their PHI.
- b. Maitland Fire Rescue is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.
- c. ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED DEPARTMENT FORM. ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE PRIVACY OFFICER.

If Maitland Fire Rescue agrees to a restriction, we may not use or disclose PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, Maitland Fire Rescue may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.

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- d. The agreement to restrict PHI will be documented to ensure that the restriction is followed.
- e. A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. A current restriction may also be terminated by Maitland Fire Rescue as long as Maitland Fire Rescue notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to Maitland Fire Rescue voiding the restriction must continue to be treated as restricted PHI.

2.11 Accounting

To provide guidance to management and staff concerning the patient's right to an Accounting and the types of uses and disclosures of PHI for which Maitland Fire Rescue is required to document.

- a. All patient records will be kept by Maitland Fire Rescue for a period of six (6) years from the date of service.
- b. All patient accounting requests should be received directly from a patient or personal representative.
- c. Maitland Fire Rescue will provide a list of uses and disclosures of the patient's PHI, made by Maitland Fire Rescue or by a Business Associate on Maitland Fire Rescue's behalf, for the last six (6) years or to the extent that Maitland Fire Rescue has maintained that patient's information if less than six (6) years.
- d. All uses and disclosures of a patient's PHI, made by Maitland Fire Rescue, must be documented for accounting purposes except:
 - Disclosures to carry out treatment, payment and health care operations;
 - For national security or intelligence purposes;
 - Uses and disclosures incident to an unaccountable use or disclosure;
 - That occurred prior to the compliance date.

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- e. A common use or disclosure that must be accounted for and information provided upon a request for accounting is the disclosure of PHI in response to a subpoena, summons or warrant.

2.12 Patient Complaints

Patients have the right to complain to the Department about any concerns they may have concerning patient privacy. Any patient or family member who expresses a concern or complaint to you should be directed to contact the Privacy Officer. The Privacy Officer is responsible for receiving, investigating, and documenting all complaints from patients concerning patient privacy issues.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Medical Records of Employees			
Section:	Emergency Operations - EMS			
SOG #:	220.12	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide guidance to management and staff concerning the privacy of medical records which involve employees or other staff members of Maitland Fire Rescue.

2. PROCEDURE:

- a. Maitland Fire Rescue will, to the extent required by law, protect medical records it receives about employees or other staff in a confidential manner. Generally, only those with a need to know the information will have access to it, and, even then, will only have access to as much information as is minimally necessary for the legitimate use of the medical records.
- b. In accordance with laws concerning disability discrimination, all medical records of staff will be kept in separate files apart from the employee's general employment file. These records will be secured with limited access by management.
- c. In accordance with the Privacy Rule of HIPAA, medical records that are not considered employment records will be treated in accordance with the safeguards of the Privacy Rule with respect to their use and disclosure.
- d. Employment records are not considered to be protected health information, or PHI, subject to HIPAA safeguards, including certain medical records of employees that are related to the job. These employment records not covered under HIPAA include, but are not limited to: information obtained to determine my suitability to perform the job duties (such as physical examination reports), drug and alcohol tests obtained in the course of employment, doctor's excuses provided in accordance with the attendance policy, work-related injury and occupational exposure reports, and medical and laboratory reports related to such injuries or exposures, especially to the extent necessary to determine workers' compensation coverage.

Nonetheless, despite the fact that such records are not considered HIPAA protected, Maitland Fire Rescue will limit the use and disclosure of these records to only those with a need to have access to them, such as certain management staff, the Department's designated physician, and state agencies pursuant to state law.

Maitland Fire Rescue Department

Standard Operating Guidelines

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- e. With respect to staff members of Maitland Fire Rescue, only health information that is obtained about staff in the course of providing ambulance or other medical services directly to them is considered PHI under HIPAA. In other words, if Maitland Fire Rescue provides ambulance service to an employee, the protections typically given to such information of our ambulance service patients applies to the employee. These protections are subject to HIPAA exceptions, such as in the situation in which the staff member who used Maitland Fire Rescue was involved in a work-related injury while on duty.

As another example, if we receive a staff member's medical record in the course of providing the employee with treatment and/or transport, it does not matter that Maitland Fire Rescue happens to be the employer – that record is PHI. If, however, the employee submits a doctor's statement to a supervisor to document an absence or tardiness from work, Maitland Fire Rescue does not need to treat that statement as PHI. Other health information that could be treated as employment related, and not PHI, includes medical information that is needed for Maitland Fire Rescue to carry out its obligations under the FMLA, ADA and similar laws, as well as files or records related to occupational injury, disability insurance eligibility, drug screening results, workplace medical surveillance, and fitness-for-duty-tests of employees.

If you have any questions about how medical information about you is used and disclosed by Maitland Fire Rescue, please contact our Privacy Officer.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	HIPAA Forms			
Section:	Emergency Operations - EMS			
SOG #:	220.13	Page:	1 of 6	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide guidance to management and staff concerning the procedure for contracting with other firms when Maitland Fire Rescue is requested to provide patient information

2. PROCEDURE:

This SOG contains the following sample contracts and are included to cover the exchange of information with the following entities:

- Consulting Firms
- Contractors / Vendors
- Law Firms

**MAITLAND FIRE RESCUE
BUSINESS ASSOCIATE CONTRACT LANGUAGE FOR
CONSULTING FIRMS**

1. _____ shall carry out its obligations under this Agreement in compliance with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F - Administrative Simplification, Section 261, *et seq.*, as amended ("HIPPA"), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed or learned as a result of the legal services provided to Maitland Fire Rescue by _____. In conformity therewith, _____ agrees that it will:
 - a. Not use or further disclose PHI except as permitted under this Agreement or required by law;
 - b. Use appropriate safeguards to prevent use of or disclosure of PHI except as permitted by this agreement;
 - c. To mitigate, to the extent practicable, any harmful effect that is known to _____ of a use or disclosure of PHI by _____ in violation of this agreement.
 - d. Report to Maitland Fire Rescue any of or disclosure of PHI not provided for by this Agreement of which _____ becomes aware;
 - e. Ensure that any agents or subcontractors to whom _____ provides PHI, or who have access to PHI, such as other consulting companies, agree to the same restrictions and conditions that apply to _____ with respect to such PHI;
 - f. Make PHI available to Maitland Fire Rescue and to the individual who has a right of access as required under HIPPA;
 - g. Incorporate any amendments to PHI when notified to do so by Maitland Fire Rescue;
 - h. Provide an accounting of all uses or disclosures of PHI made by _____ as required under the HIPPA privacy rule;
 - i. Make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for the purposes of determining _____'s and Maitland Fire Rescue compliance with HIPPA; and,
 - j. At the termination of this Agreement, return or destroy all PHI received from, or created or received by _____ on behalf of Maitland Fire Rescue, and if return is infeasible, the protections of this Agreement will extend to such PHI.

2. The specific uses and disclosures of PHI that may be made by _____ on behalf of Maitland Fire Rescue include, but are not limited to:
 - a. The review of patient care information in providing advice to Maitland Fire Rescue concerning a particular ambulance incident;
 - b. The review of patient care information and other medical records and submission of that information to carriers, insurers and other payers with respect to assisting Maitland Fire Rescue in an insurance or Medicare audit or other similar action;
 - c. The review of patient care information with respect to providing Maitland Fire Rescue with business and operational advice generally;
 - d. The review of patient care information in the course of _____ conducting compliance assessment activities;
 - e. Other uses or disclosures of PHI as permitted by the HIPPA privacy rule.
3. Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by Maitland Fire Rescue, in its sole discretion, if Maitland Fire Rescue determines that it has violated a term or provision of this Agreement pertaining to Ambulance Service's obligations under the HIPPA privacy rule, or if it engages in conduct which would, if committed by Maitland Fire Rescue, result in a violation of the HIPPA privacy rule by Maitland Fire Rescue.

I-September-05

**MAITLAND FIRE RESCUE
CONFIDENTIALITY LANGUAGE FOR
VENDORS WHO ARE NOT BUSINESS ASSOCIATES**

CONFIDENTIALITY

1. _____ understands that while performing the services under this contract, it will be working in areas where confidential and proprietary information may be kept, including confidential patient information. Under no circumstances, except as otherwise agreed to in writing, is any of the contractor's personnel to have access to any confidential information of Maitland Fire Rescue.
2. Further, in the event that _____ inadvertently comes in contact with any confidential information, _____ agrees not to use or further disclose such information to anyone.
3. Further agrees to educate its personnel as to the importance of confidentiality with respect to the performance of this contract, and to maintain a strong confidentiality policy applicable to all of its personnel who may be assigned to perform services at Maitland Fire Rescue.
4. _____ will take steps to ensure that its personnel remain only in authorized areas of Maitland Fire Rescue and that they will not open any files, desks, boxes, disk storage cases, or any other containers that may potentially contain confidential and proprietary information.
5. Any violations of this confidentiality provision shall be cause for immediate termination of this contract, without notice.

I-September-05

**MAITLAND FIRE RESCUE
BUSINESS ASSOCIATE CONTRACT LANGUAGE FOR
LAWFIRMS**

1. _____ shall carry out its obligations under this Agreement in compliance with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F - Administrative Simplification, Section 261, *et seq.*, as amended ("HIPPA"), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed or learned as a result of the legal services provided to Maitland Fire Rescue by _____. In conformity therewith, _____ agrees that it will:
 - a. Not use or further disclose PHI except as permitted under this Agreement or required by law;
 - b. Use appropriate safeguards to prevent use of or disclosure of PHI except as permitted by this agreement;
 - c. To mitigate, to the extent practicable, any harmful effect that is known to _____ of a use or disclosure of PHI by _____ in violation of this agreement;
 - d. Report to Maitland Fire Rescue any of or disclosure of PHI not provided for by this Agreement of which _____ becomes aware;
 - e. Ensure that any agents or subcontractors to whom _____ provides PHI, or who have access to PHI, such as other consulting companies, agree to the same restrictions and conditions that apply to _____ with respect to such PHI;
 - f. Make PHI available to Maitland Fire Rescue and to the individual who has a right of access as required under HIPPA;
 - g. Incorporate any amendments to PHI when notified to do so by Maitland Fire Rescue;
 - h. Provide an accounting of abuses or disclosures of PHI made by _____ as required under the HIPPA privacy rule;
 - i. Make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for the purposes of determining _____'s and Maitland Fire Rescue compliance with HIPPA; and

- j. At the termination of this Agreement, return or destroy all PHI received from, or created or received by on behalf of Maitland Fire Rescue, and if return is infeasible, the protections of this Agreement will extend to such PHI.
2. The specific uses and disclosures of PHI that may be made by _____ on behalf of Maitland Fire Rescue include, but are not limited to:
 - a. The review of patient care information in providing advice to Maitland Fire Rescue concerning a particular ambulance incident;
 - b. The review of patient care information and other medical records and submission of that information to carriers, insurers and other payers with respect to assisting Maitland Fire Rescue in an insurance or Medicare audit or other similar action;
 - c. The review of patient care information with respect to providing Maitland Fire Rescue with business and operational advice generally;
 - d. The review of patient care information in the course of _____ conducting compliance assessment activities;
 - e. The review of PHI and other information necessary to assist Maitland Fire Rescue in developing its HIPPA compliance program;
 - f. Other uses or disclosures of PHI as permitted by the HIPPA privacy rule.
3. Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by Maitland Fire Rescue, in its sole discretion, if Maitland Fire Rescue determines that has violated a term or provision of this Agreement pertaining to Ambulance Service's obligations under the HIPPA privacy rule, or if engages in conduct which would, if committed by Maitland Fire Rescue, would result in a violation of the HIPPA privacy rule by Maitland Fire Rescue.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Quality Assurance Program			
Section:	Emergency Operations – EMS			
SOG #:	220.14	Page:	1 of 29	
Effective Date:	August 1, 2008	Revision Date:	January 1, 2015	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish the review of EMS incident reports and on scene care to identify and continually measure the quality of emergency medical care being provided by Maitland Fire Rescue personnel. It is the intent of these guidelines to meet and/or exceed the requirements of Florida Statute 401 and FAC 64-E (section 8).

This review will be used to enhance training and Practice Parameter development/revision through the direction of the Medical Director. This process will improve the overall quality of service provided by the Maitland Fire Rescue Department.

Maitland Fire/Rescue Department respects the privacy rights of patients as well as all EMS system providers and will to the greatest extent possible; protect individually identifiable information from public disclosure consistent with Federal HIPAA guidelines. This QA plan details the first four phases of the Maitland Fire/Rescue Department's medical services QA plan:

- A. Patient Care Report (PCR) documentation standards.
- B. In-house PCR QA reviews within each provider agency
- C. EMS Medical Director QA Patient Care Report reviews
- D. In-house training as follow up to PCR review

2. PROCEDURE:

- A. Documentation Standards** - Maitland Fire/Rescue Department has developed a minimum documentation standard for over 50 different categories of patient encounters. Each category has specific documentation guidelines to assure complete documentation of the patient's condition, as well as the treatments provided by the EMS providers.

A copy of the Maitland Fire/Rescue Department's QA Documentation Criteria can be found at the end of this document, and is incorporated into the QA plan.

Every PCR reviewed by the agency's EMS representative or EMS Medical Director shall be evaluated based on these standards.

- B. Patient Care Report Review Standards** - Patient Care Report (PCR) reviews shall be conducted on an on-going basis to provide feedback to the individual providers and the EMS system as a whole. PCR reviews shall be completed internally within Maitland Fire Rescue Department EMS and externally by the EMS Medical Director.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Quality Assurance Program		
Section:	Emergency Operations - EMS		
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1. Internal Agency Review:

- a. Maitland Fire/Rescue Department EMS Agency representative (Engineer/OIC/Preceptor – in the absence of the Engineer/OIC/ Preceptor the Lieutenant will be responsible) will conduct reviews on every PCR completed as logged and filed within the agency per calendar shift.
- b. Maitland Fire/Rescue Department EMS shall also conduct PCR reviews for the following types of patient encounters and present the most critical at the next scheduled Medical Director meeting.
- c. QA's are to be completed on all reports entered prior to 1700hrs. on the day of the call.
- d. MFRD Lieutenant/OIC shall be responsible for checking the completion of all QA's monthly to ensure no missing reports.

Cardiac arrest
Trauma Alert Activated
Stemi Alert Activated
Stroke Alert Activated
Hazmat Alert
Advanced Airway Intervention
Pediatric patients
Refusals

All QA sheets shall be reviewed by the EMS Director/Coordinator (on duty Battalion Chief) and if any discrepancies or deviations from standing protocols are noted the QA sheet will be forwarded to the Fire Chief or her designee and if need be to the Medical Director for review and evaluation.

The EMS Medical Director will identify specific focus care areas for review each calendar month. Examples could include chest pain, diabetic emergency, allergic reaction, unconscious, refusals, etc. Up to ten (10) PCRs of these call types shall be provided to the Medical Director for review each month.

Maitland Fire Rescue Department

Standard Operating Guidelines

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2. Medical Director Review:

The Medical Director shall review the selected PCRs during the monthly Medical Director meeting and issue a written summary of specific and general findings if deemed necessary. This documentation shall be utilized for the agency to provide additional feedback to the individual providers, as well to address agency wide issues. Medical Director Documentation shall become part of the agency's QA files.

3. Method of Review:

All in-house PCR reviews shall be documented using the Maitland Fire Rescue Department QA advisement sheet, which is made a part of this program and included at the end of this document. The QA sheet will be completed according to the QA program guidelines.

Once the PCR review is completed, the EMS Agency representative (Engineer/OIC/Preceptor in the absence of the Engineer/OIC/Preceptor the Lieutenant is responsible for the completion) completing the review shall forward the QA sheet and provide feedback to the designated report author, who will then provide, either in person or by written summary, the report findings or corrections made. If trends are noted in patient care or treatment the information gathered in the QA program will be used to guide company- wide continued education.

The individual provider will have the opportunity to provide written comments regarding the review of the care rendered on the call.

If a questionable pattern of behavior is identified in an individual provider, the Medical Director or a designee may choose to do direct clinical observation of the care of that provider in the field. Such reviews are not punitive, but aimed at improving the providers care.

C. Summary:

The goal of the EMS QA process is to improve patient care through the use of prospective training on documentation standards, retrospective PCR reviews and direct clinical performance observations by Maitland Fire Rescue Department Emergency Services. The cooperation of all EMS System stakeholders in establishing benchmarks and opportunities for improvement is vital and valuable. Finally, this plan outlines the basic, minimum requirement for EMS QA activities for Maitland Fire Rescue Department EMS. All members are strongly encouraged to exceed the standards identified here to assure the highest quality patient care possible.

ABDOMINAL PAIN/PROBLEM

1. Description (pain level) (tearing, radiating, cramping, burning, stabbing, etc.)
Location of pain? (flank, groin, quadrant, epigastric, etc.) (pain on percussion at costovertebral angle)
2. Radiation to back or shoulder?
3. Distension?
4. Tenderness on palpation?
5. Empty stomach, recent meal? (decrease in appetite over several days?)
6. Position of comfort (fetal, knees flexed, etc.)
7. Nausea/Vomiting/Diarrhea/constipation (describe emesis, stool) (presence of blood/mucus)
8. Urinary complaints?(frequency, burning, minimal output, blood, odor, cloudy, etc.)
9. Femoral pulses
10. LMP, women of child bearing age
11. Vaginal bleeding/discharge
12. Skin color/temp (jaundice, pale, flushed)
13. Conjunctiva
14. Cap Refill
15. Mucous Membranes (moist tongue)
16. Sclera (jaundice?)
17. Extremities (color/temp) (shunting?)
18. Orthostatic vitals
19. 12 lead
20. Breath sounds
21. Sepsis Alert? (if applicable)
22. Interventions by agency
23. How was patient moved to stretcher?

AIRWAY OBSTRUCTION

1. Can patient speak/forcibly cough?
2. Is patient moving air?
3. Inspiratory stridor?
4. Circumoral cyanosis?
5. Drooling?
6. What caused obstruction?
7. Duration of obstruction
8. Lung sounds
9. Interventions by agency
10. How was patient moved to stretcher?

ALCOHOL INTOXICATION

1. "Patient's breath had an odor consistent with the impurities of ETOH."
2. Patient admits to drinking? (type, amount, time frame)
3. Other intoxicants (medications, recreational drugs)
4. Speech (normal, slurred)
5. Gait (Normal, ataxic)
6. Nystagmus
7. Pupils
8. MEND
9. Cherry Red Tongue (B12 deficiency) (if present)
10. Skin Color (jaundice?)
11. Sclera (jaundice?)
12. Distended abdomen? (ascites, wave, vascular)
13. Sepsis screening (if appropriate)
14. Obvious head/facial injury?
15. Blood Glucose Level
16. Vomiting (blood present?)
17. Signs of dehydration (tongue moisture, Orthostatic Vitals)
18. Extremities
19. EKG
20. Asterixis (if present)
21. Altered Mental Status?
22. Interventions by agency
23. How was patient moved to stretcher?
24. Obvious signs of prior injuries (from falls, etc.)

ALLERGIC REACTION

1. Cause of reaction?
2. Timing?
3. Dyspnea?
4. Lung Sounds
5. Facial (eyes, lips)/throat edema? (sensation of swollen tongue?)
6. Chest pain?
7. Rash/Itching?
8. Urticaria (hives)
9. Cap Refill
10. Nausea/Vomiting (caused by edema in GI tract)
11. Interventions by agency
12. How was patient moved to stretcher?

ALTERED LEVEL CONSCIOUSNESS

1. OPQRST, Sample as appropriate
2. Specify deficits in LOC/GCS
3. What is normal mentation for patient?
4. ETOH/Substance involvement?
5. Obvious head/facial injury
6. Other injuries?
7. MEND
8. Pupils
9. Conjunctiva
10. Vagal Causes (rule out)
11. 12 lead
12. New medications, or those that cause ALOC
13. Nystagmus?
14. BGL?
15. Usual level of consciousness/GCS?
16. Interventions by agency
17. How was patient moved to stretcher?

ANIMAL BITE

1. Type of animal
2. Location of bite(s)
3. Edema at site?
4. Rabies/immunization status of animal
5. Status of patient immunization (Tetanus)
6. Interventions by agency
7. How was patient moved to stretcher?

ASSAULT/FIGHT

1. OPQRST, Sample as appropriate
2. Trauma Assessment (presence of injuries) (pertinent negatives for specific injury or lack thereof)
3. GCS
4. Method of assault? (weapon?)
5. Loss of consciousness? How long?
6. PMS before/after assessment/intervention?
7. Neck/Back pain?
8. Paresthesia?
9. ETOH/Substance involvement?
10. Interventions by agency
11. How was patient moved to stretcher?

ATRAUMATIC (GI) BLEED

1. Nausea/vomit/diarrhea/constipation?
2. Conjunctiva
3. Cap refill
4. Orthostatic Vitals
5. Active bleeding?
6. Bloody emesis/stool? How long?
7. Color of emesis/stool
8. Abdominal pain? Location and quality? (OPQRST)
9. ETOH/Substance involvement?
10. Interventions by agency
11. How was patient moved to stretcher?

BAKER ACT/Incapacitation

1. Law enforcement agency initiating
2. Law enforcement officer/Physician name
3. Reason?
4. BGL, for altered LOC.
5. ETOH/Substance involvement?
6. MEND
7. Pupils
8. Agitation? (if excited delirium – body temp)
9. Method of restraint, as appropriate
10. Position of restraint, as appropriate (never prone)
11. Pulses and continuous assessment after restraint
12. Interventions by agency

BEHAVIORAL/PSYCHIATRIC DISORDER

1. What is the patient's mood (agitated, withdrawn, catatonic, etc.)?
2. Is the patient cooperative?
3. Suicidal/Homicidal?
4. Rate of speech (slow, fast, etc.)
5. Are verbal responses appropriate?
6. Method of restraint, if appropriate
7. Position of restraint, if appropriate (never prone)
8. Continuous evaluation if restrained.
9. ETOH/Substance involvement?
10. See Baker Act, if appropriate
11. BGL?
12. Vomiting/ Diarrhea?
13. Interventions by agency
14. How was patient moved to stretcher?

BURN (ELECTRICAL)/LIGHTNING

1. Voltage, if known
2. Duration of contact?
3. Fall?
4. Entrance wound(s)?
5. Exit wound(s)?
6. 12 Lead EKG
7. Pain from burns? Rate
8. Neck/Back pain?
9. Loss of consciousness?
10. Paresthesia?
11. Presence of other injuries? Trauma Assessment
12. Interventions by agency
13. How was patient moved to stretcher?

BURN (THERMAL)

1. Burn source?
2. Exposure time?
3. Describe environment (enclosed, etc.)
4. BSA involved
5. Severity (degree) of burn(s)
6. Facial hair singed?
7. Nasal hair singed?
8. Dyspnea?
9. Oral edema?
10. Lung Sounds
11. Presence of injuries?
12. ETOH/Substance involvement?
13. Interventions by agency
14. How was patient moved to stretcher?

CARDIAC ARREST

1. Circumstances at onset (any complaint prior to arrest?) (Respiratory, trauma, etc.)
2. Witnessed arrest (by FD or by other)?
3. Bystander CPR?
4. Description of patient upon agency arrival
5. Estimated down time before intervention. Time of onset?
6. H's & T's?
7. Trauma Assessment if applicable

8. Interventions by agency. Timeline accurate?
9. How was patient moved to stretcher?
10. Physician authorizing cessation of efforts? Reason?
11. Presence of advanced directives (any disagreement from family)
12. BGL
13. If dialysis pt. (last dialysis treatment) (report card)
14. ROSC Treatment? GCS?
15. Cardiologist?
16. Code summary

CARDIAC RHYTHM DISTURBANCE

1. Chest pain?
2. Dyspnea?
3. Nausea/Vomiting?
4. Diaphoresis?
5. Cap refill?
6. Other signs/symptoms (tachycardia, bradycardia, ectopy, etc.)
7. ECG rhythm? V4 R (recent EKG available for comparison?)
8. Vagal Stimulus?
9. Caffeine Intake?
10. Meds or Recreational drugs?
11. Cardiologist? Previous Interventions
12. Lung sounds
13. Pretibial Edema?
14. Other Edema?
15. Dialysis Pt. (last treatment?) (Report Card)
16. Cardiac Alert? Stemi Alert?
17. Interventions by agency
18. How was patient moved to stretcher?

CHEST PAIN/DISCOMFORT

1. OPQRST, Sample
2. Location of pain
3. Level of Pain (rate)
4. Radiation? (Jaw, shoulder, neck, arm, back)
5. Skin color/Temp
6. Cap refill
7. MM (tongue- moist/dry?)
8. Dyspnea?
9. Nausea/Vomiting?

10. Pre-tibial edema? Other edema present?
11. Diaphoresis?
12. Lung sounds
13. Hx Cardiac Interventions?
14. Cardiologist?
15. Recent calf pain?
16. Recent other surgery or immobilization (fx)?
17. Fever?
18. Cough? Hemoptysis?
19. Recent viral illness? Night Sweats?
20. Recent Trauma or fall?
21. Erectile dysfunction RX within 24 hours?
22. Aspirin within 12 hours?
23. 12 lead ECG? Mimics? (Recent 12 lead available for comparison)?
24. Thrombolytic exclusionary criteria complete?
25. Cardiac or Stemi alert?
26. Interventions by agency?
27. How was patient moved to stretcher?

CHF/PULMONARY EDEMA

1. Position of Pt. (tripoding?)
2. Chest pain?
3. Dyspnea? (at rest, exertion? (nocturnal/orthopnea?)
4. Nausea/Vomiting?
5. Pre-tibial edema? Other edema? (pitting?)
6. JVD (At what position?)
7. Diaphoresis?
8. Cough? (productive?) (frothy?)
9. Hemoptysis?
10. Cap Refill
11. Skin color/temp (fever?)
12. Lung sounds
13. 12 lead
14. Mucous membranes (tongue?)
15. Urine OP? (Ask pt.)
16. Abd distention? Acites, wave?
17. Interventions by agency?
18. CPAP Applied/ Response?
19. How was patient moved to stretcher?

DEATH

1. Time of death?
2. Position/Location of body at agency arrival/time
3. Observations of the scene
4. Any repositioning of the body?
5. 3 lead? (if not, why? i.e. crime scene with obvious death)
6. Presence of injuries?
7. Dependent lividity? (where?)
8. Rigor mortis? (jaw, extremity?)
9. Person pronouncing death?
10. Interventions by agency
11. Law enforcement notified /on-scene

DIABETIC SYMPTOMS

1. Diagnosis type (I or II)
2. LOC & GCS
3. Last meal?
4. Last time medication taken, if applicable? Compliant patient?
5. Insulin Pump? (on or off?)
6. Oral mucosa moist or dry? (tongue)
7. Oral trauma (post seizure)
8. Breath Odor?
9. Alcohol intake?
10. Skin Temp/turgor
11. Cap refill
12. Nausea/Vomiting?
13. Diarrhea?
14. MEND
15. Excessive exertion?
16. Pre & post intervention BGL?
17. 12 lead
18. Interventions by agency
19. Stroke or Sepsis Alert?
20. How was patient moved to stretcher?

DIGESTIVE SYMPTOMS (nausea/vomiting/diarrhea)

1. Nausea/Vomiting? (describe emesis)
2. Diarrhea/Constipation?
3. Last solid food retained
4. Last fluid retained

5. MM Moist (tongue)/ Skin turgor
6. Conjunctiva
7. Presence of injuries?
8. Dark (coffee ground or Bloody emesis/ dark stool?
9. Fever?
10. Vertigo?
11. Anyone else in household sick? Recent Travel?
12. Sclera (jaundice)
13. H/A?
14. Rash?
15. Orthostatic Vitals
16. 12 lead
17. ABD exam
18. Vagal component?
19. Interventions by agency? How was patient moved to stretcher?

DROWNING/NEAR DROWNING

1. OPQRST, Sample
2. Salt water, fresh water, brackish?
3. Time submerged? / Describe MOI
4. Water temperature, if known?
5. Skin Temp
6. Cap Refill
7. Lung Sounds
8. Dyspnea?
9. Vomiting? (water or food)
10. Presence of injuries?
11. Neck/Back pain?
12. Paresthesia?
13. Loss of consciousness?
14. PMS before/after assessment/intervention? (if injury suspected)
15. 12 lead
16. ETOH/Substance involvement?
17. Interventions by FD/others?
18. How was patient moved to stretcher?

FALL

1. Presence of injuries?
2. Loss of consciousness? How long?
3. GCS/LOC

4. Trauma Assessment
5. EKG if indicated
6. PMS before/after assessment/intervention
7. Describe MOI (Tripped, slipped, etc.) (or dizzy then fell)
8. Height of fall & surface struck
9. Hx: Blood thinners
10. Lung sounds
11. Conjunctiva
12. MEND
13. Pain level (rate)
14. Neck/Back pain?
15. Paresthesia?
16. ETOH/Substance involvement?
17. Interventions by agency
18. How was patient moved to stretcher?

FEVER

1. Illness associated? (household illness?)
2. Recent injury/obvious wounds
3. Nausea/vomiting/diarrhea/constipation?
4. Urinary Symptoms (indwelling catheter?)
5. How long?
6. Headache?
7. Rash? Petechiae?
8. Nuchal rigidity?
9. Skin turgor? Skin color?
10. MM – tongue
11. Cough? Productive?
12. Night Sweats?
13. Lung sounds
14. Sclera
15. Conjunctiva
16. Cap refill
17. Pertinent negatives (Pre-tibial edema)
18. Sepsis Worksheet?
19. Recent travel outside US? Family/visitors?
20. Orthostatic Vitals if applicable
21. Temperature
22. Intervention prior to our arrival (Tylenol, Advil, etc.)
23. FD Intervention

FIREARM

1. Presence of injuries/Trauma Assessment
2. Caliber of weapon/Range
3. GCS
4. Pain level (rate)
5. Dyspnea? Lung Sounds
6. Parathesia? PMS before/after assessment/intervention
7. Trachea midline, as appropriate?
8. JVD (+ or -)
9. ETOH/Substance involvement
10. Interventions by agency
11. How was patient moved to stretcher
12. Blood loss (estimate)

FLU-LIKE SYMPTOMS

1. Describe complaint (pain associated?) (joint, abdomen, chest, etc.)
2. Nausea/Vomiting/Diarrhea (describe frequency/content)
3. Urinary issues
4. Fever?
5. Appetite Changes
6. Mucous membranes (tongue)
7. Skin turgor?
8. H/A? Vision Issues?
9. MEND
10. Cough? Productive?
11. Chest pain? (EKG)
12. Lung sounds
13. Sclera
14. Recent travel/family illness or travel outside US?
15. Cap refill
16. Conjunctiva?
17. BGL
18. Pre-tibial edema?
19. Flu shot/pneumonia vaccine UTD?
20. Nuchal rigidity?
21. Rash?
22. Sepsis Checklist?
23. Meds prior to FD Arrival (Advil, Tylenol, Tamiflu, antibiotics, etc.)
24. Orthostatic Vitals if appropriate

25. 12 lead
26. Interventions by agency
27. How was patient moved to stretcher?

HEADACHE

1. Onset? (sudden or gradual)
2. Worse when bending over?
3. MEND
4. Pupils
5. Hyphema?
6. LOC/GCS
7. Light sensitivity/vision changes?
8. Neck supple or rigid?
9. Fever?
10. Rash?
11. Nausea/vomiting?
12. Vertigo?
13. Nosebleed (if present)
14. Recent Injury?
15. Recent Illness?
16. Dental issues (if present)
17. Ear pain (if present)
18. BGL
19. 12 lead
20. Is pt. on blood thinners? (INR?)

HEMORRHAGE/BLEEDING

1. Circumstances surrounding hemorrhage?
2. Presence of injuries?
3. Trauma Assessment, as appropriate?
4. Loss of consciousness?
5. GCS
6. Blood thinners?
7. Blood Loss (estimate)
8. Active Bleeding?
9. MM
10. Conjunctiva
11. Skin Color/Temp
12. Cap refill
13. Orthostatic Vitals

14. 12 lead
15. ETOH/Substance involvement?
16. Interventions by agency
17. How was patient moved to stretcher?

HYPERTENSION

1. Chest pain?
2. 12 lead
3. Dyspnea?
4. Nausea/Vomiting?
5. Headache?
6. LOC
7. GCS
8. MEND
9. Pupils
10. Hyphema?
11. Nosebleed?
12. Interventions by agency
13. How was patient moved to stretcher?
14. Transport position (semi-fowlers) (head elevated?)

HYPERTHERMIA

1. Approximate ambient air temperature
2. Estimated exposure time
3. Type of environment (warehouse, outside, etc.)
4. LOC
5. GCS
6. Fluid intake
7. Skin Color/Temp/Turgor
8. MM (tongue)
9. Conjunctiva
10. BGL
11. EKG
12. Nausea/Vomiting?
13. ETOH/Substance involvement?
14. Interventions by agency
15. How was patient moved to stretcher?
16. Antipsychotic or anesthetic induced?
17. Recreational Drugs?
18. Excited Delirium?

HYPOTHERMIA

1. Approximate ambient air temperature or water temp
2. Estimated exposure time
3. Type of environment (warehouse, outside, etc.)
4. LOC
5. GCS
6. BGL
7. EKG (arrhythmias)
8. Shivering?
9. Cap Refill
10. Skin color/Temp (mottling?)
11. Sepsis Checklist? (if applicable)
12. ETOH/Substance involvement?
13. Interventions by agency
14. How was patient moved to stretcher?

INHALATION INJURY

1. Type of exposure (gas, products of fire, etc.)
2. Duration of exposure
3. Area of exposure (enclosed room, etc.)
4. Super-Heated environment?
5. Oral mucosa burns?
6. Singed facial/nasal hair?
7. Difficulty breathing
8. Lung sounds
9. EKG
10. Difficulty swallowing?
11. Hoarseness?
12. Interventions by agency
13. How was patient moved to stretcher?

INTUBATION

1. # attempts
2. Visualization of passage of ETT thru cords
3. Size of tube and ETT depth at teeth
4. Absence of epigastric sounds
5. Presence of lung sounds
6. Condensation
7. CO2 detection
8. How Secured?

MEDICATION REACTION

1. Name of Medication
2. Time taken
3. Newly prescribed medication for pt?
4. Dyspnea?
5. Facial/throat edema? (sensation of swollen tongue?)
6. Chest pain?
7. Rash/Itching?
8. Urticaria (hives)? Where?
9. Pupils
10. Dystonia?(describe)
11. Nystagmus? (if present)
12. Poison Control consulted?
13. 12 lead
14. Interventions by agency
15. How was patient moved to stretcher?

MOTORCYCLE CRASH/MVC/PEDESTRIAN

1. Presence of injuries? Location of patient in vehicle if applicable
2. LOC
3. GCS
4. Loss of consciousness? How long?
5. Trauma Assessment
6. Pain Level
7. PMS before/after assessment/intervention?
8. Helmet? For MC
9. Seat Belt?
10. Describe MOI (Estimate speed, How far thrown, surface (grass/road),damage to other vehicle if applicable) (steering wheel, windshield, etc.)
11. ETOH/Substance involvement?
12. Interventions by agency
13. How was patient moved to stretcher?

POISONING/DRUG INGESTION

1. Name of substance
2. Amount
3. Method (skin, ingestion, etc.)
4. Associated Injuries
5. When?

6. Accidental/Intentional?
7. Vomiting since ingestion? Describe
8. ETOH/Substance involvement?
9. BGL
10. Pupils
11. Oral mucosa burns, if appropriate?
12. Interventions by agency
13. How was patient moved to stretcher?
14. Poison Control consulted?

PREGNANCY/OB DELIVERY

*Separate report required for the mother and each neonate

Non-Delivery

1. Abdominal pain?
2. Gravida? Para? Abortion?
3. Length of gestation? LMP
4. Due date
5. Fetal Heart Tones
6. Prenatal care? (OB GYN Name)
7. Previous pregnancy related issues? Other medical issues, past delivery issues?
8. DX of pre-eclampsia?
9. HTN? Edema? Headache? Visual disturbances? Fever?
10. Vaginal hemorrhage/discharge? If yes, describe?
11. Mucous plug or bloody show presented?
12. Membranes ruptured? Meconium present? (time)
13. Contractions (frequency, duration, degree)
14. MM (tongue)
15. Conjunctiva
16. Interventions by agency?
17. How was patient moved to stretcher? Position of transport (LLR with head slightly elevated for pregnant patients to prevent hypotension)

Delivery

1. Multiple gestation?
2. Is baby head down according to pt?
3. Crowning? Limb presentation?
4. Cord care
5. Uterine massage?
6. Placental delivery? (transported with pt.)

Neonate

1. Time of birth
2. Thoroughly dried and warmed?
3. Oral, endotracheal, nasal suctioning? Meconium Present?
4. Muscle tone (activity)?
5. General appearance? APGAR? (1 & 5 minutes)
6. Interventions by agency?

REFUSAL OF SERVICE

1. Vital Signs
2. Patient alert and oriented x4
3. GCS if applicable
4. Presence/Absence of Drugs/Alcohol?
5. Attempts at assessment/provision of care documented?
6. Patient advised to seek care; risks/benefits explained?
7. Legal Guardian or POA if applicable
8. Waiver Completed?
9. Refusal Statement included

RESPIRATORY DISTRESS or ARREST

1. Patient's position
2. Anxiety level/Environment (if applicable)
3. Sudden or gradual onset?
4. Retractions?
5. Speech fragmentation?
6. JVD? At what position?
7. Trachea midline?
8. Angioedema? (ACE Inhibitors?)
9. Pretibial edema (+ or -)
10. Other edema (forehead, wrist, etc.)
11. Chest pain?
12. Nausea/vomiting?
13. Cap refill
14. Conjunctiva
15. MM (tongue)
16. Skin color/temp
17. Lung Sounds
18. 12 lead
19. Cough (productive?- describe) (hemoptysis?)
20. Recent immobility or surgery?

21. Hx or current calf pain on standing or dorsiflexion ((+) Homans sign)
22. Dialysis Patient (last dialysis) (report card)
23. Circumoral cyanosis?
24. Pursed lips, accessory muscle use, nasal flaring?
25. Fever?
26. Night sweats?
27. Recent Travel Outside US, recent illness of family members?
28. Finger Clubbing?
29. Previous Intubations/Ventilator?
30. Treatment prior to FD arrival
31. Interventions by agency
32. How was patient moved to stretcher?

*See Intubation Benchmarks

SEIZURE

1. Hx of seizure? Same or different?
2. Description of seizure activity
3. Duration of seizure activity
4. Postictal?
5. Number of seizures
6. Head/Facial/Oral trauma?
7. Other injury?
8. LOC
9. GCS
10. Pupils
11. Fever?
12. Recent Illness? (Travel outside US or visitors/family illness)
13. H/A?
14. Rash?
15. Nuccal Rigidity? Or Supple?
16. Incontinence (bowel or bladder)?
17. ETOH/Substance involvement?
18. BGL
19. (+) Trousseau?
20. Dialysis Patient? Last Dialysis? Report Card
21. Cardiac Arrhythmia? (EKG)
22. Interventions by agency
23. How was patient moved to stretcher?

SEXUAL ASSAULT/RAPE

1. PD notified / on-scene?
2. Method of assault
3. Presence of injuries/Trauma Assessment
4. LOC/GCS
5. ETOH/Substance involvement?
6. Has patient changed/showered etc. since assault?
7. Interventions by agency
8. Victims Advocate notified?
9. How was patient moved to stretcher?

STINGS/VENOMOUS BITES

1. Type of animal/insect
2. Stinger removed/scrapped?
3. Location marked?
4. Lung sounds
5. Angioedema? Anaphylaxis, Sensation of tongue swelling?
6. LOC
7. GCS
8. Interventions by agency
9. How was patient moved to stretcher?

STABBING

1. Description of injuries
2. Type of weapon, if known?
3. Length of weapon, if known
4. GCS
5. Trauma Assessment
6. Loss of consciousness?
7. Dyspnea?
8. Breath Sounds
9. EKG
10. PMS before/after assessment/intervention
11. Trachea midline, if applicable
12. JVD at what position
13. ETOH/Substance involvement?
14. Intervention by agency
15. How was patient moved to stretcher?

STROKE/CVA/TIA

1. Onset / (last seen without symptoms)
2. MEND
3. Facial droop with smile
4. Nystagmus?
5. Visual field changes
6. Gait?
7. Pupils (pin point pons)
8. Eyes (deviation)?
9. Vision Changes?
10. Neck supple or rigid?
11. Fever?
12. Rash?
13. Headache?
14. Nausea/Vomiting?
15. Ability to phonate? (dysphasia/aphasia)
16. Ability to swallow? (dysphagia) (drooling)
17. Profound Hemiplegia?
18. Patient able to sit upright without assistance? Transport position (semifowlers)
19. BGL
20. Thrombolytic exclusionary criteria?
21. 12 lead
22. Stroke Alert
23. Interventions by agency
24. How was patient moved to stretcher?

SYNCOPE/FAINTING

1. Presence of injuries? (trauma assessment if related)
2. LOC
3. GCS
4. H/A
5. Chest pain?
6. Dyspnea?
7. Nausea/Vomiting/Diarrhea?
8. Vertigo? Postural?
9. Gait
10. Describe stool/emesis
11. Newly prescribed/altered medications?
12. Last meal?
13. BGL

14. ECG/12 lead
15. MEND
16. Pupils
17. Nystagmus?
18. Vision Changes?
19. Fever?
20. Night sweats?
21. Skin Color/temp
22. MM (tongue)
23. Cap refill
24. Conjunctiva
25. Orthostatic vitals
26. Breath sounds
27. Vagal stimulus?
28. Cardiac or Stemi Alert?
29. Sepsis Alert?
30. ETOH/Substance involvement
31. Interventions by agency
32. How was patient moved to stretcher?

TASER DEPLOYMENT

1. Location of probes
2. # of shots, # of shocks, duration of shocks
3. ETOH/Substance abuse involved?
4. Probes removed? (impaled?)
5. Trauma Assessment/other injuries?
6. Blood loss?
7. Interventions by agency
8. Last Tetanus shot?

TRAUMA ALERT

1. Complete Trauma Alert Form
2. Follow appropriate benchmarks
3. Full Trauma Assessment
4. Interventions

VAGINAL HEMORRHAGE

1. Abdominal pain? (describe) PQRST
2. Nausea/vomiting
3. LMP

4. Vertigo? Postural?
5. Describe (clot, tissue, etc.)?
6. Amount (estimate)? (number of pads, tampons over what time frame)
7. LOC
8. GCS
9. Cap refill
10. Conjunctiva
11. Skin Color/Temp
12. Orthostatic Vitals
13. Interventions by FD/others
14. How was patient moved to stretcher?

WEAKNESS/CVA

1. **SEE STROKE / CVA / TIA BENCHMARKS**
2. Dysphasic? Aphasic?
3. Onset of signs/symptoms?
4. Confusion, Hallucinations, Stupor, Delirium
5. Vertigo, Focal weakness, Abnormal movements, slurred speech,
6. Patient able to sit up without assistance?
7. Respiratory Effort
8. Lung Sounds
9. New Meds?
10. Headache?
11. Vision changes or visual field issues?
12. Eye deviation?
13. Nystagmus?
14. Pupils
15. Cap refill
16. Conjunctiva
17. Fever?
18. Rash?
19. MEND
20. EKG (12 Lead)
21. MM (tongue)
22. Skin color/Temp
23. Recent illness, travel, visitors, etc.
24. Orthostatic Vitals
25. Nausea/vomit/diarrhea/constipation?
26. BGL
27. Sepsis Alert? Stroke? Cardiac?
28. Interventions by agency
29. How was patient moved to stretcher?

*****Extra Credit:**

1. If hypocalcemia is suspected (patient with recent surgery on parathyroid) * (+) or (-) "Trousseau's" (contracture of forearm when B/P cuff is inflated on upper arm)
2. "Homonymous Hemianopia" Loss of vision on one side in both visual fields (upper and lower) *Caused by a cerebral occlusion
3. "Asterixis" non-rhythmic flapping of wrists and hands with arms extended and wrists hyper-flexed (hepatic encephalopathy) (in alcoholic patients)

Acute narrow angle closure glaucoma: dilated, non-reactive pupils, eye pain, decreased visual acuity, blurred vision, pressure over eye, corneal clouding, halos, nausea/vomiting.*Caused by certain medications: * (ie, sympathomimetics, anticholinergics, antidepressants [SSRIs], anticonvulsants, sulfonamides, cocaine, botulinum toxin),^[10, 11, 12, 13, 14] dim light, and rapid correction of hyperglycemia. Trauma.

All patients:

1. How patient found (position/location)
2. GCS(explain abnormal)
3. LOC (explain abnormal)
4. OPQRST
5. At least one set of vitals (before and after treatment as well) (Pulse, B/P, Respiratory rate) (temp, O2 sat, CO2, EKG, etc. as indicated)
6. Medical Hx (document if medical alert is present)
7. Explore previous treatment compliance.
8. Surgical History (visible scars) (document) (Still have all organs?)
9. Previous Hospitalizations
10. Name of physicians involved in care (cardiologist, OB/GYN, etc.)
11. Current medications (name, dose, frequency, last taken) **Proper spelling. (If medications were transported to the hospital due to high number, document how they were handled) (secured in Ziploc, labeled, pinned to pt., nurse notified)
12. Advanced Directives (DNR, Living Will, DPOA, Healthcare Surrogate, etc.) if applicable.
13. OTC, Recreational, Herbal medications
14. Recent Travel outside US (visitors from outside the US) *Medical Patients
15. Allergies (be specific as to what reaction they have)
16. All female patients of childbearing age (OB hx: (GPA) LMP)
17. Alcohol/Tobacco use (if applicable) (cardiac, stroke, etc.)
18. Any prosthesis (document)
19. Glasses, dentures, hearing aids (document if in place and that nursing staff notified)
20. Presence of ports, a/v fistula, arterial lines, PICC, implantable devices, indwelling cath, suprapubic cath, etc.
21. Hx: Mastectomy (which side) (presence of lymph edema) (nursing staff notified to avoid IV, B/P, etc. on that side)
22. If on blood thinners (last INR results/Date)
23. Trauma patients (deep breath and cough without splinting)
24. Any reductions of dislocations (assessed ROM)
25. Condition after any treatment
26. Name of nurse receiving report
27. **Terminology for refusals** (EMS assessment was within normal limits, however, only an assessment at the hospital can diagnose any condition; the patient may still have an underlying condition and by refusing to seek further medical attention at the hospital the patient risks possible disability or death. Informed Patient of signs and symptoms to be aware of which may indicate condition is worsening and to immediately call 911/ seek immediate medical attention at the hospital. Patient

acknowledges symptoms to be aware of and accepts risks of refusing transport to the hospital. Contacted [], who approved refusal request.)

28. **Terminology for dry-runs** (This individual stated they have no injuries. My observations concurred. The individual refused examination and did not request transport. The individual was advised to seek further medical attention if deemed necessary.)
29. **Terminology for presence of alcohol on breath** (Patient's breath had an odor consistent with the impurities of ETOH)
30. Describe emesis, sputum, discharge, etc.



MAITLAND FIRE RESCUE DEPARTMENT EMS QUALITY ASSURANCE FORM



Incident Number: [Enter Number](#)

Incident Date: [Enter Date](#)

Incident Type: [Click or Type Incident Type](#)

Crew #1: [Select Name](#)

Crew #2: [Select Name](#)

Review Date: [Enter Date](#)

Reviewed By: [Select Name](#)

Addendum Requested: Yes No

Reviewer Comments: [Click to Enter Text](#)

Crew #1 Reply to Comments: [Click to Enter Reply Text](#)

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Abandoned Newborn			
Section:	Emergency Operations - EMS			
SOG #:	220.15	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for managing the drop off of abandoned newborn infants less than 3 days old, in accordance with Florida Statute 383.50. Treatment of Abandoned Newborn Infant and Abandoned Neonate Protocol.

2. PROCEDURE:

- a. Maitland Fire Rescue personnel shall accept any newborn infant left with a Fire-fighter, EMT or Paramedic. Personnel shall consider this action implied consent.
- b. Notify OCFRD and MPD communications center and advise them of the abandoned newborn infant, initiate a still alarm, and place the necessary equipment out of service.
- c. Station personnel should make an effort to obtain a medical history of both parents and the infant and a description of the parent(s).
- d. Florida Statute 383.50 provides immunity from criminal or civil liability to any firefighter or emergency medical personnel who accepts or provides services to the infant.
- e. The newborn infant will be transported to the most appropriate hospital.
- f. In the event of signs or symptoms of abuse, the abandoned newborn infant statute does not apply and EMS parameters will be followed. Station personnel are required to document suspected abuse in their EMS report, notify the Department of Children and Families, Law Enforcement, and the receiving facility of transport.
- g. An incident and EMS report shall be generated.
- h. Florida Statute 383.50 allows provisions for the infant to be eligible for Medicaid and reimbursement for services rendered can be sought under this provision.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Citizen Sharps Containers			
Section:	Emergency Operations - EMS			
SOG #:	220.16	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline regarding the collection and dispensing of citizen bio-hazard sharps containers.

2. PROCEDURE:

- a. Dispensing/Collecting of sharps containers are for City of Maitland and Eatonville residents only.
- b. Only accept FULL sharps containers from address verified residents. Document the resident's name and address in the log book located in the lobby of each station.
- c. If the resident presents with any other container, other than an approved sharps container; give them a citizen's sharps container and ask them to transfer the contents to the approved container. **DO NOT TRANSFER THE CONTENTS YOURSELF.**
- d. Insure the lid is locked and taped and place it in the station bio-hazard box.
- e. Give the resident a replacement 1 gallon sharps container with a completed label and enclosed letter. **DO NOT** give out the larger containers used in the rescues.
- f. In the event we are out of stock on the citizen sharps containers, get the name, address and phone number of the resident and advise them that we will contact them when sharps containers come in. **DO NOT ACCEPT ANY OTHER CONTAINER OTHER THAN AN APPROVED BIO-HAZARD SHARPS CONTAINER.**
- g. Refer all non-residents to the fire station that services their house.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Patient Transports			
Section:	Emergency Operations - EMS			
SOG #:	220.17	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish the policies and procedures for the transportation of patients to assigned medical facilities from the scenes of ALS or BLS medical emergencies.

2. PROCEDURE:

These procedures are to be followed by all personnel. They are designed to assist fire-rescue medical personnel assigned with primary patient care when transportation to a medical facility is deemed necessary or required. The parameters as established by the current Medical Direction authority with whom the Department has a current contract will also be followed by all personnel to insure proper medical care and treatment. Paramedics should use these guidelines to make educated decisions regarding patient transport. These procedures should be considered as Department general practices.

- a. Two transport capable units shall be staffed at all times with a minimum of one autonomous Paramedic on each unit. All other designated ALS units may also be staffed with a Paramedic if staffing allows.
- b. It will be the practice of Maitland Fire Rescue to follow the practice parameters of the Medical Director established for the agency and under whose license the agency operates.
- c. Only autonomous Paramedics or pre-designated FIT interns are allowed to accompany patients during transport to the hospital.
- d. It is the practice to of the Maitland Fire Rescue Department to have at least one autonomous Paramedic and one EMT accompany any potentially unstable, unstable or critical patient to the hospital during transport.
- e. Patients are to be transported to the closest hospital of their choice unless diversion is medically necessary. Transport to a hospital outside of our normal transport area is to be made by the on-duty Battalion Chief prior to the transport.
- f. The Department's "Abbreviated Patient Care Report" shall be completed at the medical facility with a copy of the report left with the nurse that assessed the patient.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Patient Transports		
Section:	Emergency Operations – EMS		
SOG #:	220.17	Page:	2 of 2
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013

- g. Each unit should be returned as soon as possible to ready status in accordance to the “EMS off-load directive”. All supplies should be replenished upon return to quarters.
- h. Decontamination of the unit due to patient contamination should be done at the medical facility unless a delay is expected. At that time, keep the unit out of service with Orange County and return to quarters for further decontamination. Notify your OIC if such a delay is expected.
- i. All sheets and other patient specific materials must be changed prior to the unit becoming available for service.
- j. All reports should be completed upon return to quarters. Other station duties should be delayed until medical run reports are completed for each incident while the information is fresh on the minds of the Paramedics. EMTs assigned to the call are encouraged to assist the Paramedics with the completion of the required reports.

Green Cots

- a. The use of green cots for delayed off-load must be coordinated by the on-duty Battalion Chief.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Multi-Casualty Incident (MCI) Response			
Section:	Emergency Operations - EMS			
SOG #:	220.18	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To set forth a standard for implementing procedures dealing with multiple casualty incidents (MCI's).

2. PROCEDURE:

City government must be organized and responsive prior to, during and immediately following the occurrence of an event that would generate large numbers of casualties. This plan establishes a framework for mass casualty incident response and sets forth responsibilities for the Maitland Fire Department responders to such events.

2.1 Considerations

Operational concepts unique to mass casualty responses, responsibilities and efforts necessary for successful management of any mass casualty event occurring within the City of Maitland. MCI events involve triage, treatment, transport and logistical support.

2.2 Assumptions

- a. This plan assumes that the assertions, directions and initiatives found herein are valid for the City of Maitland.
- b. That events producing mass casualty incidents may often times overwhelm initial responders.
- c. That the mass casualty incidents have the potential to generate mass fatalities.
- d. That the City of Maitland will conduct emergency operations for MCI events in accordance with this policy, as well as County, State and applicable Federal requirements.

2.3 Operations

Definition: An MCI incident is to be declared any time emergency responders within the City of Maitland encounter situations with more victims than the initial responders can handle or anytime there are more than six victims requiring medical attention.

Assignment of responsibilities: The first arriving emergency unit(s) upon determining the event to be an MCI event, shall declare such by radio and immediately initiate the Incident Command System ((ICS); see policy 110.01).

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Hazardous Material Alert		
Section:	Emergency Operations - EMS		
SOG #:	220.19	Page:	1 of 3
Effective Date:	April 1, 2013	Revision Date:	
Authorized By:	Kimberly A. Neisler, Fire Chief	<i>Kimberly A. Neisler</i>	



1. PURPOSE:

To create a standard method of patient care for incidents involving patients exposed to or suspected to have been exposed to a Hazardous Substance or Hazardous Material. By declaring a HAZMAT ALERT a pre-planned series of events will take place to protect the patient, our personnel, and the receiving facility's personnel. A HAZMAT ALERT will provide the following:

Early notification to receiving hospitals of an incoming HAZMAT patient.

Early involvement of the closest HAZMAT Team in decision-making.

Early involvement of Regional Poison Control or Medical Control.

2. RESPONSIBILITY:

All personnel assigned to Fire Operations and Communications.

3. DEFINITION:

A Hazardous Material is defined as any chemical compound found in solid, liquid or gas form that is not intended for human inhalation, ingestion or absorption.

4. PROCEDURE:

4.1 A HAZMAT ALERT should be initiated:

At the time of dispatch, when a caller reports a medical emergency involving a chemical smell or hazardous material exposure.

When the first arriving crew suspects a hazardous materials exposure due to odor, history or other sources of information.

By Hospital Emergency Department staff, in the event a hazardous material exposure is suspected, from a walk-in patient and additional resources are needed.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Hazardous Material Alert		
Section:	Emergency Operations - EMS		
SOG #:	220.19	Page:	2 of 3
Effective Date:	April 1, 2013	Revision Date:	

4.2 Actions after a Hazardous Materials Exposure has been recognized:

Immediately contact the Communications Center and initiate a HAZMAT ALERT.

Advise the Communications Center of the EMS transport destination as soon as determined.

Ensure all personnel are in appropriate PPE.

4.3 After acknowledgement of a HAZMAT ALERT the Communications Center will:

Notify the closest available Hazmat Team to the incident.

Provide a "heads up" notification to the receiving facility by phone and also initiate a Hazmat Alert to the affected facility via EM System through Medcom.

If requested by the ED the communications center can place the receiving facility on Status Black until it is determined to be safe to resume normal EMS transports.

4.4 Once notified of the HAZMAT ALERT the agency Hazmat Team will contact the on scene crew to accomplish the following:

Identify and research the hazardous material.

Determine if Hazmat Team response is needed.

Advise on scene crews of level of PPE required.

Determine the nature of exposure and appropriate decontamination procedures.

Advise on treatment in conjunction with Poison Control and local EMS protocols.

Determine and advise when transport can be safely initiated for the patient and personnel.

The Hazmat team leader will make contact with the receiving facility and pass on all appropriate information about the patient, hazardous material involved, PPE and further decontamination procedures as necessary.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Hazardous Material Alert		
Section:	Emergency Operations - EMS		
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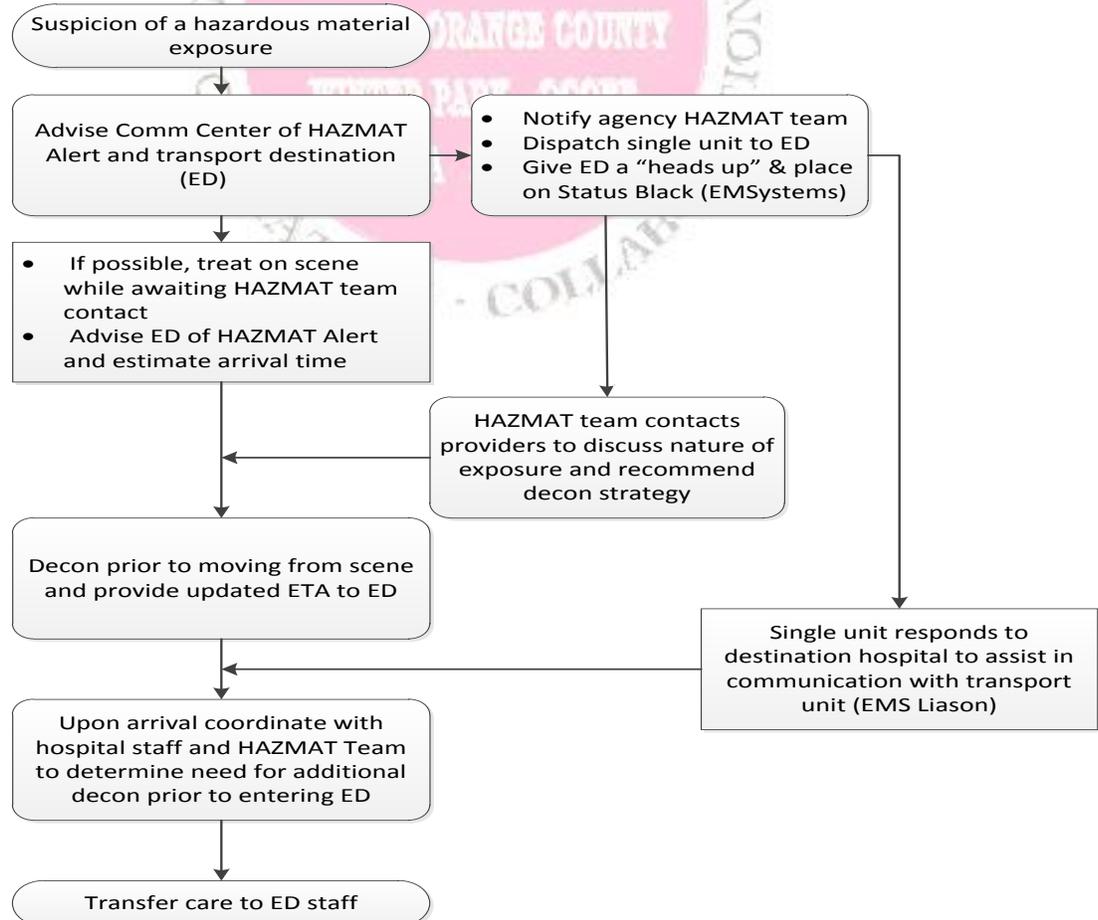
Determine if a liaison is required to respond to the receiving hospital and recommend to the agency, the appropriate liaison (ie: Chief Officer, Hazmat Team, etc.)

4.5 Transfer of care:

Prior to the ED arrival, transporting crews should contact the ED or FD liaison to convey pertinent information on the patients exposure, condition and the specifics of the decon strategy employed on the scene.

Before entering the ED, allow the hospital staff to assess the need for further decon.

4.6 General approach algorithm to a HAZMAT ALERT:



Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Apparatus Security			
Section:	Emergency Operations - EMS			
SOG #:	220.20	Page:	1 of 1	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

This policy provides guidance in securing emergency apparatus when they are unoccupied and unattended while away from quarters.

Emergency apparatus are being targeted for potential theft and possibly being used for criminal acts or terrorism purposes in the post 9-11 era. As a result, heightened personnel awareness and new security measures must be established to prevent such incidences.

Emergency operations create many additional potential exposures for loss or theft of equipment and vehicles. In most cases, the units arrive on scene and the providers go to the patient, leaving the unit unattended. Additionally, vehicles are frequently left unattended with doors unlocked, cabinets unlocked, and the engine running both on scene and at the emergency department.

2. PROCEDURE:

A. Vehicle Security

To minimize the possibility of equipment or vehicle theft personnel will observe the following procedures when apparatus' are left unattended while away from quarters:

1. Apparatus outfitted with locking capabilities:

- a. Whenever the apparatus is on scene of an emergency, and not in direct line of sight or under close supervision of personnel, the apparatus will be locked.
- b. Rescues will be secured whenever they are left unattended at the hospital.

2. Apparatus not outfitted with locking capabilities:

- a. Whenever the apparatus is unattended, not in direct line of sight or under close supervision of personnel and when not actively being used for operations the apparatus shall be shut down and secured by whatever means available.
- b. While on nonemergency related events the apparatus shall be attended.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Critical Failure Reporting			
Section:	Emergency Operations - EMS			
SOG #:	220.21	Page:	1 of 4	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a procedure to report instances where a potential adverse event such as medication errors, vehicle failure, malfunction or failure of durable medical equipment or other related medical equipment occurs during patient care.

2. PROCEDURE:

Medical Director Notification and Involvement:

- A. The Medical Director shall be notified on incidents where a potential adverse outcome, medication error category D or greater as listed on appendix 4547 takes place during patient care activities.
- B. The Medical Director shall participate in all investigations pertaining to adverse patient outcomes and medication errors as listed in appendix 4547 above.
- C. The Deputy Chief or designee is responsible for the notification and coordination with the Medical Director whenever an adverse outcome, medication error category D or greater or any significant adverse event takes place requiring the Medical Director's involvement.

Medication Error, Equipment Malfunction or Failure Reporting:

- A. All personnel are required to report **all incidents** where there is a failure of a medical device (equipment), medication error(s) or vehicle malfunction/failure during patient care activities.
- B. After all patient care has been completed; the crew involved in the event will complete the Adverse Event, Equipment or Vehicle Malfunction/Failure Report form located on the City of Maitland network K drive according to the instructions on the form.

Equipment Disposition/Replacement:

- A. Any equipment involved in an event or suspected to be malfunctioning will be removed from service immediately and a replacement unit obtained through EMS supply.
- B. All equipment involved in a patient related event must be tagged and secured for inspection/investigation purposes by the Deputy Chief or their designee.

Maitland Fire Rescue Department

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1. If the medical device is contaminated, the device must be encased in a biohazard bag.
2. The equipment must not be cleansed, reset, or tampered with before it is inspected.
- C. Upon further inspection by the manufacture etc. the Deputy Chief or their designee will make the necessary arrangements to repair or replace the defective medical device.
- D. Events involving medications, the crew must secure in an appropriate container any syringe, vials and packaging from the medication. Do not place any needles or sharps in the container.
- E. Events involving a transport vehicle will require the removal of the unit from service, replacement of said unit with a spare until such time that an inspection has been completed, the necessary repair work completed and the unit authorized to return to service by fleet maintenance.

Equipment Malfunction or Failure Investigation:

- A. All reports of equipment malfunction or failure will be investigated by the Assistant Chief.
 1. Investigations requiring equipment evaluation from an independent agency will be coordinated through the Deputy Chief.
 2. The Assistant Chief will coordinate with the Safety Committee on all investigations.
- B. Results of the investigation will be submitted to the Deputy Chief, Assistance Chief and Fire Chief for review.

Event Reporting to Local/State/Federal Agencies:

- A. Incidents requiring reporting to any Local, State and/or Federal agencies will be coordinated through the Fire Chief and completed in accordance to the respective agency reporting process.
- B. Report to the Food and Drug Administration will be completed through the MedWatch process. Forms can be obtained at <http://www.fda.gov/medwatch/getforms.htm>

Tracking and Documenting of Equipment Malfunction or Failures:

- A. All equipment malfunction or failure reports will be collected and tracking log completed by Assistant Chief.

Maitland Fire Rescue Department

Standard Operating Guidelines

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1. All supporting documentation, investigation materials and disposition of the report will also be included in the report packet.
2. These reports will be archived for the time period as required by the laws governing the maintenance and disposal of records.

Definitions:

- A. Medical Equipment or Devices:** The Food and Drug Administration (FDA) defines a medical device as any instrument, apparatus or other article that is used to prevent, diagnose, mitigate or treat a disease or to affect the structure or function of the body, with the exception of medications. This means that the FDA classifies common hospital products such as catheters, thermometers, patient restraints and syringes as medical devices.
- B. Medications:** Any chemical, compound, fluid, tablet, spray or pharmaceutical product of any type used to alter a function, treat or otherwise affect an action upon a body's system in an effort to correct a medical condition.
- C. Medication Use Error:** Any situation where a medication is incorrectly used. It includes events where the wrong medication, wrong dose or route, wrong patient, or medication was given when a known sensitivity or allergy is noted regardless of patient involvement or outcome.
- D. Adverse Event:** Any incident where the use of a medication or medical device is suspected to have resulted in an adverse outcome for the patient.
- E. Product Problem:** Any event where the medical device in question did not perform as designed. This includes reporting performance problems, safety concerns, questionable stability, defects, contamination or any event where the equipment did not perform as intended.
- F. Medical Device Use Error:** Any situation where the medical device was operated in a manner differently than intended by the manufacturer.
- G. Vehicle Malfunction or Failure:** Any condition or event where the transport unit had any type of mechanical or warning device failure that delayed or prevented the rapid transport of the patient to the initial receiving facility.

Maitland Fire Rescue Department

Standard Operating Guidelines

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Section:	Emergency Operations - EMS		
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Appendices: 4547

A. Medication Reporting Index

1. United States Pharmacopeia (USP) and National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP):

Type of Error	Category Result
No Error	
Category A	Circumstances or events that have the capacity to cause error
Error/No Harm	
Category B	An error occurred but the medication did not reach the patient
Category C	An error occurred that reached the patient but did not cause the patient harm
Category D	An error occurred that resulted in the need for increased patient monitoring but no patient harm
Error/Harm	
Category E	An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm
Category F	An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm
Category G	An error occurred that resulted in permanent patient harm
Category H	An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest)
Error/Death	
Category I	An error occurred that resulted in patient death

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Customer Complaint			
Section:	Emergency Operations – EMS			
SOG #:	220.22	Page:	1 of 2	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief	<i>Kimberly A. Neisler</i>		

1. PURPOSE:

To provide a procedure for receiving and documenting citizen and employees positive feedback and complaints on the Maitland Fire Rescue Department service or personnel from the general public, private organizations, or public agencies.

2. PROCEDURE: Administration and Guidelines

Positive Feedback

Positive feedback will be documented in the Customer Feedback Log located on the City database (K drive) and forwarded to all employees if identified. Positive feedback is forwarded to the Fire Chief for review and the Administrative Assistant for documentation.

Complaint Procedure

- a. Any citizen who wishes to file a complaint with the Maitland Fire Rescue Department shall be immediately assisted by the person receiving the complaint. ADD Supervisor
- b. Any person may register a complaint to the Fire Rescue Department, or its employees in person, by telephone, or in writing. Any supervisor or office staff member may accept a complaint.
- c. If the complaint is initiated against department personnel and received by staff when the particular shift is question is not on active duty, action shall be taken to notify the Battalion Chief responsible at the time of the incident. The Battalion Chief will report all findings to the Fire Chief. The Fire Chief will be responsible for ensuring resolution of all complaints against operational personnel. If the complaint is general in nature and does not involve a specific incident or crew, a member of Fire Administration will be responsible for investigating, resolving, and documenting the complaint.
- d. Upon receipt of a citizen complaint or inquiry, and even if resolved immediately, the complaint taker shall document the information in the Customer Feedback Log, assuring the individual initiation the complaint of the review, resolution and follow up process.

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e. The Battalion Chief who is assigned the complaint will document the following information on the Customer Feedback Log:

1. Customer Name
2. Contact Information
3. Date Reported
4. Date of Incident
5. Location of Incident
6. Nature of Complaint
7. Personnel Involved
8. Battalion Chief On Duty
9. Investigation Results
10. Resolution
11. Customer Follow Up
12. Crew Follow Up

f. Resolution should be completed within 10 working days unless documented extenuating circumstances apply (example: an involved employee is on leave).

g. During initial contact with a complaint, a supervisor may make a determination whether the conduct cited was proper or not. Battalion Chiefs and above are authorized to resolve the complaint to the satisfaction of the complainant, if possible by:

1. Resolving any misunderstanding leading to the complaint,
2. Correcting any deficiencies,
3. Counseling the employee regarding the reason for the complaint.

An attempt will be made to obtain a written statement from the complainant.

h. If a complaint cannot be resolved during the initial contact with the complaint, or if the complaint involves a significant breach of department policy, the complainant will be placed in contact with a member of Fire Administration. Upon completion of the investigation, a member of Fire Administration will contact the complainant to inform them of the investigation and resolution of the complaint.

3. PROGRAM EVALUATION:

At the end of each calendar year, the Deputy Chief and Assistant Chief will review all complaints and identify and track any obvious trends. This information will be reported to the Fire Chief.

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Standard Operating Guidelines

Title:	Handling Patients' Belongings or Assistive Devices		
Section:	Emergency Operations - EMS		
SOG #:	220.23	Page:	1 of 2
Effective Date:	April 1, 2015	Revision Date:	
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>



1. PURPOSE:

This guideline describes the process for tracking and documenting the handling of patients' belongings during emergency responses. Personnel are often required to handle personal items and property belonging to the patient while on emergency scenes. These items are transported along with the patient and delivered to the emergency department. This procedure outlines the specific process to transfer and document the disposition of these items.

2. PROCEDURE:

A. *Handling of assistive devices or belongings:*

1. During responses personnel must make an attempt to have a family member or responsible person selected by the patient take custody of all personal belongings prior to transport.
2. Essential assistive devices needed by the patient during transport or at the hospital may be carried with the patient.
3. Personal items or assistive devices that are hazardous to the safety of the crew during transport by their nature, size or weight (for example; weapons of any type, wheelchairs, motorized devices, etc.) must be left in the custody of a family member, responsible person or the Law Enforcement agency having jurisdiction over the incident location.
4. Whenever personal belongings are transported with the patient, these items must remain close to the patient as long as these items do not interfere with patient care activities.
5. Upon arrival at the receiving facility and during the patient transfer report, the transported items will be turned over to the nurse taking over patient care. If the patient is alert, the person giving the patient care report will also verbally inform the patient that their personal belongings or assistive devices are being left in the custody of the nurse.

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B. Documentation:

1. Personnel must clearly document on the patient care report any personal belongings or assistive devices that were transported with the patient and their disposition upon arrival at the receiving facility. The documentation must include the following:

Specific items: (for example; one purse, one cane, one set of dentures, one set of hearing aids etc.): valuables by description (for example; one silver colored wrist watch; one gold colored chain; five dollars in currency). Avoid entering in the description items such as gold diamond ring, instead describe the item as a gold colored ring with a clear stone. Who took responsibility for the items (for example: Items given to Nancy Nurse, RN at 1710 hrs.

2. Patient Medications: If the patient is taking more than ten (10) medications and there are no family members to bring the medications to the hospital, take the actual bottles to the ED with the patient in a plastic bag and if possible pin to the patient clothing with a safety pin. Upon arrival at the hospital, attach a computer generated patient sticker to the bag. If there is less than ten medications make sure the name (spelled correctly), strength and dosage are documented on the PCR. ([Medical Director Directive](#))
3. Patient personal belongings (Wallets, purse, keys, glasses etc.) should be the patient's decision to hold or leave with someone on scene. If the patient is unconscious and no family on scene, all belongings of value will be turned over to PD on scene and documented on the PCR. If no PD available, bag all items as listed in above in a plastic bag and attach a computer generated patient sticker to the bag. Document the personal items and the ED nurse which the items were turned over to on the PCR.).

C. Definitions:

1. **Personal belongings:** Those items not needed to complete the activities of daily living. These include but are not limited to: Patient medications, purse, wallet, portable phones, pager, credit card, money currency, clothing, briefcases, back packs, watches, jewelry and electronic devices such as laptop computers, personal data assistant, etc.
2. **Assistive Devices:** Those items needed to perform activities of daily living. These items include but are not limited to: prescription glasses, contact lenses, dentures, hearing aids, braces, orthopedic or prosthetic devices, canes, walkers, etc.

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Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

This guideline establishes specific operational requirements, safety rules and service procedures for the operation of EMS patient transport stretchers.

2. PROCEDURE:

General Stretcher Handling and Movement:

A. Read all manual labels and instructions on the stretcher devices before using them.

B. Operator requirements:

1. The stretcher must be attended by a minimum of one person at all times while loaded with a patient and the stretcher ~ in motion.
2. A minimum of two (2) operators are required to manipulate the stretcher while a patient is loaded. Two operators can safely move or operate the stretcher in flat, even and stable surfaces.
3. When rolling the stretcher with a patient on it, position one operator at the foot end and one at the head end of the stretcher at all times.
4. In unstable soil, sand or rocky terrain a minimum of 4 personnel (four-point) handling is recommended whenever possible.
5. At any time that the conditions, activity, weight or movement of the patient can potentiate the overturning of the stretcher the unit may be lowered to the safest handling height. In addition, number of personnel must be increased proportionally to insure safety of the patient and those handling the stretcher. Additional resources may be requested to insure the patient's and personnel safety.

C. Do not adjust, roll or load the stretcher into a vehicle without advising the patient. Stay with the patient while maintaining control of the stretcher at all times.

D. The ambulance stretcher can be moved in any height position. Stryker recommends transporting the patient in the lowest position that is comfortable for the operators to maneuver the stretcher.

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- E. During transport, approach door sills and/or other low obstacles squarely and lift each set of wheels over the obstacle separately.
- F. Wheel lock(s) are only intended to help prevent the stretcher from rolling while unattended. A wheel lock may not provide sufficient resistance on all surfaces or under loads.
- G. The restraint straps must be used at all times (when safely able to without impairing patient transport). This includes the shoulder, waist, knee and leg straps.
- H. Only Fire Department personnel trained in the use of the stretcher are authorized to operate or handle the stretcher. Other personnel may be used in stabilizing the stretcher under the direct supervision of a MFRD member.

Safety and Security:

- A. Personnel must adhere to all manufacturer safety warning and precautions at all times when handling any stretcher device.
- B. Straps
 - 1. All safety straps must be securely fastened at all times around the patient. This includes the lower extremity, waist and shoulder straps.
 - 2. Exception to this rule: In the event that the straps are impeding a procedure (for example -CPR) the necessary strap may be removed providing that all remaining straps are securely fastened and measures taken to insure patient safety.
- C. Side Rails
 - 1. Side rails must be in the up position at all times when the patient is loaded on the stretcher.
 - 2. Side rails do not eliminate the need for proper fastening of ~ straps.
 - 3. Side rails are not intended to serve as a patient restraint device.
- D. Operators must strictly adhere to proper lifting and pushing/pulling techniques when lifting, loading and operating the stretchers.
- E. Do not "jog" the stretcher past the load height while the safety bar is engaged.

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Loading Procedures:

- A. Loading an occupied stretcher into the vehicle requires a minimum of two (2) trained operators.
- B. When loading the stretcher into a vehicle, an operator should remember the following important issues:
 1. There must be a safety hook properly installed in the vehicle so that the bumper does not interfere with the front legs of the base frame.
 2. Stretcher operators must be able to lift the total weight of the patient, stretcher and any items on the stretcher. The higher an operator must lift the stretcher, the more difficult it becomes to hold the weight. An operator may need help loading the stretcher if he/she is small or if the patient is too large to lift safely.
- C. Place the stretcher in a loading position. Roll the stretcher into the open patient compartment. Lift the vehicle bumper to the raised position (if option is available).
- D. Push the stretcher forward until the load wheels are on the patient compartment floor and the safety bar passes the safety hook.
- E. For maximum clearance to lift the base, pull the stretcher back until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.
- F. Operator procedures for loading:
 1. Operator 1 -Grasp the stretcher frame at the foot end and push the retract (-) button until the undercarriage of the stretcher retracts fully (power pro models).
 2. Operator 2 -Securely grasp the stretcher's outer rail to stabilize it during retraction (power pro models).
 3. Both Operators -Push the stretcher into the patient compartment until the stretcher engages the floor bracket.

Unloading Procedures:

- A. Unloading the stretcher from the vehicle while a patient is on the stretcher requires a minimum of two (2) operators, positioned at each end of the ambulance stretcher. Each operator must grasp the ambulance stretcher frame securely.

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- B. Disengage the stretcher from the stretcher floor bracket.
- C. Lift the vehicle bumper to the raised position (if option available).
- D. Operator 1 -Grasp the ambulance stretcher frame at the foot end. Pull the stretcher out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.
- E. Do not press the extend (+) button until the safety bar engages the safety hook (power pro models).
- F. Once the undercarriage is locked and weight of the stretcher is securely resting on the wheels the safety bar release lever is pushed forward to disengage the safety bar from the safety hook in the patient compartment. Never pull or lift on the safety bar when unloading the stretcher. Damage to the safety bar could result and injury to the patient or operator could occur.
- G. Remove the load wheels from the patient compartment of the vehicle.

Emergency Manual Operation Procedures on Power-Pro Units:

- A. In the event of loss of electrical function on power pro models, the ambulance stretcher is equipped with a manual override to allow manual operation of the product until electrical functionality is restored.
 - 1. The red manual release lever is located along the patient left side of the lower lift bar at the foot end of the stretcher.
- B. To raise or lower the stretcher with the manual release:
 - 1. Both Operators -lift the stretcher during the raise/lower operation to support the weight of the stretcher.
 - 2. With the ambulance stretcher supported by an operator at each end, the operator at the foot-end must pull the release handle towards the lift bar. While the release handle is pulled, raise or lower the ambulance stretcher to the desired position and then release the handle to lock ambulance stretcher into position.
 - 3. The operators must lift the stretcher weight slightly off the wheels to use the manual extend or retract while a patient is on the stretcher.

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Stair Chair Operating Procedures:

- A. The Stair-PROe Stair Chair is to be operated only as described in the owner's manual.
- B. Stair chairs are intended for the use of conscious patients through confined hallways or stairs. Patients who are unresponsive should not be transported using this device.
- C. When a patient is on the chair, use a minimum of two operators to manipulate the chair on stairs. If more people are required to safely control the chair, position the additional personnel in a way that the loaded stair chair is balanced.
- D. Do not roll the chair, ascend, or descend stairs without advising the patient. Explain to the patient not to use their hands to grasp rails or attempt to balance themselves while the stair chair is being moved.
- E. Stay with the patient and control the chair at all times.
- F. Only use the wheel locks during patient transfer or without a patient on the chair.
- G. Always use the restraint straps when a patient is on the chair. These include the waist and shoulder straps at all times.
- H. The Stair- TREAD@ system must be used when descending stairs. These are designed to roll slower as the weight placed in the chair is increased. Do not force the Stair- TREAD@ system to roll faster. Forcing the Stair- TREAD@ system will cause damage to the unit and possible injury to the patient or operators.
- I. Use properly trained helpers when necessary to control the chair and patient.

Daily Inspections:

- A. All stretchers and stair chairs must be inspected during the daily truck and equipment check.
 1. A visual inspection is required to ensure that there is no damage or loose parts.
 2. The operator must also complete a hands-on operation of all mechanical parts to ensure they are operating properly.

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- B. Daily stretcher inspections must be documented on the daily truck check form. The completed stretcher inspection must be documented as "ok" or identify deficiencies specifically.
- C. Any deficiencies must be immediately reported, an incident report completed and replacement stretcher obtained.

Weekly Inspections:

- A. All stretchers must be inspected during the unit's weekly cleaning and inspection day (usually Saturday of each week) and a checklist completed.
- B. When completed attach the weekly checklist form to the apparatus check form in the truck check off book.
- C. Inspection Checklist:

1. General appearance is clean with no visible signs of contamination.
2. All fasteners secure (Use assembly drawings as reference).
3. All welds appear intact, not cracked or broken.
4. No bent or broken tubing or sheet metal.
5. No debris, oil or other contaminants on wheels.
6. All wheels secure, rolling and swivel properly
7. Wheel lock holds wheel securely when on and clears wheel when off.
8. Side rails move and latch properly.
9. Backrest operating properly.
10. Optional accessories intact and operating properly.
11. Height positioning latch functioning properly.
12. Stretcher secure in each height position.
13. Undercarriage folds properly.
14. Breakaway head section operating properly.
15. Safety bar operating properly.
16. Foot rest operating properly.
17. Mattress is clean, no rips or cracks in mattress cover or contaminated
18. Body safety restraints intact and working.

D. Power-Pro Models:

1. Battery with adequate charge on unit. Check battery indicator, charged.
2. Charge spare battery (as necessary) according to DeWAL r8 instructions.
3. Install battery into foot-end enclosure, battery indicator operates.

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4. Ensure the battery remains firmly secured. Release and remove battery from foot-end enclosure.
5. Ensure operating switches are operating properly.
6. Inspect motor mount, all fasteners secure.
7. Check cylinder attachments at both ends, all fasteners secure. Inspect hoses and cylinder seal for leaks.
8. Inspect main cable, all connections secure.
9. Verify the manual release lever functions properly, adjust accordingly.
10. With the stretcher empty, check the raise/lower function.
11. With the stretcher loaded with a minimum of 45 kg, check the raise/lower function.

Yearly Maintenance and Inspection Procedures:

- A. EMS equipment personnel will organize yearly maintenance and inspection schedule with Stryker.
- B. EMS equipment personnel will provide a schedule to the on duty BC's for unit rotation on the scheduled dates.
- C. Units are to be placed out of service during maintenance and inspection.

Stretcher Exchange Procedures:

- A. Should a significant deficiency be discovered requiring the stretcher to be placed out of service, personnel must notify their supervisor and the chain of command.
- B. Place the stretcher out of service, tag the stretcher identifying the problem and notify the EMS equipment personnel via phone or e-mail.
- C. Bring the out of service stretcher to the available station and pick up a spare stretcher.
- D. Complete the stretcher exchange form to sign out a spare stretcher to ensure accountability.
The stretcher exchange forms will be placed by the spare stretchers at the stations.
- E. EMS equipment personnel will facilitate the repair process with the selected vendor.
- F. Once the stretcher is repaired the EMS equipment personnel will contact the affected stations supervisor to make arrangements for the exchange.

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- G. Personnel must go to the stretcher location station for this exchange and complete the stretcher exchange form by signing the spare stretcher back in.

Cleaning and Disinfecting Procedures:

- A. Follow the cleaning solution manufacturer’s dilution recommendations exactly as directed on the label. Suggested cleaners include:
1. Quaternary Cleaners (active ingredient -ammonium chloride)
 2. Phenolic Cleaners (active ingredient -O-phenyl phenyl)
 3. Chlorinated Bleach Solution (5.25% -less than 1 part bleach to 100 parts water)
- B. Spray and wipe all surface areas of the stretcher. Pay particular attention to the underside surfaces as they are not readily visible and may hold contaminated products or fluids.
- C. Clean Velcro AFTER EACH USE. Saturate Velcro with disinfectant and allow disinfectant to evaporate.
- D. Wipe all safety straps after each use. If visibly soiled, remove the straps for cleaning and place a spare set of straps in its place (Replacement sets of straps are available in supply).
The stretcher must NEVER be operated for patient transport without a complete set of straps.
- E. Stryker stretchers are designed to be washable.
1. Frequent washing may show some signs of oxidation or discoloration from continuous washing, however, no degradation of the stretcher's performance characteristics or functionality will occur due to power washing as long as the proper procedures are followed.
 2. Stryker stretchers are not designed to be steam cleaned.
 3. Maximum water temperature when washing should not exceed 1800 F.
 4. Towel dry all casters and interface points between the stretcher and the breakaway head section.

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5. When using chemical products Avoid over-saturation and ensure the product does not stay wet longer than the chemical manufacturer's guidelines state for proper disinfecting.
- F. Failure to properly clean or dispose of contaminated mattress or stretcher components will increase the risk of exposure to blood borne pathogens and may cause injury to the patient or the operator.
- G. All personnel shall follow the AeroClave decontamination procedures outlined in SOG 250.07 for any stretcher that has been contaminated.

Standard Operating Guidelines

Title:	EMS Performance Measures			
Section:	Emergency Operations – EMS			
SOG #:	220.25	Page:	1 of 1	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Provide guidance for establishing, maintaining, and assessing the effectiveness of the Departments EMS services.

2. PROCEDURE:

A. Establishing EMS Performance Measures

- i. The EMS group of the Maitland Fire Rescue Department shall select specific areas to assess the performance levels of the system.

B. Maintaining the EMS performance Measures

- i. The EMS group of the Maitland Fire Rescue Department shall maintain the process by establishing new Performance Measures annually

C. Assessing the effectiveness of the Departments EMS service

- i. The information obtained from the analysis of the data helps Professional Standards Personnel determine training needs and helps shape the continuing education planning for each year. The data also helps the Medical Director identify trends in patient care that may need to be assessed or cause revisions in the Maitland Fire Rescue Practice Parameters.
- ii. Should the need or situation arise where counsel or correction is needed the Fire Chief and Medical Director shall be notified immediately.

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Standard Operating Guidelines

Title:	Rehabilitation			
Section:	Emergency Operations – EMS			
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Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

- a. To provide guidance on the implementation and use of a structured rehabilitation process as a requirement of the incident management system (IMS) at the scene of a fire, other emergency, or training exercise.
- b. To ensure that personnel who might be suffering the effects of metabolic heat buildup, dehydration, physical exertion, and/or exposure to extreme weather conditions as a result of their participation in the event receive mandatory evaluation and rehabilitation as needed.

2. SCOPE :

All personnel considered to be operating at risk while attending or operating at the scene of a fire/emergency, or training exercise, shall participate in any designated rehabilitation operation as directed by their supervisor. Mandatory establishment and participation in a structured rehabilitation system is critical to both long and short term firefighter health, safety, and welfare. Incident Commanders (IC) and crew supervisors should monitor the physical exertion levels of their personnel and be overly mindful of their condition.

3. RULES:

- a. Structured rehabilitation operations shall commence at the direction of the IC when fire/emergency operations and/or training exercises pose a potential health and safety risk to firefighters.
- b. Structured rehabilitation operations shall be established for any incident where the duration, climate conditions, or physical demands placed on the personnel clearly dictate the need for rehabilitation support.
- c. While not all incidents will require a structured rehabilitation process, the incident commander shall consider the establishment of a structured rehabilitation process according to the specific circumstances of the incident.
- d. A structured rehabilitation process shall include the following:
 - Rest period
 - Hydration to replace lost body fluids

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- Cooling (passive and/or active)
- Warming
- Medical monitoring to include: A documented full set of vital signs (Heart Rate, Blood Pressure, Temperature, Respiratory Rate, Pulse Oximetry, Carbon Monoxide)
- Emergency medical care if required
- Relief from extreme climatic conditions (heat, cold, wind, rain)
- Calorie and electrolyte replacement
- Accountability
- Release back to the operation

4. RESPONSIBILITIES:

- a. The incident commander shall be responsible for the following:
 1. Include rehabilitation in incident/event size-up considerations.
 2. Establish a rehabilitation group to reduce adverse physical effects on firefighters while operating during fire/emergencies, training exercises, and extreme weather conditions.
 3. Designate a supervisor to serve as the rehabilitation group (Supervisor/Leader).
 4. Ensure sufficient resources are assigned to the rehabilitation group.
 5. Ensure EMS personnel are available for emergency medical care of firefighters as required.
 6. Consider requesting an additional transport unit (Ready Rescue) specifically assigned to the rehabilitation group.
- b. The rehabilitation group (Supervisor/Leader) shall be responsible for the following:
 1. Don the rehabilitation group (Supervisor/Leader) vest.

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2. Whenever possible, select a location for rehabilitation with the following site characteristics:
 - Large enough to accommodate the number of personnel expected (including EMS personnel for medical monitoring).
 - Have a separate area for members to remove protective equipment.
 - Be accessible for an ambulance and EMS personnel should emergency medical care be required.
 - Be removed from hazardous atmospheres including apparatus exhaust fumes, smoke, and other toxins. Consider being upwind, upstream, or otherwise removed as possible from any threat.
 - Provide shade in summer and protection from inclement weather as necessary.
 - Have access to a water supply (bottled or running) to provide for hydration and active cooling.
 - Attempt to locate away from spectators and the media.
3. Ensure personnel in rehabilitation “dress down” by removing all of their protective clothing to help promote cooling.
4. Provide the required resources for rehabilitation including the following:
 - Potable drinking water for hydration.
 - Provide shelter from sun, if possible.
 - Sports drinks (to replace electrolytes and calories) for long duration incidents (working more than one hour).
 - Effective passive and/or active cooling (when available).
 - Medical monitoring equipment (chairs to rest on, blood pressure cuffs, stethoscopes, check sheets, etc.).
 - Food as needed and a means to wash or clean hands and face prior to eating.
 - Consider blankets and warm, dry clothing for cooler months.

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- Consider identifying available restroom facilities when possible.
5. Time personnel in rehabilitation to ensure they receive a minimum of 15 minutes of rest. Additional rehabilitation time should be dictated by the environment and the level of exertion of the personnel.
 6. Ensure personnel rehydrate themselves.
 7. Ensure personnel are provided with a means to be effectively passively or actively cooled as needed.
 8. Maintain accountability and remain with the rehabilitation group until reassigned by Command.
 9. Document members entering or leaving the rehabilitation group.
 10. Inform the incident commander, accountability officer (resource unit), and EMS personnel if a member requires transportation to and treatment at a medical facility.
 11. Company officers shall be responsible for the following:
 - Be familiar with the signs and symptoms of heat stress and cold stress.
 - Monitor their company members for signs of heat stress and cold stress.
 - Notify the IC when members require relief, rotation, or reassignment according to conditions.
 - Provide access to rehabilitation for company members as needed.
 - Ensure that their personnel are properly checked in with the rehabilitation group (Supervisor /Leader) and accountability officer (resource unit), and that the crew remains intact.
 12. Crew members shall be responsible for the following:
 - Be familiar with the signs and symptoms of heat and cold stress.
 - Maintain awareness of themselves and company members for signs and symptoms of heat stress and cold stress.

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14. Parameters to determine fitness/ability to return to firefighting activities

Body Temperature

Normal body temperature range from 98.6 to 100.6 degrees

Heart Rate (Pulse)

Normal resting heart rates range from 60 to 100 beats per minute. A fire fighter who has not achieved a heart rate of less than 100 beats per minute by the end of 20 minutes should not be released from rehabilitation, but should be further monitored, and if warranted, sent for further medical evaluation. Part of additional monitoring should include orthostatic pulse and blood pressure.

Respiratory Rate

Normal respiratory rate is 12 to 20 breaths per minute. By the end of the rehabilitation period, the fire fighter should have a respiratory rate within these parameters. If the rate is not within this range follow emergency medical protocols related to respiratory conditions.

Blood Pressure

A member whose blood pressure is greater than 160 systolic and/or 100 diastolic should not be released from rehabilitation.

Pulse Oximetry

Normal SpO2 readings are between 95 and 100 percent. Readings or 91 to 94 percent reflect mild hypoxemia; 86 to 90 percent reflect moderate hypoxemia; and below 85 percent indicate severe hypoxemia. If outside this range, follow emergency medical protocols.

CO Monitoring

Carbon Monoxide will be monitored anytime a firefighter is exposed to smoke or fire.

Initial CO Assessment Parameters

0 – 5%	Considered normal
5 – 10%	Considered normal in a smoker
> 10%	Abnormal in any person – consider high flow oxygen
> 15%	Significantly abnormal in any person – treatment mandated

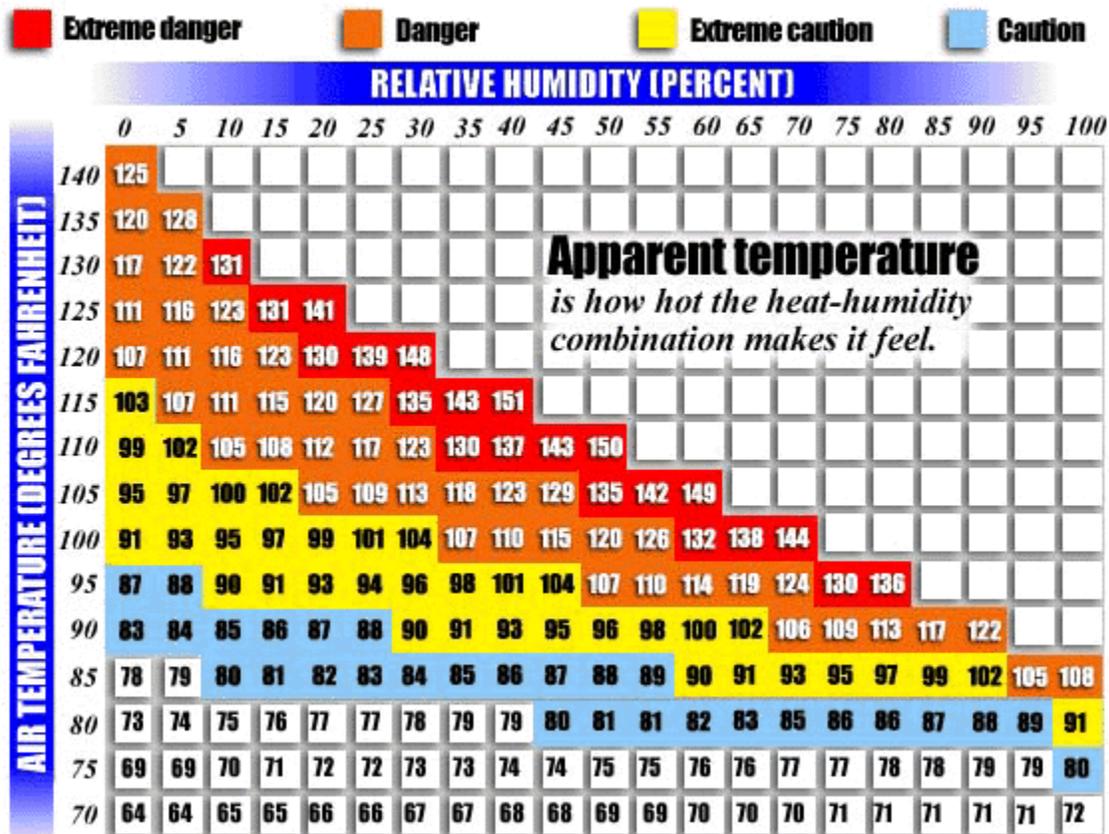
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CO Reassessment Parameters

0 – 5%	Acceptable for return to firefighting activities if medically cleared
5 – 10%	Consider high flow oxygen until < 5% regardless of symptoms
> 10%	Abnormal, assess for symptoms, consider high flow oxygen
> 15%	Significantly abnormal, treatment mandated, consider transport



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Standard Operating Guidelines

Title:	Safe Restraint and Transport of Children in Emergency Vehicles		
Section:	Emergency Operations - EMS		
SOG #:	220.27	Page:	1 of 4
Effective Date:	April 1, 2015	Revision Date:	
Authorized By:	Kimberly A. Neisler, Fire Chief	<i>Kimberly A. Neisler</i>	



1. PURPOSE:

This policy establishes procedures for the safe restraint and transportation of ill or injured children in the patient compartment of transport units following the best practices outlined according to the National Highway and Traffic Safety Administration (NHTSA).

EMS providers have always faced significant challenges when it comes to safely restraining children for transport in emergency vehicles. NHTSA established a working group to identify the best practices and to publish a white paper on national recommendation on the safe restraint methods to transport children; their recommendations are the basis for this policy.

2. PROCEDURE:

A. General Safety Rules:

1. The most essential principle to follow on **ALL transports** regardless of whether it involves a child or not, is to ***make everything as safe as possible.***
2. The ultimate goal of this policy is to ***prevent forward motion/ejection, secure the torso and protect the head, neck and spine of all children transported.***
3. General safety requirements:
 - a. Seat belts and restraints must be used for **ALL** ambulance occupants whenever the vehicle is in motion.
 - b. Crews shall make every effort to secure all portable or loose equipment.
 - c. Follow all current pediatric standards of care for injured children
 - d. Monitor personnel driving practices through use of technology and other means
 - e. Follow policies and medical parameters to reduce the unnecessary use of emergency lights and sirens (when transporting patients) when appropriate.
 - f. At **NO TIME** shall a child, even when secured in an appropriate child restraint system, ride secured in the squad bench or any seat which places the child riding sideways (facing the side of the vehicle).

B. State of Florida Requirements:

1. Florida Statute 316.613 (1) (a) requires that all children riding in a motor vehicle shall:

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“If the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer’s integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a seat belt may be used.”

C. Transportation of an Uninjured, Non-patient Child:

NHTSA’s recommendation is to transport the unharmed child *“in a vehicle other than an emergency ambulance using a size appropriate child restraint system that complies with FMVSS No. 213.”*

1. As a result of the recommendation MFRD personnel are NOT authorized to transport an uninjured minor/child in the transport unit as a rider.
 - a. Exception may be granted (**with Battalion Chief approval**) in the event that an older child (who does not require riding in a CRS device) is actively engaged in assisting with care, for example: breaching communication barriers by translating information between the crew and patient. The child must still be appropriately secured in the rear-facing captain’s chair only. **At NO time** shall the child ride on the side bench or a side mounted seat on the transport unit.
 - i. In such an event the supervisor must weigh the risk vs. benefit of utilizing the child to assist, resorting to this as the last viable option.

2. Whenever responding to an incident where the adult caregiver is ill, injured or otherwise incapacitated and there is no other competent adult family member to care for a minor/child who is unharmed, the crew will take the following actions:
 - a. Notify the Communications Center requesting the Battalion Chief for immediate response.
 - b. The crew will brief the Battalion Chief upon their arrival of the situation and leave the unharmed minor/child in their custody.
 - i. In the event the adult patient is critical, the transport unit will proceed with transport immediately and the other on-scene crew will remain with the child until the Battalion Chief arrives to take custody of the minor/child.

D. Transporting the Ill/Injured Child

1. A child who is ill or injured but does not require spinal immobilization shall be transported using one of the following options:

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- a. Transport the child in the rear-facing captain's chair in an appropriate size convertible CRS (if available) that complies with FMVSS No. 213, utilizing the forward-facing belt path.
 - i. An integrated CRS in the captain's chair may be used in place of the regular seat if the unit is equipped with such device and is of appropriate size for the child.
 - b. In the absence of a CRS, the child must be transported secured to the cot, head first, using three horizontal cot restraints across the child's torso (chest, waist and knee) and one set of vertical restrains across the child's shoulders (five-point cot restraint).
 - i. The back rest of the cot may be raised/positioned in a way to provide comfort/cradling based upon the child's condition and to allow for proper medical care.
 - ii. For very small children, padding on either side of the child safely secured under the straps may provide additional support.
 - c. Variations of the cot restraint configuration may be required if the child's condition is critical or requiring active, aggressive medical management. In these situations, **common sense and practicality shall prevail**, keeping in mind that the goal is to have the child secured to the cot in the best possible way to ***prevent forward motion/ejection, secure the torso and protect the head, neck and spine of all children transported in emergency ambulances.***
2. A child requiring spinal immobilization shall be secured in an appropriately sized immobilization device (Pedi-immobilizer or LBB) and the device then securely strapped to the cot using three horizontal cot restraints across the child's torso (chest, waist and knees) and one set of vertical restraints across the child's shoulders.
 3. An injured or ill child **SHALL NOT** ride unsecured at any time in the transport unit.
 - a. If an adult caregiver is allowed to accompany the ill/injured child in the patient compartment during transport, this caregiver must be seated securely using the appropriate restraint system in the captain's chair.
 - i. Ideally, the adult caregiver should ride properly secured in the forward facing right front seat of the transport unit.

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E. Definitions:

1. **Bench Seat:** Also known as the squad bench, this is the multi-person side facing seat alongside the cot mounting area in the rear of an ambulance.
2. **Captain's Chair:** Also known as the EMS provider's seat, this is the passenger location that (usually an EMS professional) faces the rear exit of the emergency ambulance that is typically located immediately behind the driver's seat. From this location, the person is physically able to see the patients being transported.
3. **Child (Children):** For purposes of this policy and in accordance with NHTSA recommendations, a child is defined as any individual who the provider believes is a pediatric/child size seat by height, weight or combination of both.
4. **Child Restraint System (CRS):** A CRS is any device (except a passenger system lap seat belt or lap/shoulder seat belt), designed for use in a motor vehicle to restrain, seat, or position a child.
5. **Convertible Child Restraint System:** Any CRS device designed for use in a motor vehicle that can be secured either in a forward or rear facing configuration. Convertible CRS have separate belt paths for both configurations.
6. **Cot:** A temporary bed used in ambulances for the purposes of transporting patients to a medical facility for treatment. Also commonly referred to as a stretcher or gurney.
7. **Cot Restraints:** A restraining device that is designed for use on a cot in an ambulance to restrain or position a child in a sitting position. Cot restraints may be devices that are permanently mounted (integrated), or can be secured to a cot in an ambulance.
8. **Five-Point Cot Restraints System:** A system for restraining a patient to the cot of an ambulance, consisting of three horizontal restraints across the patient's torso (chest, waist and knees) and two vertical shoulder restraints across each of the patient's shoulders.
9. **FMVSS No.213:** Federal Motor Vehicle Safety Standard No. 213 is the standard for child restraint. FMVSS no. 213 specifies requirements for child restraint systems used in motor vehicles and aircraft. The purpose of FMVSS No. 213 is to reduce the number of children killed or injured in motor vehicle crashes and in aircraft.

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Standard Operating Guidelines

Title:	Medication Delivery			
Section:	Emergency Operations – EMS			
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Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. PURPOSE:

To establish for the Maitland Fire Rescue Department medication selection, delivery and dosage procedures.

2. PROCEDURE:

2.1 RESPONSIBILITY

It is the responsibility of each ALS provider to provide the correct medication, delivery method, and dosage of medication given.

- a. Prior to administration all medications must be checked for the 5 rights. Right drug, right dose, right route, right patient and right time.
- b. If the medication is drawn up by a Paramedic other than the administering Paramedic the administering Paramedic must recheck the 5 rights to ensure all are correct.
- c. All medications stocked, dosages, and delivery methods are listed in Section 8 of MFRD's Practice Parameters.
- d. All delivery methods are outlined in detail in the MFRD's Practice parameters listed below.

- ✓ 7.11 Rectal
- ✓ 8.03 Eye drops
- ✓ 8.05 Sublingual
- ✓ 9.14 Intraosseous Infusion
- ✓ 9.19 Intramuscular administration
- ✓ 9.20 Nasal Atomizer administration
- ✓ 9.21 Nebulizer administration
- ✓ 9.22 Subcutaneous administration
- ✓ 9.25 Peripheral Venipuncture
- ✓ 9.28 Reconstitution of Medications
- ✓ 9.35 Medication Syringe Pump
- ✓ 10.08 Nitroglycerin drips

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Standard Operating Guidelines

Title:	Marine Rescue Operations			
Section:	Emergency Operations - Special Operations			
SOG #:	230.01	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The Maitland Fire Rescue Department Marine Rescue unit is maintained to provide surface water rescue capability in the numerous bodies of water within the City of Maitland. The Marine Rescue unit is composed of on duty shift personnel who are trained to operate the unit. The Marine Rescue team will work in conjunction with all agencies that request services for marine related emergencies.

2. PROCEDURE:

2.1 Marine Rescue Boat

- a. The Marine Rescue Boat is to be operated only by Maitland Fire Rescue Department personnel trained and assigned to carry out such tasks.
- b. The Marine Rescue Boat is to be checked each morning to insure all systems are operational and all safety equipment is accounted for. Fuel level is to be no less than one half (1/2) full.
- c. The Marine Rescue Boat is to be towed only by Department approved towing vehicles. Rescues 45 and 47, as well as staff vehicles with proper trailer towing equipment, can be utilized.
- d. When connecting the Marine Rescue Boat to the towing vehicle, two (2) persons must verify proper connection of the coupler, safety chains, and lights. The coupler is to be "pinned" via a padlock or approved pin mechanism.
- e. The boat is to be secured to the trailer via the front winch hook and "tie down" straps near the rear of the boat. Personnel must ensure both are in place prior to towing.
- f. A back up guide shall be used at all times when backing the Marine Rescue Boat. Disconnect the trailer wiring harness before backing the boat into the water.
- g. All personnel shall wear U.S.C.G. approved flotation devices while conducting marine rescue activities, operating, or riding as a passenger in the Marine Rescue Boat.

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2.2 Operations

- a. Launch sites for marine rescue operations shall be determined by the incident commander.
- b. Factors to be considered prior to launching the Marine Rescue shall include:
 - Time of Day
 - Weather
 - Personnel Safety - The Incident Commander is responsible for making the determination to launch based on the above factors.
- c. Marine Rescue operations shall be limited to surface water rescue only when the victim is visible.
- d. Victim assistance is to be administered via throw devices. Only personnel with water rescue training shall enter the water to attempt a “hands on” rescue.
- e. Personnel may enter the water with mask, fins, and snorkel for the purpose of locating a victim and/or vehicle when the exact location is known. Upon locating such, the area is to be marked using a floating device, and secured until proper resources arrive to mitigate the situation. All persons entering the water to perform surface water procedures shall wear a buoyancy compensation device and be tethered to a shore line attended by an individual on shore or in the boat.
- f. Personnel shall only enter the water after the boat has been launched and adequate persons are in the boat to render assistance.
- g. A minimum of one person in the boat shall monitor a portable radio on the assigned channel for that incident.
- h. At no time shall personnel be in the water while the outboard motor is running.

During summer months when the water temperature may exceed 80F, the use of nose plugs shall be mandatory to protect against water born illnesses such as amoebic meningitis. Only necessary personnel should be allowed to enter the water to effect rescue efforts during these periods of increased water temperature.

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Standard Operating Guidelines

Title:	Elevator Emergencies			
Section:	Operations – Special Operations			
SOG #:	230.02	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Establish guidelines for handling elevator emergencies in the safest way possible.

2. PROCEDURE:

- a. Whenever possible, elevator malfunction issues should be handled by an elevator mechanic with Fire Department members assisting.
- b. Emergency evacuation procedures shall only be utilized in true emergency situations. All non-emergency evacuations shall be conducted by elevator personnel.
- c. Responses to a report of persons stuck inside an elevator will not be considered an emergency unless:
 - There is a true emergency medical condition with one of the car's occupants.
 - There is an individual unable to “cope” with the entrapment.
 - There is a circumstance involving fire or potential fire.
- d. Upon arrival, the OIC will meet with a building representative, preferably the building engineer, if possible to determine the elevator company they utilize for service. That company shall be contacted to respond immediately. The OIC will request an ETA. If necessary, the OIC shall make direct contact with a **supervisor** of the elevator company to explain the situation and request a timely response. In the event that the elevator company in question is not available or has a significant delay, attempts should be made to make arrangements with another company for response.
- e. The OIC will determine the safety and condition of the occupants and make contact with the occupants verbally to offer reassurance. The OIC will weigh the “risks vs. benefits” of affecting a rescue and will make an informed decision on how to proceed.

If after careful assessment of the situation it is revealed that all that will be required is the opening of the car door (car within 3 feet of landing and occupants are ambulatory), the OIC may chose to remove the victims AFTER securing power to the car breaker panel, leaving the cab light ON. Extreme care must be taken when choosing this option.

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- f. In the event that victim rescue is necessary before the arrival of elevator personnel, all safety measures must be followed. The safest means of rescue is through elevator doors. Power to the car in question and any adjacent elevators shall be secured prior to affecting a rescue. An FD member shall be assigned to guard the power disconnect to prevent someone from prematurely restoring the power. This shall be obtained by utilizing a lock-out device.

- g. In rare circumstances it may be necessary to affect a rescue via the hoistway. Safety precautions must be maintained. Power must be secured to the car in question and adjacent cars as well.

- h. Following an incident with an elevator, the building representative shall be advised to leave the elevator out of service until it can be assessed by appropriate elevator service personnel. FD members shall not reengage the power source until the elevator has been properly assessed and or repaired by elevator personnel.

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Title:	Technical Rescue Response			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Response to technical rescue incidents including high angle, confined space and hazardous materials that require expertise and/or equipment beyond the level of training of MFD personnel.

To provide procedures for Maitland Fire Rescue Department personnel while operating at the scene of alarms involving specialized rescue teams (confined space, high angle, structural collapse and hazardous materials incidents).

2. PROCEDURE:

- a. Maitland Fire Rescue personnel shall follow established guidelines for emergency responses regardless of the type of incident based on dispatcher information.
- b. Upon arrival at the scene, the ranking officer shall perform a scene size-up and evaluation to determine the need for additional resources.
- c. If the need for technical rescue teams or equipment that exceeds the level of training or capabilities of responding units is identified, the ranking officer will request from dispatch the response of appropriate personnel through mutual aid.
- d. Fire Rescue personnel will provide for basic scene safety and establish a safe perimeter. The ranking officer should gather as much information as possible about the type of incident, number of patients and any associated hazards should be identified.
- e. Battalion 45 will respond to the scene and establish command. Command may be relinquished to mutual aid battalion chiefs with expertise in the rescue or event being mitigated.
- f. Upon arrival of specialized rescue teams to the scene, all parties will meet at the command post to discuss the action plan.
- g. Fire Rescue personnel will act in support of mutual aid technical rescue teams. At no time will any MFD personnel engage in specialized rescue tasks unless proper training is documented and must be approved by the Incident Commander.

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Standard Operating Guidelines

Title:	Response to Weapons of Mass Destruction			
Section:	Emergency Operations – Special Operations			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

Establish procedures for Maitland Fire Rescue personnel to follow during alarms in which act of terrorism or use of weapons of mass destruction are suspected or used.

2. PROCEDURE:

- a. Acts of domestic terrorism have increased over the past several years. Personnel should remain alert for any potential areas of terrorism by remaining current with local affairs. Several types of locations have been designated as “high-risk” for acts of domestic terrorism:
 - Any large gathering of people – Festivals, Churches etc.
 - Politically Sensitive buildings – Federal Offices, Abortion Clinics, Religious Facilities etc.
 - College and University Campuses
 - Visit to the community of a political figure – President, Head of State etc.
- b. Devices used by terrorists may include weapons of mass destruction (WMD). These weapons may involve, but are not limited to, the use of items of the following nature:
 - biological
 - nuclear
 - incendiary
 - chemical and/or powders
 - explosive
- c. The types of injury/illness that can be expected from such devices include, but are not limited to:
 - Thermal burns
 - Radiation sickness
 - Asphyxiation
 - Chemical burns/inhalation
 - Trauma caused by explosive/mechanical weapons

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- d. Personnel should consider all possibilities when faced with these situations.
- e. Initial arriving officers to such incidents must perform an accurate scene size up and rapidly employ additional resources as needed. Initial actions should be to isolate the scene and gather as much information as possible from witnesses. Requests for specialized rescue teams should be made immediately upon recognizing the scope of the incident is beyond what initial responding units can effectively handle.
- f. Additional specialized equipment may be required to handle detonations or activations of these devices. An act of domestic terrorism is considered a Federal offense and will activate a response from the Federal Government. You should expect to be dealing with Federal agencies throughout the incident.
- g. Military resources within the State of Florida have the capability to respond to weapons involving biological and chemical devices.
- h. The responsibility for securing the device will rest with the Maitland Police Department or Orange County Sheriff's Department. Fire/Rescue Personnel are not to engage in the search of, or the removal of, any explosive devices. The Fire Department's task will be to prepare for the possible detonation/activation or deployment of a device and treatment of any subsequent victims.
- i. Any other type of assistance will be provided to the Police Department only through the approval of the Battalion Chief.

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Standard Operating Guidelines

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Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish the Fire Department’s response, control and abatement procedures for any hazardous material release. In addition, the procedure will describe the method for handling all hazardous materials information collected for emergency response.

Establish procedures for crews operating at the scene of an incident involving hazardous materials.

2. PROCEDURE:

Procedures addressed in this policy are intended to be parallel to those of partner agencies for the purposes of continuity. Unless otherwise specified, Maitland Fire Department personnel will respond to reports of hazardous materials incidents to level of first responder operational level as defined by NFPA.

2.1 Definitions

- a. Hazardous Materials- any explosive, flammable, oxidizer, poison, Etiologic agent, radioactive, corrosive, or other substance or material that has escaped its container, in a quantity or form that may pose an unreasonable risk to health, safety and the environment. These are commonly known as Nuclear, Biological or Chemical (NBC).
- b. Hot Zone- the hot zone is the area immediately surrounding a hazardous materials incident, extending far enough to prevent adverse effects from hazardous materials release to personnel outside the zone.
- c. Warm Zone - the warm zone is the area where personnel and equipment decontamination and hot zone support take place. It includes control points for the access corridor and thus assists in reducing the spread of contamination.
- d. Cold Zone - The cold zone contains the command post and such other support functions as are deemed necessary to control the incident.
- e. Level-A Protection- Total encapsulating, vapor proof suit constructed of materials that are resistant to the chemical(s) involved, with SCBA.
- f. Level-B Protection – Non-encapsulating, splash proof, and suit constructed of materials, which are resistant to the chemical(s), involved, with SCBA.

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- g. Level-C Protection - Splash resistant suits constructed of materials, which are resistant to the chemical (s), involved, with SCBA.
- h. Level-D Protection - Structural fire fighting clothing, with SCBA.
- i. EMS/HM Level-1 Responder- those persons who, in the course of their duties, might be called on to perform patient care activities in the cold zone at a hazardous materials incident. EMS/HM Level-1 responders shall provide care only to those individuals who no longer pose a significant risk of secondary contamination.
- j. EMS/HM Level-2 Responder- those persons who, in the course of their duties, might be called on to perform patient care activities in the warm zone at a hazardous materials incident. EMS/HM Level-2 responders might be required to provide care to those individuals who still pose a significant risk of secondary contamination. In addition, personnel at this level are able to coordinate EMS activities at a hazardous materials incident and provide medical support for hazardous materials response personnel.

2.2 Dispatch

- a. The dispatch center will attempt to obtain any and all information from the person reporting a hazardous materials incident. The information should, if possible, include material name and/or type, amount and size of container(s), problem (leak, spill, fire, etc.) and dangerous properties of the materials as well as the number of persons injured or exposed. The call taker should remain on the telephone with the caller to gain additional information after entering the call for the dispatch.
- b. Any additional information shall be relayed to responding units after dispatch. This should include the safest approach or best access to the incident if available.
- c. If the call comes from a person with particular knowledge of the hazardous situation, that person should be instructed to meet and direct the arriving units. Dispatch shall relay that person's location and level of knowledge to responding units.
- d. The dispatch center will dispatch the appropriate Hazardous Materials response assignment.

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- e. Dispatch will inform responding units as to the prevailing wind speed and direction from the monitoring station nearest the incident.

2.3 General

- a. All Maitland Fire Department Emergency Operating Procedures, unless superseded by a specific part of this plan, remain in effect for Hazardous Materials incidents.
- b. The first unit must consciously avoid committing itself to a dangerous situation. When approaching, slow down or stop to assess any visible activity taking place. Evaluate effects of wind, topography and location of the situation and route any other responding companies away from any hazards
- c. Initial responding crews shall not enter a vapor cloud or contaminated area or place themselves in a hazardous position or situation. Once Command is established, and the different hazard zones are identified, crews will operate within the guidelines of this SOG and as directed by Command.
- d. Initial responding crews operating in any area suspected of being hazardous, at a minimum, must be in full PPE including SCBA, until otherwise directed by command.

2.4 First Arriving Unit

- a. The first arriving officer will establish Command and begin a size-up.

2.5 Size-Up

- a. Command must make a careful size-up before making a commitment. It may be necessary to take immediate action to make a rescue or evacuate an area. This should be attempted only after a risk/benefit analysis is completed.
- b. The objective of the size-up is to identify the nature and severity of the immediate problem and to gather sufficient information to formulate a valid action plan. Hazardous materials incidents require a cautious and deliberate size-up.
- c. Avoid premature commitment of companies and personnel to potentially hazardous locations. In many cases, evaluation by hazardous materials team members before committing is the safest and best approach.

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- d. Identify hazardous area(s) based on potential danger, taking into account materials involved, time of day, wind and weather conditions, location of the incident, and degree of risk to unprotected personnel.
- e. The primary objective is to identify the type of materials involved in a situation, and the hazards presented, before formulating a plan of action. Look for labels, markers, DOT IDENTIFICATION NUMBERS, NFPA DIAMOND or shipping papers, etc. Refer to pre-fire plans and ask personnel at the scene for additional information (plant management, responsible party, truck drivers, fire department specialist). Use reference materials carried on apparatus and have Dispatch contact other sources for assistance in sizing up the problem (state agencies, fire department specialists, manufacturers of materials, etc.).

2.6 Command

- a. Establish a Command Post (CP) in a safe location (upwind/uphill) that best supports the command functions. Command should allow enough distance and shielding from the hazards of the incident so the CP remains safe should the wind direction or hazardous conditions change.
- b. Establish a Level-2 Staging location that is in a safe location. Once established, all responding units will report directly to staging unless otherwise directed by command.
- c. Take immediate action to evacuate and/or rescue persons in critical danger, if possible, providing for safety of rescuers first.
- d. Identify the material(s), the quantity of product and type of containers involved in the incident. Utilize all available resources to properly identify the product(s) involved and determine the appropriate actions to take to safely mitigate the incident. Locate any available shipping papers or facility documents such as chemical inventory lists, Material Safety Data Sheets, etc.
- e. Identify and mark the hot zone, warm zone and cold zone and communicate that to all members operating on the incident.
- f. Establish an evacuation zone and assign resources to manage it.
- g. Insure that all proper notifications are made to the respective local, state and federal agencies as necessary. (Red Cross, State Warning Point, EPD, etc.)

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2.7 Utilize the Sheriff's Office or other law enforcement officers to:

- a. Establish and maintain an evacuation route for citizens and emergency responders should the incident escalate requiring an evacuation.
- b. Conduct evacuations as directed by command, maintain evacuation areas, and provide crowd control.
- c. Escort the delivery of any equipment, materials, and or equipment requested by command.

2.8 Mitigation Efforts

- a. The mitigation team will be limited to those crew members specially trained in handling hazardous materials incidents as defined in NFPA 472. All other members will perform duties in support of the mitigation efforts as assigned by command such as decontamination, diking, equipment set up, etc.
- b. A minimum number of personnel assigned to any mitigation team shall be two. Prior to any mitigation efforts, a RIT shall be in place that is equally trained and in the same or higher level of PPE.
- c. Efforts will be made to minimize the number of personnel and the amount of equipment used in the Hot Zone.
- d. Prior to any Fire Department personnel entering a contaminated area, command shall cause a decontamination area to be established.

2.9 Decontamination

- a. A Decontamination Group shall be established by Command anytime a decontamination process is established.
- b. The Decontamination Group Supervisor shall determine the proper type of decontamination procedures necessary based on the hazardous material(s) involved and inform Command.
- c. The two basic decontamination approaches include Mass Decontamination and Technical Decontamination (Decon).

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- Mass Decontamination (Decon) involves the use of copious quantities of water and is used to provide a rapid decontamination process that can handle a large group of people at one time.
 - Technical Decontamination is a very methodical process that involves one or more people to decontaminate each person in need.
- d. Due to inclement weather or other pertinent factors, on-scene decontamination may not always be possible. In this situation, another suitable area shall be designated for the decontamination of personnel, apparatus and equipment.

2.10 Medical/Rehab Group or Unit

- a. Command shall establish a Medical/Rehab Group (or Medical/Rehab Unit if the Logistics Section Chief position is staffed) anytime members are engaged in mitigation efforts that requires any form of decontamination.
- b. The Medical/Rehab Supervisor shall insure the group is properly staffed to perform all required functions to include:
- Vital signs taken for each member involved in the mitigation process before and after each entry.
 - Rapid transport capability utilizing a Maitland Fire Rescue unit, and initiate a Haz-Mat alert.
 - Fluid and nutrient replenishment capabilities for all incident scene members.
- c. Only fire department EMS personnel (EMS/HM Level-2) will be allowed to treat patients in the warm Zone. All other EMS personnel (EMS/HM Level-1) shall be assigned to treat patients in the Cold Zone.

2.11 Decontamination, Treatment and Transportation of Civilian Casualties:

- a. Command shall ensure adequate resources are assigned, to include the establishment of a civilian decontamination Group (if required to be separate from the FD Decontamination efforts), and the establishment of Groups to manage any MCI needs as defined in SOG #220.02, Mass-Casualty Incidents.
- b. Local hospitals shall be notified if there is a likelihood of contaminated patients showing up at the hospital by POV, without the FD's knowledge.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Response to Hazardous Materials Incidents		
Section:	Emergency Operations – Special Operations		
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- The hospitals shall be informed of the hazardous materials involved, the precautions to be taken, and type of decontamination recommended.
- c. All patients shall be properly decontaminated prior to being transported to the hospital. Any exceptions will require the approval of Command and the hospital shall be properly noticed prior to the Rescue's arrival.

3. References:

- a. NFPA 471, Responding to Hazardous materials Incidents
- b. NFPA 472, Professional Competences of responders to hazardous materials Incidents
- c. NFPA 473, Competences for EMS Personnel Responding to Hazardous Materials Incidents

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Emergency Management / Disaster Response Plan			
Section:	Emergency Operations – Special Operations			
SOG #:	230.06	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide guidance on preparing for, acting during and recovering from natural and man-made disasters.

2. PROCEDURE:

The City of Maitland Comprehensive Emergency Management Plan is designed to provide direction and a base line understanding of the preferred operation of the City of Maitland during a hurricane incident. This guideline or portions thereof can be used during non- hurricane incidents of disaster proportions. The Plan has been provided to each department in the form of a book and all City of Maitland employees have been instructed on its contents.

3. EMCONS:

- a. The City of Maitland has a system of five (5) readiness and decision phases known as EMCONS (**E**mergency **C**onditions). These EMCONS describe the actions taken by all departments to ready the city for a hurricane event. The EMCONS also address steps to be taken during an event, as well as, those taken during the recovery phase.
- b. Normally, as a storm approaches, the EMCON level gradually increases to address issues that assure the city has all elements in place to be impacted by a hurricane.
- c. In the event of a disaster with little to no prior notice, the appropriate EMCON can be declared to initiate the necessary actions by all departments to recover from the incident.
- d. The Fire Chief acts as the Emergency Manager for the city and is the chairperson of the Disaster Committee. It is the responsibility of the Emergency Manager to monitor any threat to the City of Maitland and issue EMCON changes as deemed appropriate.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Response to Suspected Clandestine Drug Labs			
Section:	Emergency Operations – Special Operations			
SOG #:	230.07	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

2. PURPOSE:

To identify standards for operations conducted at incidents where clandestine labs (clan labs) are suspected.

2. PROCEDURE:

- a. Withdraw personnel and evacuate public immediately.
- b. Do not ventilate mechanically.
- c. Do not shut-off utilities.
- d. Do not perform any salvage or overhaul.
- e. Do not touch or disturb anything.
 - Do not activate any switches.
 - Do not activate any lights.
 - Do not activate any valves.
 - Do not activate anything mechanical, electrical or electronic.
- f. Note any containers, chemicals or cylinders.
- g. Note any peculiar or strange odors.
- h. Perform basic decon of all personnel or public who have been exposed.
 - Establish a decon area with adequate run-off provisions.
- i. Treat the scene as an explosive atmosphere.
- j. Treat all equipment as an Improvised Explosive Device (IED).
- k. Request law enforcement *via MDC*, if possible.
- l. Establish unified command with MPD, and/or mutual aid law enforcement agencies.

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Standard Operating Guidelines

Title:	Response to Suspected Clandestine Drug Labs		
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- m. Deny re-entry and isolate the area.
- n. Evacuate the area:
 - One house in all directions
 - All connecting apartments – laterally and horizontally
 - Highways and roadways – at least 300 feet in all directions
 - Commercial – Ground Zero plus 150 feet
- o. Do not discuss or talk to any bystanders, media or occupants.
- p. Wear full PPE until given the all-clear by IC.
- q. Prepare for confined space operations with appropriate precautions.
- r. Ventilate only when explosive limits have been decreased.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	SunRail Emergencies			
Section:	Emergency Operations - Special Operations			
SOG #:	230.08	Page:	1 of 1	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish guidelines for SunRail emergencies involving the train.

2. PROCEDURE:

- a. Upon arrival of any SunRail emergency, the OIC will make all attempts to locate a railway engineer or conductor. If none are present, ensure Orange County Dispatch notifies the SunRail Communication Center.
- b. Crews will ensure the train engine is stopped and brake is engaged.
- c. If required, once the train has been mechanically shut down and brakes applied, the batteries will be disconnected utilizing the shut off switch located in the rear of the power car.
- d. If required, access the emergency door release mechanism by using a large philips screwdriver and pulling door release cord.
- e. If access requires responders to remove emergency windows, use a flat headed screwdriver to remove the rubber molding holding the window in place. Use extreme caution when removing the window as these tend to be very heavy and 2 personnel may be required for removal.
- f. If access requires responders to access the roof, extension ladders will be utilized to ascend the train to the roof. Crews will look for dotted areas signifying the safe cutout areas.
- g. OIC's need to ensure contact with railway Engineer at the conclusion of the emergency.
- h. OIC's shall declare a State Warning Point notification if condition warrants.
- i. OIC's shall ensure Maitland Police are notified of the incident.
- j. The on duty Battalion Chief shall respond to all incidents involving trains.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Helicopter Request			
Section:	Emergency Operations – Special Operations			
SOG #:	230.09	Page:	1 of 6	
Effective Date:	May 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish safe and efficient procedures regarding medical helicopter responses with the goal of providing the most appropriate mode of transport for the patient based on patient condition, destination, scene location and any other key factors. The use of a medical helicopter should be thought of as an extension of the receiving facility. NOTE: This policy is to be used as a guide during non-medical helicopter operations and adjusted by the scene Officer to address any unique situations.

2. DEFINITIONS:

Active Request: A helicopter is to be immediately dispatched to respond upon the request of Command or Officer responding to, or on the scene of a call.

Standby Request: A helicopter will be placed on stand-by if Command or the responding Officer anticipates the need for a helicopter. If on standby, the helicopter crew will transition to the aircraft awaiting confirmation to respond.

3. POLICY

This procedure applies to all Fire Rescue personnel.

4. PROCEDURES

4.1 Availability:

- a. The communications center is responsible for tracking the availability of helicopter resources in conjunction with EM-Systems.

4.2 Requesting Helicopter Transport - Flight Considerations:

- a. Command, an Officer, or a Paramedic in charge of or responding to the scene shall determine if helicopter transport is appropriate and can be carried out safely.
- b. Weather conditions, patient condition, patient destination, scene location, transport time and aircraft availability will be used as the key factors in deciding the most appropriate mode of transport for patients who meet helicopter transport criteria. As a rule, helicopter transport should only be considered where transport by ground would exceed 25 minutes.

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- c. When a helicopter response is requested, communications shall contact the appropriate helicopter transport agency(s) to determine their availability. The communications center will then notify the responding units or command whether an aircraft is or is not available to respond.
- d. If the first called helicopter agency cannot fly due to poor weather, you can expect that other helicopters will have similar restrictions depending on their location. It is the responsibility of the helicopter agencies in contact with the communications center to determine if another helicopter resource is a viable alternative. If aircraft availability cannot be readily confirmed, ground transport should not be delayed.

4.3 Dispatch Guidelines:

- a. General Dispatch: The communications center shall monitor significant calls that might become candidates for helicopter transport based on the location and any available information about the call. Therefore, when a scene unit announces a Trauma Alert, Cardiac Alert, or Stroke Alert from a remote scene location, the communications center may immediately challenge the scene unit to ascertain if a helicopter will be required. This early challenge allows for the communications center to get the helicopter(s) and support units dispatched in a timely manner.
- b. When it is determined that a helicopter response is needed, Command or an Officer responding to, or on the scene shall initiate an **Active Request** and a helicopter is to be immediately dispatched.
- c. If Command or the responding Officer to, or on the scene anticipates the need for a helicopter, they may initiate a **Standby Request** and the helicopter crew will transition to the aircraft awaiting confirmation to respond.
- d. Acknowledging the Call and Responding: If a helicopter is airborne at the time of dispatch, a flight crewmember should report the aircraft's response on the alarm TAC. If the helicopter is not airborne at the time of dispatch, a flight crewmember shall acknowledge receipt of the call on the alarm TAC. (Acknowledging the call does not indicate the aircraft is responding) A flight crewmember will report responding at the time of liftoff.
- e. Additional Units: The following additional units shall be dispatched any time a medical helicopter is included or added to any alarm. Command may alter this response based on specific needs of the incident.

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- Battalion Chief or EMS Officer
- LZ Engine: To establish a suitable and safe landing zone (LZ) and to function as the suppression unit in the event of an emergency.
- Law Enforcement may be requested to assist with the LZ, especially in cases where FD units are delayed or unavailable.

4.4 Incident Location Information:

- a. As much incident information as possible will be gathered by the communications center and relayed to the flight crew. Such as:

Street address

Geographic description based on landmarks or cities

Latitude/longitude coordinates

Pertinent landing zone information

Other aircraft responding

4.5 Landing Zones (LZ):

- a. **Identification:** A minimum of 100 ft. X 100 ft. area is required for any LZ. During day landings the LZ shall be marked at all four corners with traffic cones placed on their sides with the point of the cone directed toward the center of the LZ. During night landings the LZ shall be marked at all four corners with landing zone strobes. Do not mark the LZ with burning road flares and never direct any scene lights or flashlights at the aircraft. The LZ area should be free from overhead and ground obstructions as well as any loose debris. Ideally the LZ should be at least 300 feet from all other activities. If the LZ must be located closer to the scene, additional precautions regarding rotor wash should be taken: (i.e. covering patient, securing any loose objects and protecting eyes from dirt and dust).

Security: The LZ officer is responsible for securing the LZ area is clear of vehicles, pedestrians, and any other objects that may interfere with the safe landing or departure of the aircraft. This includes stopping traffic flow in both

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directions when landing on a roadway. The LZ officer shall not stand in the middle of the LZ area; instead they shall stand well beyond the perimeter of the LZ and maintain an orientation facing toward the front of the aircraft. NOTE: In most instances the pilot will land and depart into the wind. The LZ suppression unit committed to the LZ should remain a safe distance, preferable 50-75 feet away while maintaining visual contact with the LZ. The minimum level of PPE to be worn by an LZ officer shall consist of helmet, safety goggles and a traffic vest. Other LZ engine personnel should be if full PPE in the event of an emergency.

- b. **Communications:** The aircraft must establish communications with the LZ officer and have all pertinent information regarding the LZ prior to final approach. LZ descriptions that indicate geographic directions from a fixed object are usually best, such as North of Engine-24 in the southbound lane. LZ information should also include description and compass orientation of any obvious hazards such as: overhead wires, trees, cell towers (i.e. “overhead wires are located along the east side of the LZ). The LZ information shall also include the estimated weight of the patient. If there is too much radio traffic on the assigned alarm TAC, a command consideration may be to use another channel for the LZ radio traffic.
- c. **Requesting Clearance to Land:** After the LZ had been identified, the LZ information provided and the LZ approved by the pilot; a flight crewmember will notify Command that they are ready to request Emergency Traffic. Once the Command approves the request, a flight crewmember will call “(call sign) to LZ officer; LZ in sight, are we clear to land?” The LZ officer shall respond “LZ, (aircraft call sign), you are clear to land.”
- d. **Final Approach:** After being cleared to land, the aircraft will call “(call sign) communications center, on final approach, request emergency traffic only”. The Communications Center will transmit a solid alert tone and announce “All units TAC-(TAC number), emergency traffic only.” During this time there is to be no regular radio communications. This silent period enables anyone that may see a previously undetermined hazard or any dangerous condition that may jeopardize the safe landing of the aircraft to call off the landing over the radio. This shall be done by calling “(call sign) Abort, Abort, Abort” and the reason for the aborted landing. For example, “(call sign) Abort, Abort, Abort. Wires” on the LZ channel. The flight crew will immediately call “(call sign) executing missed

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approach” to acknowledge hearing instructions to abort landing. Upon resuming a safe orbit over the scene, the aircraft will call “(call sign) communications center, holding, request normal traffic.” The communications center will release the TAC channel to normal traffic, and the aircraft will communicate with the LZ officer for new landing instructions and the landing radio procedures for final approach will be repeated.

- e. **Upon Landing:** After a safe landing, the aircraft will call “(call sign) communications center, on scene, request normal traffic. After landing the pilot will use the estimated patient’s weight to complete a weight/balance form. While on the ground the LZ Officer shall act as or assign a tail rotor guard person to maintain a clear area around the tail rotor.
- f. **Other Helicopter Providers or Uses:** When utilizing other helicopter providers who may be unfamiliar or unrehearsed with these LZ procedures; the LZ officer should be prepared to assume responsibility for providing radio traffic on behalf of the aircraft, specifically to declare and then later clear Emergency Radio traffic. Specifically, the LZ Officer shall declare Emergency Radio traffic on behalf of the aircraft as soon as it is observed to be on a final approach descent path below 500 feet in altitude. NOTE: If helicopters are being utilized for non-medical operations (forestry, refueling, etc.) The guidelines for LZ operations, suppression units, and level of PPE may need be adjusted by the scene officer to address any unique situations.

Approaching, Transfer of Patient Care and Loading:

- a. **Approaching:** Never approach any aircraft without the direction of a flight crewmember. Approach should always be from the front within view of the pilot and never from the rear. Before approaching with a patient, stop to secure all loose objects, papers, sheets, straps, etc.
- b. **Transfer of Patient Care:** The ideal transfer of patient care if the situation allows, is for the patient to have been placed within the patient compartment of a rescue or ambulance. This allows for a well-lit and sound controlled environment to allow a good assessment, pass on and also the ability of the flight crewmembers to complete any patient specific treatment (i.e. RSI) prior to loading the patient into the helicopter for transport.
- c. **Loading and Unloading:** Flight crewmembers are responsible for directing the loading and unloading of patients by using the fewest number of ground crewmembers to safely handle the patient. Ground crewmembers should not open or close helicopter doors or load and unload helicopter equipment unless

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directed by a flight crewmember. After the patient has been loaded into the aircraft, a flight crewmember will give a completed weight/balance form to a member of the ground crew. The ground crew shall safely exit the LZ in the same direction that they approached. The ground crew will retain the weight/balance form until shift change, unless otherwise directed.

- d. **Aircraft Departure:** Once the aircraft has safely departed the LZ, units should remain on-scene keeping the LZ open for approx. 2-3 min to assure fire suppression and transport capability is available should the aircraft need to return to the LZ.

Additional Attendants:

- a. If it becomes necessary for fire rescue ground personnel to “ride in” with the patient in the helicopter, the ground crewmember shall follow the instructions of the flight crewmembers at all times.

Emergency Landing Procedures:

- a. When the aircraft has incurred a serious emergency and the crew’s safety is in jeopardy. Flight is no longer possible and immediate landing is necessary.
- b. Flight Crew: Transmit “Mayday, Mayday, Mayday” on all functioning radios Provide GPS position and closest street location if time permits. For rural areas provide geographic direction from nearest landmark.
- c. Communications Center: Tone “Emergency Traffic Only”. Listen for additional transmission from the aircraft. Dispatch the nearest emergency equipment based on last known position. Notify appropriate Command Staff. Follow Aircraft Emergency Check-List.

Reference Material:

Orange County EMS System Protocol – Aircraft Utilization

Air Care Landing Operations Guide

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Standard Operating Guidelines

Title:	Vehicle Extrication			
Section:	Emergency Operations – Special Operations			
SOG #:	230.10	Page:	1 of 4	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide an organized framework on standard vehicle extrications. Although this SOG addresses basic operations, many of these tasks will apply to any vehicle entrapment incident.

2. PROCEDURE:

The first arriving unit will provide an arrival report for all responding units. This report should include any significant information, such as power lines, broken water mains, large vehicles, and/or large number of people. This report should detail travel direction and roadway if different from dispatch, as is the case sometimes with on or off ramps at interchanges. Additional requests for law enforcement, DOT (Road Ranger) shall be made, if applicable, to respond to the scene.

3. UNIT OBJECTIVES:

First Due Fire Apparatus

1. Scene size up and assessment of number of people entrapped and total number of patients. If commercial trucks are involved, check placards and take necessary precautions
2. Establish Command
 - Determine Level of Entrapment
 - Minor – 1 move (consider Squad)
 - Moderate – 2 moves (request Squad)
 - Heavy – 3 or more moves (request Squad)
3. All personnel shall utilize all protective equipment.
4. Coordinate patient care and overall scene safety.
5. Position apparatus using procedures outlined in SOG 130.07.
6. Stabilize vehicles prior to entering for patient care.
7. Establish patient contact and begin triage and treatment. Update dispatch and/or Command with the total number of ALS or BLS patients.

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8. One charged hand line shall be placed into service with one crew member in approved protective equipment manning the line.
9. Position apparatus for best application of extrication tools and required equipment.
10. Consider scene lighting.

Second Due Fire Apparatus

1. Scene size-up. All personnel shall utilize all protective equipment.
2. Position apparatus for best application of extrication tools and required equipment.
3. Meet face to face with command and coordinate with first due officer and/or incident command.

Extrication Group

Command should assign a company Extrication Group. Extrication Group Officer is responsible for coordinating the extrication operation.

1. Scene size-up. All personnel shall utilize full protective equipment.
2. Position apparatus for best advantage of tools and required equipment.
3. Meet face-to-face with the officers and or command to determine the best method of patient removal. This should be coordinated between the treating Paramedic and the Extrication Officer.
4. Stabilize vehicles prior to entering for patient care.
5. One charged hand line is to be placed into service with one crew member in approved protective equipment manning the line.
6. Disable the vehicle battery if it is accessible. Starting with negative first, a method known as chunking (cutting a chunk out instead of just one cut) should be used to keep the cut ends from touching once they are cut.
7. Make sure the ignition is rendered safe, as some of today's cars do not have keys.

Never cut any cables that are orange or red in color! These can carry high voltage in hybrid vehicles.

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8. Survey the interior of the vehicle to determine the presence of any supplemental restraint systems. This can be accomplished by stripping the interior molding, and looking for markings indicating these systems. The Extrication Group Officer should account for the presence and locations of these systems prior to the start of the extrication operation. This will avoid accident deployment or damage to system components, which may injure operating personnel.

When operating near air bags that have not deployed, personnel should follow the 5-10-20 rule maintaining a clearance of the following distances from these airbags. 5" for side impact bags, 10" for steering wheel, and 20" for passenger side bag.

9. If glass needs to be broken or removed, all occupants shall be covered with a blanket or tarp for protection.
10. Based on coordinated plan between extrication groups and command, perform vehicle extrication by utilizing various tactics and tools based on vehicle/patient presentation. During the use of extrication tools crews shall make every attempt to stabilize and protect the occupants from any further harm.

First Due Rescue

1. Scene size-up. All personnel shall utilize full protective equipment.
2. Assist crews with patient stabilization and treatment.
3. Assess patient for potential medical implications of entrapment (i.e., crush syndrome, compartment syndrome, large volume fluid loss, etc.).

Command Considerations

1. Command shall provide additional resources based on input from officers and the number of patients involved.
2. Based on the complexity of the incident, Command should consider establishing Divisions and Groups.
3. Command shall provide early notification to all specialty resources (Ex. Public works, Utilities and wrecker services).

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Safety Considerations

With the increase of safety devices, size of the vehicles, and alternative fuels, extrication has become more complex operation, therefore the combining of two extrication crews will increase the safety of patients and crew members involved.

When positioning apparatus, be careful not to have apparatus exhaust directed toward crews.

All personnel should be aware of alternative fueled vehicles and the hazards associated with them. Gas/electric combinations have high voltage systems. Others use CNG (compressed natural gas), LP (liquefied petroleum) and hydrogen.

The Technical Rescue Program shall be formally evaluated by Fire Administration on a yearly basis.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Radio Communications			
Section:	Emergency Operations – Communications			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To provide procedures for radio communications using mobile and portable hand held radios.

2. PROCEDURE:

2.1 Pre- Alert Procedure

All 911 calls placed in the City of Maitland will be answered by the Maitland Police Department dispatch center. The dispatcher will gather the necessary information from the 911 caller including:

- The type of emergency (police, fire or medical)
- The address of the emergency
- General information on the patient complaint (chest pain, shortness of breath etc.)

The dispatcher will notify Maitland Fire Department units utilizing radio Tac “MFD 1” of the information above immediately upon receiving it from the caller. The dispatcher will then connect the 911 caller with the Orange County Fire Rescue Dispatch Center who will gather more detailed information about the alarm and dispatch Maitland Fire Department units utilizing OCFD Tac 1.

2.2 Radio Procedures During Unit Response

- a. Units that are dispatched to an incident must select the channel assignment indicated in the dispatch and advise, “responding” either verbally or through use of MDC (mobile data computer) or both, to confirm acknowledgment of the alarm.
- b. The dispatcher will challenge any unit that does not respond on the appropriate channel, at the 2-minute mark from time of dispatch with, for example, “Engine 45 confirm response”. If the unit does not immediately respond, a back-up phone call will be made to the station to confirm the unit received the alarm. The Fire 1 operator will also be asked to re-tone the station.
- c. If response of the unit cannot be confirmed within 3 minutes from time of initial dispatch, a replacement unit will be dispatched and the Battalion Chief will be notified.

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- d. A third repeat of the dispatch information is available to all units that are MDC equipped. A third repeat will be given verbally by the dispatcher for all alarms involving the response of a single manned unit, i.e., EMS Supervisor, after all units assigned to the call have advised “responding”. In the event a unit needs an immediate repeat of the address, cannot wait until all units have responded, or the MDC is not available the unit will advise and the dispatcher will provide the information immediately.

The third repeat will include all of the information that is pertinent to the call that was received by the call taker. This will include medical history, communicable disease information, specific location information (such as office suite number or directions to the site), etc. NOTE: In the case of communicable disease information, the exact nature of the illness will not be given – the units will only be advised to use “[Universal Precautions](#)”.

- e. If the call taker receives additional pertinent information, the responding units will be updated immediately regardless of the MDC status. This information may include, but not limited to, anything that could be life threatening to the patient or personnel responding, address directions, change in patient status, etc. Situations that are found to be violent or unstable at time of call will be verbalized to the units immediately. MDC’s should be used for all other updates.
- f. Units that are responding to an alarm are subject to being diverted to a higher priority call and should be alert to such diversions. In the event that two units are equally close to a call, the dispatcher will determine which unit will continue.

2.3 Cancellations

- a. Once units have been dispatched to a call, they will continue response until:
- A specific protocol allows cancellation;
 - Another Maitland or mutual aid fire department unit arrives on the scene and cancels them;
 - The original caller advises that services are no longer required.
 - It is determined by the highest-ranking officer dispatched that our services are not needed; or
 - The unit is diverted to another call.

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- b. Any alarm that is dispatched will require an incident number. This includes alarms that are canceled before response and automatic fire alarms at fire stations.
- c. Whenever a full compliment is responding to an incident and one unit indicates that it can handle the scene without any other unit's assistance, the cancellation request will be repeated, and the incoming units will be cancelled by the dispatcher. A "roll call" will be conducted for units that are not MDC equipped. All other units may utilize the MDC to return to Fire 1.
EX: "E45 advising no fire, E45 can handle, all other units return to service. Incoming units utilize the MDC to return to Fire 1."
- d. Dispatchers may cancel units when the location given has been determined to be incorrect. The alarm would then be re-dispatched to the correct location or turned over to the correct agency. If the same units will be sent to the corrected (new) location, then the dispatcher will use the SL command to officially record the new location. If a different set of units will be sent to the corrected address, a new incident should be created.

2.4 Arrival on the Scene

- a. In the event the unit is having difficulty locating the scene, the dispatcher will assist in any way possible including calling the original caller back for additional information on the location.
- b. If the unit has been responding for 8 minutes without arriving on the scene, the dispatcher will challenge the unit and offer assistance. See [Units Unable to Locate an Address](#).***The dispatcher will make every effort to contact the original caller for further directions. The call taker will play the tape back and obtain as much information as possible, confirming the location. The Communications Supervisor will be notified.***
- c. Units arriving on the scene of a non-EMS call will give an arrival report immediately and the dispatcher will repeat the report in full. In the event an arrival report is not given, the dispatcher will challenge the unit for it.
- d. If units arrive on the scene and determine the scene to be more severe than originally reported, or if the units need to have a dedicated channel for their alarm, the AIP dispatcher will move the other calls to another channel and the

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working incident will remain on the channel originally assigned. The AIP operator will follow the [Upgrading Alarm](#) procedure as necessary.

2.5 Situation Reports

- a. Once the unit has had a chance to assess the situation, a situation report will be given. On EMS incidents, this will include whether the patient requires ALS or BLS assistance. On fire calls, it will include extent of involvement, exposures, etc.
- b. The dispatcher will challenge units that have not reported a situation report within 5 minutes. In the event of a situation involving an illegal activity (fight, gunshot wound, etc.), the dispatcher may require a situation report before 5 minutes have elapsed.
 - b. Periodic updates should be given by, or to, command whenever any of the following milestones have passed:
 - Patient contact
 - 10 minutes into alarm from time on scene
 - 20 minutes into alarm from time on scene
 - Patient revived, coded, extricated, or shocked
 - Fire under control
 - Fire out
 - Patient transported
- d. The dispatcher will repeat all arrival, significant situation reports, and requests for additional units and then enter that information into the CAD (computer aided dispatch) report.

2.6 Command

- a. Command will be established on multi-company (more than two units) incidents. The officer establishing command shall name command. If command does not assign a name, the dispatcher will prompt them for this information. The dispatcher will repeat the assumption and transfer of command. Once command has been established, all radio communications that incident will be received from and directed to command using the full name of command.

EX: “Orange County to McDonald’s Command...”

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2.7 Availability

- a. Ideally, units will advise dispatch whenever they become available for another alarm. However occasionally units that are not available can become available faster than a second due unit can respond to a new alarm. If the type of alarm or amount of time on the scene indicates, the dispatcher will ask the unit if it can become available. If the unit advises that it can become available, the dispatch will be made on the AIP channel.
- b. The dispatcher will alert the units on the channel that an emergency call is pending and the dispatcher will be challenging a unit(s) for availability status. The AIP dispatcher will perform the actual dispatch of the unit.

2.8 Ten/Twenty Minute Warnings

- a. On involved incidents such as codes, structure fires, extrication, when the incident has reached ten minutes and twenty minutes into the alarm from the time of arrival of the first unit on the scene. This warning will be preceded by a solid alert tone. The warning will be calculated from the time on scene of the first Public Safety Unit's arrival. The warnings are given at 10-minute intervals until Command advises to 'stop the clock'.

2.9 Radio Channel Assignments

- a. All AIP radio channels, Fire1 –Fire 10, will be monitored 24 hours a day, 7 days a week. The other channels will be monitored only for the activation of an Emergency Alarm.
- b. In the event a transmission made to the dispatcher on a monitored channel is not acknowledged, the person/unit should repeat the transmission. In the event the second transmission is not acknowledged, the person/unit will assume that one of the radios is out of service. An attempt should be made to transmit on another channel. If that transmission is also not answered, contact should be made to the Communications Center by phone immediately.
- c. It is important for everyone to realize that both portable and mobile radios will be heard by everyone monitoring the channel. Courtesy and professionalism will be maintained at all times.

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- d. All transmissions initiated by dispatch will be preceded by the unit/person’s radio I.D. The OCFRD dispatch center does not use 10 codes, QSL signals, etc. All transmissions will be made in plain English. The FCC prohibits any use of profanity on the air.
- Units should always be acknowledged or answered using their unit ID.
 - Command should always be acknowledged or spoken to by their command name. I.e., “Orange County to Maitland Command”.
 - The phrase “Orange County copies”, “check” or “understood” should not be used. The dispatcher should repeat back the pertinent information, including the unit ID.
 - i.e. **Unit**, “E45 on the scene, single story, ordinary construction, 1100 square foot residential, smoke showing from the roof.”
 - **AIP**: “E45 reporting single story, ordinary construction, 1100 square foot residential, smoke showing from the roof.”
- e. The OCFRD has 12 primary radio channels that are commonly used for emergency and non-emergency communications.
- f. The radio channels are numbered 1-16 and are generally used as follows:
- FIRE 1 - Emergency dispatching and unit status changes
 - FIRE 2 - Non-emergency communications from units to dispatch
 - FIRE 3 - Alarms in Progress - Eastside - Alarms with less than 4 units
 - FIRE 4 - Alarms in Progress - Eastside - Alarms with more than 4 units
 - FIRE 5 - Alarms in Progress - Southside - Alarms with less than 4 units
 - FIRE 6 - Alarms in Progress - Southside - Alarms with more than 4 units
 - FIRE 7 - Alarms in Progress - Northside - Alarms with less than 4 units
 - FIRE 8 - Alarms in Progress - Northside - Alarms with more than 4 units
 - FIRE 9 - Alarms in Progress - Northside - Overflow Alarms
 - FIRE 10 - Inter-Agency communication (other agencies calling OCFRD)
 - FIRE 11 – Eatonville/RMA Responses
 - FIRE 14 - Unit-to-Unit Communications

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- g. Dispatch personnel are responsible for making the notifications as outlined in this procedure. Maitland Fire Department personnel are responsible for ensuring that pagers, telephones, etc. are in good working order. Fire Administration is responsible for providing a printout of employee’s telephone numbers quarterly.

2.10 Automatic Notifications

- a. Ambulances - The AIP operator is responsible for ensuring that a transport capable ambulance is responding to every medical emergency in the City of Eatonville and mutual aid response areas within Orange County. In most cases, this need will be fulfilled by a commercial ambulance company and in others; Maitland Fire Department will be responsible for transporting the patient. This notification may/may not occur electronically but it is still the AIP operator’s responsibility to call commercial ambulance companies to ensure that they received electronic notification. If a commercial ambulance has not radioed ‘responding’ within 2 minutes from time of dispatch, the AIP operator will call the commercial ambulance dispatcher to confirm availability.
- b. Law Enforcement - The AIP operator is responsible for ensuring that the appropriate law enforcement agency has been notified on any incident involving an illegal activity or auto accident. Whenever the call comes in via 9-1-1, the law enforcement dispatcher is usually still on the line and the call taker should verify if the law enforcement agency is en route. This also may occur during the 9-1-1 call but it is the AIP dispatcher’s responsibility to ensure that it has been done.
- c. The Maitland Police Department responds to all auto accidents within the City of Maitland. Florida Highway Patrol – FHP responds to all auto accidents occurring in unincorporated Orange County. Eatonville Police Department responds to all accidents within the City of Eatonville. It will be the responsibility of the AIP operator to make this notification to the appropriate police agency.
- d. All notifications will be noted in the CAD system Incident History.
- e. Fire Department Personnel per SOG 110.02.

2.11 Requested Notifications

- a. Office of the Fire Marshal - Occasionally units will arrive on the scene of a location that requires immediate action by the City of Maitland Fire Marshal. Upon request, the dispatcher will notify the Fire Marshall to respond, if necessary.

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- b. State Fire Marshal's Offices - The State Fire Marshal's Office handles all arson investigations for the OCFRD and will investigate any incident where the cause of the fire is unknown.
- c. At least one public safety unit should remain on the scene until the State Fire Marshal arrives. This is to maintain the chain of custody of any evidence present as well as to provide security for the scene. The SFM does not normally handle investigations of brush fires. The Division of Forestry handles these.
- d. Red Cross Responder – In the event an occupant is displaced from their home, usually due to fire or water damage, an ARC responder may be notified to assist. During business hours, Monday-Friday 0800-1630, the Red Cross should be notified at their office 407-894-4141. After hours, the Red Cross can be reached by activating the A RED CROSS paging group in the Supervisor or MedCom PC.

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Standard Operating Guidelines

Title:	Automatic / Mutual Aid Responses			
Section:	Emergency Operations – Communications			
SOG #:	240.02	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

The stated purpose of the Mutual Aid – Working with External Agencies guideline is to provide mutual assistance to the parties for control of fire, emergency medical services, hazardous materials control, and/or other emergency support in the event of a major fire, disaster or other emergency.

2. PROCEDURE:

2.1 Request for Assistance

The Commanding Officer or Incident Commander of the Maitland Fire Department at the scene of an emergency within the boundaries of its geographical jurisdiction is authorized to request assistance from any other party to the Mutual Aid/Inter-local Agreement if confronted with an emergency situation at which there is need for equipment or personnel in excess of that available by the department.

2.2 Response to Request

Upon receipt of a request as provided for in Paragraph No. 1 the person(s) receiving the request shall immediately take the following action:

- a. Determine if the department has equipment and personnel available to respond to the request of the Requesting Party and determine the type of the equipment and number of personnel available.
- b. Determine what available equipment and what available personnel should be dispatched in accordance with the plans and procedures established by the parties.
- c. In the event the requested equipment and/or personnel are available, then the Commanding Officer shall authorize dispatch of such equipment and personnel to the scene of the emergency with proper operating instructions.
- d. In the event the requested equipment and/or personnel are not available, then the Commanding Officer shall immediately advise the Requesting Party of such fact.

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2.3 Command Responsibility at Emergency Scene

Command at the scene of a mutual aid incident shall be as dictated by the department's procedures for incident command.

2.4 Post Response Responsibility

Upon completion of the rendering of assistance, such assistance and help as is necessary will be given by the parties to locate and return any items of equipment to the fire department owning said equipment.

2.5 Pre-Incident Planning

The commanding officers of the agencies to the inter-local agreement may, from time to time, mutually establish pre-incident plans which shall indicate the types of and locations of potential problems areas where emergency assistance may be needed, the type of equipment that should be dispatched under such circumstances, the number of personnel that should be dispatched under such circumstances and the training to be conducted to ensure efficient operations. Such plans shall take into consideration the proper protection by the Responding Party of its own geographical jurisdiction. The parties hereto agree to take such steps as are feasible to standardize equipment such as couplings, hose, and apparatus, so that said equipment can be fully utilized by either of the parties hereto.

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Standard Operating Guidelines

Title:	Challenging Calls for Service			
Section:	Emergency Operations – Communications			
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Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To set forth a standard for challenging an alarm within the City of Maitland.

2. PROCEDURE:

When challenging an alarm contact OCFD dispatch on OCFD TAC 1, advise your unit ID and the unit you will be challenging. After acknowledgement, select the appropriate radio TAC and advise the unit you are challenging of your location. At that point the decision will be made as to which unit will continue to respond. The closest unit and/or the unit with the most appropriate resources will continue to the alarm.

2.1 Considerations:

- a. Your location and the unit you are challenging.
- b. Traffic patterns, time of day and weather.
- c. Is your vehicle staffed with the appropriate personnel for the alarm? Ex. ALS or BLS engine, transport unit, aerial. Consider the type of call.
- d. When challenging another agency that may be closer, consider adding your unit to the alarm instead of canceling other units.
- e. Does the call require special equipment that you are attempting to replace such as a tanker or squad?
- f. Confirm information to B45 and/or OCFD dispatch.

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Standard Operating Guidelines

Title:	Emergency Call Button Activation			
Section:	Emergency Operations – Communications			
SOG #:	240.04	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. PURPOSE:

To set forth a standard for implementing procedures for activating the emergency call button (ECB) on mobile and portable radios.

2. PROCEDURE:

The emergency call button on mobile and portable radios is designed to be used for only the most serious or exigent of situations. Activation of the ECB locks out all other radio traffic and provides immediate access to radio operators until the activation is canceled.

ECB activations are separate from “May Day” events. These should be handled as otherwise outlined (see SOG 210.04).

It shall be the responsibility of Fire Administration to provide the OCFRD communications center with current identification information all radios in service within the Maitland Fire Department. That information will apply to all mobile radios and portables, both those assigned to individuals or by position.

2.1 Activation

- a. Maitland Fire Rescue Department personnel may activate an ECB to communicate an emergency message over the air whenever a voice message cannot be transmitted. Reasons may include, but are not limited to:
 - Inability to speak due to injury;
 - Personnel are in imminent danger and cannot otherwise communicate that; or
 - Anytime the volume of radio traffic impedes voice communications for matters meeting the criteria of items 1 and 2 above.
- b. Anytime an ECB is activated, the activation is transmitted to the communications center for which the radio is selected. The activation will demonstrate the ID of the unit activating the ECB. When using OCFRD tacs 1-15, activation of the ECB will be acknowledged by OCFRD personnel. (also see OCFRD order # GO 07-90) When activated on MFD fire channels, activation will be acknowledged by Maitland Police Department’s communications center at Apopka dispatch on the Maitland Police (MPD 1) frequency.

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- c. When activated, the receiving communications center operator will call for confirmation of activation.
- If not in danger or if unintentionally activated, the unit activating the call button will indicate by identifying themselves and confirming the accidental nature of the activation.
 - If in danger and capable, the crew will confirm the nature of the activation, give a situational report, give location and what type of assistance is needed.
 - Situations other than those reflected above, including a ‘no response’ condition, will be understood to mean the activating units are in danger and in need of additional fire service and/or law enforcement assistance.

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Standard Operating Guidelines

Title:	Emergency Calls Received at Station			
Section:	Emergency Operations – Communications			
SOG #:	240.05	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline for Fire/Rescue personnel to follow when calls for emergency assistance are received at the Fire Station.

2. PROCEDURE:

- a. Always speak in a calm, distinct and competent voice.
- b. Take charge of the conversation. After the initial exchange, determine the needs of the calling parties, stop any superfluous conversation and get the facts as quickly as possible.
- c. Ask questions. Take all the information pertaining to the call and write them down. Do not leave details to memory.
- d. Obtain the following:
 - Name of the caller
 - Address of the incident
 - Nature of the incident
 - Call back phone number
- e. If the caller indicates they may be in a dangerous situation, such as inside a structure that is on fire, instruct them on the proper way of exiting the building.
- f. Have the caller hang up the phone and call 911.
- g. Notify Tac 1 of the call and report a “still alarm” – follow the procedure outlined for “still alarms” in SOG 240.01.
- h. If you receive a call for an emergency in another agency’s jurisdiction which is not covered by OCFRD’s communication center; call OCFRD communications and notify them of the emergency. Orange County will forward the call to the appropriate jurisdiction.

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Standard Operating Guidelines

Title:	Dispatch for Potentially Violent Situations			
Section:	Emergency Operations - Communications			
SOG #:	240.06	Page:	1 of 2	
Effective Date:	April 1, 2013	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline for Fire/Rescue personnel when dispatched to Potentially Violent Situations.

2. PROCEDURE:

As a method of informing responding personnel of potentially violent emergency scenes as quickly as possible, the Communications Center will be amending dispatch procedures. On Monday, February 18th, the Communications Center will change the manner in which 911 calls involving potentially violent or unstable situations are verbally dispatched. If it is determined at the time of the 911 call that a situation is a potential danger to Fire Rescue and EMS responders, the call will be sent out as an EMDD and will be verbally dispatched as a "Potentially Violent Situation" (PVS). An example of a dispatch will be:

"Engine 42, Rescue 42 - Potentially Violent Situation - 123 Main Street."

Upon dispatch of the call, the 911 Call Taker will continue to gather critical information that will be immediately passed on to the alarm channel dispatcher and all responding personnel. Additional information will be provided in its entirety as it is received from the 911 caller or the law enforcement agency having jurisdiction. The PVS abbreviation will also appear on the MDC as shown below.

Fire Incident #130450002

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INCIDENT HISTORY DETAIL: FIRE/O130450002

```

Initiate: 15:47:26 02/14/13   Call/Case Nbr: 00002/OF1300000393
Entry:      15:47:35           Current Status: DISPATCHED
Dispatch:  15:47:41           Primary Unit:   E63
Onscene:                   Jurisdiction:   OF
Close:                                     Disposition:
Alarm Level: 1
  
```

Location: 6590 AMORY CT ,ORG (DEAD END & N FORSYTH RD)

Loc Comments:

```

DAREA:  F3      Current:
Beat/Stn: 63    Map Page:
RD:      636330  Page: 47-10   Type: EMDD    Final:
RunCard: 636330  Page:          Priority: 1   PVS
PRIORS
  
```

Detail

```

15:47:35 ENTRY      C555/FCA4 NO FURTHER INFORMATION
15:47:35 PRIOR      OF EMDD TODAY @ 15:35:45 (98 MORE)
15:47:38 SELECT     STTN: E63 R63 DIST: E63 R63
15:47:41 DISPATCH   E63 R63
15:47:41 CASE       OF1300000393 Assigned
  
```

OPERATOR ASSIGNMENTS: FCA4 C555 HORAN,K

Maitland Fire Rescue Department

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The PVS notification is not an automatic indicator of the need for units to stage. This notification is meant to provide early warning of a potentially dangerous situation and the need for responding personnel to begin soliciting, interpreting, and analyzing all available information to determine if the scene is safe to enter. It will be the responsibility of the Company Officer or lead crew member to evaluate the information provided by the dispatcher when determining the need to Stage.



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Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

3. PURPOSE:

The Fire Department shall consider health and safety as primary concerns in the specification, design, construction, acquisition, operation, maintenance, inspection, and repair of all vehicles.

4. PROCEDURE:

Vehicle Operators must continually weigh Risks vs. Benefits when responding to emergencies. Safe arrival is essential for our members to be effective in emergency and non-emergency operations.

2.1 Inspection, Maintenance, and Repair of Vehicles

- a. All vehicles shall be kept as clean as possible. The driver of any vehicle is responsible for the cleanliness and appearance, both interior and exterior.
- b. Members assigned the responsibility of operating any department vehicle shall, upon commencing their tour of duty, carefully inspect the condition and serviceability of their vehicle, noting any defect, damage or missing equipment. Failure to inspect a vehicle prior to assuming control and failing to identify any such condition may result in assigning the responsibility for such defect, damage or missing equipment to the member neglecting to adhere to this policy.
- c. Any Fire Department vehicle found to be unsafe shall be placed out of service until repaired. Repair work will require a repair order to be signed by the requestor and then forwarded to City Garage. After being repaired, the vehicle shall be inspected prior to being placed back in service by the designated vehicle operator.
- d. The fuel level of each vehicle must be checked at the beginning of each shift and properly serviced as needed. All vehicles will be turned over to the on-coming shift with a minimum of 3/4 tank of fuel. All other fluid levels are to be checked by garage personnel each week.
- e. Inventory sheets shall be followed during check out and inventory books filled out for **EACH** vehicle, **EACH** day. Each book is to be signed by the OIC daily.

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- f. One day per week, each vehicle will have a "weekly" checkout at which time **ALL** equipment will be removed from every compartment, checked and serviced thoroughly according to manufacturer's recommendations, and the compartment and equipment cleaned.
- g. In the event any damage is incurred to a department vehicle, or if mechanical trouble becomes apparent during operation, the operator will immediately notify the OIC, then complete all appropriate paperwork. (Repair forms, accident forms.)
- h. Department vehicles are not to be used for pushing or towing any vehicle except as emergency operations dictate.

2.2 Drivers / Operators of Fire Department Vehicles

- a. Only members who are trained and certified in the proper operation shall operate Fire Department vehicles. (Must have EVOC to operate Rescue and staff vehicles). Must be a designated Relief Driver and EVOC trained to operate other apparatus (Refer to training plan)
- b. Drivers of Fire Department vehicles shall have a valid driver's license. Any changes in DL status (i.e. citation, suspension, revocation, etc.) shall be reported immediately to the member's Lieutenant and Battalion Chief.
- c. Members will only use department vehicles for performing their official duties. Under no circumstances will department vehicles be used for private use, unless otherwise authorized.
- d. Drivers of Fire Department Vehicles shall be directly responsible for safe and prudent operation under **ALL** conditions. When the driver is under supervision of an officer (Lieutenant or Engineer), that officer shall also assume responsibility for the actions of the driver.
- e. Driver shall not move Fire Department vehicles until persons in the vehicle are seated and secured with seatbelts in the approved riding positions. Members must be dressed in turnout gear and belted during response except in rare and unusual circumstances. The OIC and driver must evaluate these situations and make a decision as to the risk vs. Benefit of making exceptions to this rule
- f. A spotter will be utilized while backing any Fire Department apparatus (Engines, Trailers, Rescue).

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2.3 Fleet Safety and Operators Conformity To The Rules of The Road

- a. Vehicle safety includes the establishment of standards for vehicle testing, inspections, preventive maintenance, and defensive driving. Defensive driving is a matter of personal practice, which involves proper motivation, and the development of a positive mental attitude toward driving. Members are urged to adopt the correct mental attitude and response in order to drive defensively while practicing fleet safety. It is the intent of this department to reinforce safe driving habits through in-service training, driving training courses, close supervision, and discipline. Members of this department government and are constantly under close scrutiny of the public while operating a department vehicle. Because this is true, members have a duty to operate vehicles in a safe, courteous, and legal manner in conformity with Florida Statutes.
- b. Chapter 316.051 of the Florida Statutes provides that:
 - The rules of the road apply to the operation of vehicles upon all state and county highways, municipal streets and alleys, and wherever vehicles have the right to travel.
 - The operators of all vehicles owned by the United States, this State, or any county, city, town, district, or any other political subdivision, must conform to the provisions of this chapter.

2.4 Operating as an Authorized Emergency Vehicle

- a. Florida State Statute 316.003 (1) provides that the definition of an Emergency Vehicle is: Vehicles of the Fire Department, Police vehicles, and such Ambulances and emergency vehicles of municipal departments, public service corporations operated by private corporations, and the Department of Transportation as are designed or authorized by the department or the Chief of Police of an incorporated city or any sheriff of any of the various counties.
- b. Every authorized emergency vehicle shall be equipped with a siren, whistle, or bell, capable of emitting sound audible under normal conditions from a distance of not less than 500 feet and must be approve by the department, but such a siren shall not be used except when the vehicle is operated in response to an emergency call, in which event the driver of the vehicle shall sound the siren when conditions warrant to warn pedestrians and other drivers of the approach thereof.

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- c. There are only two types of responses recognized by this department: Emergency and Non-emergency. A true emergency is defined as a situation in which there is a high probability of death or serious injury to an individual or significant property loss and action by emergency personnel may reduce the seriousness of the situation. OIC's and drivers must weigh risks vs. benefits based on information received during dispatch and update information when determining response mode. Additionally, the same consideration must be made for other responding units and the private ambulance company. These units should be notified to slow their response unless emergency response is necessary after FD units arrive on the scene.
- d. Every authorized emergency vehicle shall be equipped with oscillating, rotating or flashing lights of sufficient intensity, when illuminated, to be visible at 500 feet in normal sunlight, but such lights shall not be used except when in response to or on the scene of an emergency call, in which event the driver shall operate all oscillating, rotating or flashing lights, continuously to warn pedestrians and motorists of the approach thereof.
- e. F.S. 316.072 (5) states the driver of an authorized emergency vehicle, except when otherwise directed by a police officer, may:
- Park or stand, irrespective of the provisions of normal traffic flow.
 - Proceed past red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation.
 - Exceed the maximum speed limits so long as he does not endanger life or property.
 - Disregard regulations governing direction, movement or turning in specified directions, so long as he does not endanger life or property.
- The preceding provisions will not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor will such provisions protect the driver from the consequences of his reckless disregard for the safety of others.
- f. Although Florida Statutes permit the operator of an authorized emergency vehicle proceed past a red signal or stop sign after slowing down as necessary for safe operation, the policy of this department will require the operator of any department vehicle to make a full and complete stop at all official stop signals or signs when responding to an emergency assignment.

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- g. When responding to an actual or suspected emergency, members of this department will proceed at a reasonable speed while assessing existing road and traffic conditions. Extreme caution must be observed in severe weather conditions and when changing lane-to-lane, turning, and changing direction of travel.

- h. The greater the speed of the vehicle, the greater the chance of an accident. Extreme speeds will not be condoned. Response speed should generally not exceed the posted speed limits by more than 10 - 15 miles per hour. Higher speeds may be justified under certain circumstances and conditions, but members of this department will be held accountable for the results of their actions after a careful review.

- i. While responding to emergency calls, the oscillating, rotating, and flashing lights will be used continuously; the siren shall be used as conditions warrant. (Warning shall be given when proceeding through intersections even when green light is present.) (This can be limited to blasts from the air-horn or intermittent siren yelps.) When necessary, siren activation will be continual – (i.e. proceeding through red lights, heavy traffic, etc.)

Remember, using these devices only gives the right to request the right of way; it does not guarantee receiving it.

- j. There may be times when the police department will ask us to respond to an emergency situation, but for their own reasons request us not to use lights and siren. Response under these conditions shall be routine at the discretion of the vehicle operator.

- k. Vehicle operators shall not cross medians with apparatus except in rare and unforeseen situations. If the decision is made to cross a median, the operator must ensure it can be done in a safe manner without causing damage to the apparatus.

- l. Vehicle operators shall not take on traffic in opposing lanes except in rare and unforeseen circumstances.

- m. When transporting a patient in a Rescue vehicle, extreme care must be observed during “emergency” transport (as defined in MFD Practice Parameters), the speed limit should be observed and siren utilized as necessary. The intent of this mode of transport is to avoid delay at stop signs, heavy traffic, and red lights. It allows for procession after complete stop when required. It is not the intent to allow for exceeding the speed limit. This could endanger not only the patient but our members performing as attendants as well.

Maitland Fire Rescue Department

Standard Operating Guidelines

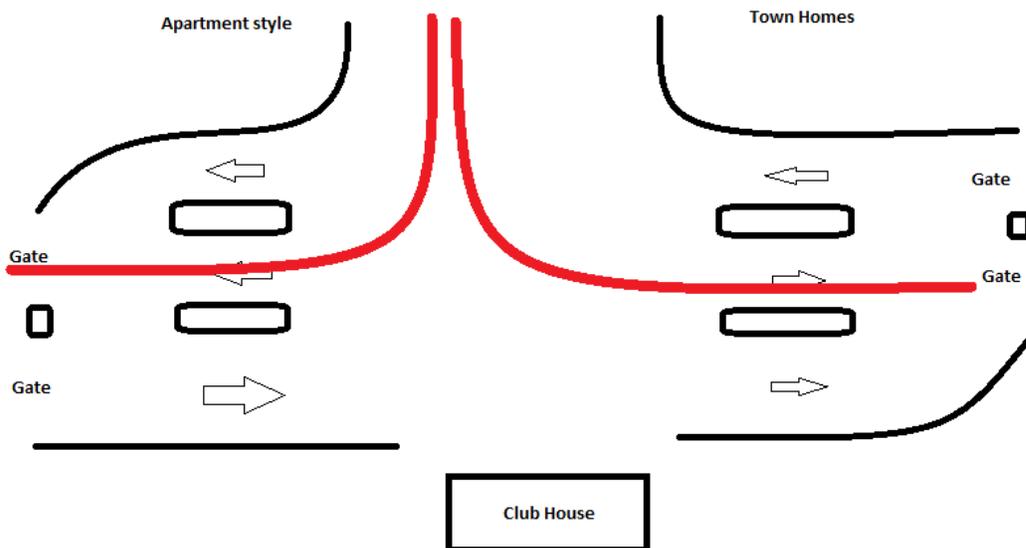
Title:	Vehicle Operations		
Section:	Emergency Operations – Facilities & Equipment		
SOG #:	250.01	Page:	6 of 6
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013

- n. During patient transport in any mode (emergency and non-emergency) the engine retarding system in the Rescue unit shall be disabled to provide a smooth transport.
- o. The “No-Smoke” on units shall be engaged before driving forward into the drive through bays.
- p. Vehicle wheel chocks will be assigned to each emergency vehicle. The vehicle operator will insure that a chock or set of chocks are placed in such a way as to prevent the forward and backward movement of a parked/unattended emergency response vehicle that is outside of the confines of a fire station. Chocks are to be used in conjunction with either air or mechanical brakes. Chocks are to be used in both emergency and non-emergency situations (excluding staff vehicles).

Access into the Visconti

Driver operators shall avoid accessing the gate entryways that are for key pad (visitor) use. These entryways have limited clearance for emergency vehicles. The entry method that is now advised is to use the gate card entryway only. Responding apparatus are to use the “yelp” siren feature or gate card to gain access. Should either method fail to open the gate, a firefighter shall exit* the apparatus and use the gate code on the key pad. If the gate card entryway is **inaccessible**, drivers may use another entryway by exercising extreme caution.

*exiting firefighters shall don a traffic safety vest to increase visibility



Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Apparatus Maintenance			
Section:	Emergency Operations – Facilities & Equipment			
SOG #:	250.02	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To define a procedure for completing vehicle repair and maintenance forms thus providing written communication between members and the City Garage relating to equipment/apparatus issues.

This form will be completed whenever repair/maintenance issues arise related to apparatus and equipment. Equipment shall be maintained as defined in SOG 250.01

2. PROCEDURE:

- a. Complete top section of form.
- b. Select appropriate equipment or unit.
- c. Provide a description of the problem.
- d. Deliver the unit or equipment to the City Garage for repair.
- e. Sign the form and fill in time and date (delivered by).
- f. Have the form signed by Garage personnel (received by).
- g. Fill in the time and date.
- h. Tear off Pink Copy, place on clipboard in Lieutenant office at the respective station.
- i. White and Yellow copy stay with the Garage.
- j. If parts are on order, document this on the form (all colors).
- k. When equipment has been repaired, Garage will notify FD to pick up equipment. They will fill out “notice to p/u”
- l. When FD personnel pick up the equipment from the Garage, sign “received by”, time and date.
- m. Yellow copy will accompany the equipment and shall be returned by the Garage with the equipment when repaired.

Maitland Fire Rescue Department
Standard Operating Guidelines

Title:	Apparatus Maintenance		
Section:	Emergency Operations – Facilities & Equipment		
SOG #:	250.02	Page:	2 of 2
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013

- n. Place the yellow copy on the clipboard, discard the pink copy.
- o. Equipment issues should be documented in the station pass-on books.
- p. OIC shall check the clipboard daily to determine if equipment is out of service.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Inventory of Tools & Equipment			
Section:	Emergency Operations – Facilities & Equipment			
SOG #:	250.03	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To insure all equipment is present and in working order.

2. PROCEDURE:

- a. Perform a check of headlights, turn signals, scene lights, warning lights and all audible devices. Walk around the vehicle and note any damage to the vehicle, tires, or exterior equipment. Check the tires for wear, cracks and pressure.
- b. Pumpers - The pump will be pressurized up to 150psi and maintain pressure for 30 seconds. If the pump has manual relief valve, then it should be set to no greater than 130psi. Check the tank water level visually to insure it is full.
- c. Using the vehicle inventory list assess every piece of equipment to insure they are on the vehicle and in proper place. Any items not found need to be documented and reported to the OIC.
- d. All equipment carried on the unit will be checked out thoroughly each day to assure they are in working order.
- e. DEUS rescue system must be installed in bunker gear at the start of every shift.
- f. All portable radio batteries will be changed daily.
- g. Check all the fuel and oil levels on chain saw, cut off saw, generators, extrication pumps and PPV fan.
- h. Every piece of medical supplies will be checked. Any damage or missing items need to be documented with the proper forms and OIC notified.
- i. Every morning after vehicle check out the vehicle inventory book will be signed by the OIC.
- j. Remember – *“Every piece of equipment, everyday”*.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Inventory of Tools & Equipment		
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SATURDAY VEHICLE DETAIL

Saturday will be vehicle detailing day. On this day thoroughly clean the inside and outside of all vehicles. All moveable parts will be moved and its hardware checked to ensure their tightness, ex. Screws, nuts, bolts, etc. to insure working order. Pull the equipment off the vehicle one compartment at a time to thoroughly clean the compartment and equipment. Completely drain the tank and fire pump and refill with fresh water. Exercise all drains valves and levers to insure all are in working order.

Marine Rescue 45 Monthly Open Water Test

MR45 will be open water tested each month. The Battalion Chiefs will develop a rotating schedule so each shift has the responsibility of running the boat every third month. It is at the discretion of each shift's Battalion Chief to determine when in their month the boat will be run. This monthly test of the boat will allow for the motor/boat to operate as it would in the event of a call for service. It will also serve as a training session for all those involved. It is recommended that each personnel assigned that day have a chance to operate the boat in a safe and professional manner. The operation and deployment of the boat must be in accordance with policy 230.01.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Engine Retarding Systems			
Section:	Emergency Operations – Facilities & Equipment			
SOG #:	250.04	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To clearly define the appropriate uses of engine retarding systems. The “Exhaust Brake” is an engine retarding system specifically adapted to fire apparatus for the purpose of slowing the forward momentum of the vehicle when the driver releases the accelerator pedal. The system augments the vehicle’s braking system, reduces wear and tear on the brake pads, and assists the driver in controlling the vehicle.

2. PROCEDURE:

- a. The “Exhaust Brake” installed on Maitland’s emergency response vehicles are to be engaged at all times, except when noted in Policy 250.01 2.4.n, while operating the vehicles when road surfaces are dry. If **road surfaces are wet**, the switch for the engine retarding system is to remain in the “OFF” position until such time as the roads are once again dry and it is safe to utilize the system.
- b. For vehicles with “HI / LO” exhaust brake positions: The switch is to remain in the “HI” position at all times when the exhaust brake is being utilized.
- c. It is important to follow the manufacturer’s recommendations for the various types of vehicle retarding systems currently available and in use on emergency response vehicles.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Dry Hydrant / Manifold Ops			
Section:	Emergency Operations – Facilities & Equipment			
SOG #:	250.05	Page:	1 of 1	
Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

This hydrant allows us to train without wasting any City drinking water. It also allows us to perform the annual pump test on our fire trucks without the use of an outside facility.

2. PROCEDURE:

- a. Back the engine/quint into the parking spaces with the dry hydrant on the passenger side.
- b. Remove the 6” steamer-port cap from the truck and then attach the 10’ hard suction hose to the truck using two or more personnel to support it. It is safest to attach the hard suction hose to the truck first so you don’t damage the pump panel. Also, this allows personnel to work farther from the truck while attaching the hose to the dry hydrant.
- c. Securely tighten all fittings and ensure all valves are closed on the pump. Place the unit in pump and open your tank to pump and fill the pump with water. Then close the tank to pump and start the primer. Once you believe you have most air out of the line open a hose line or master stream a and begin flowing water. You may have to open and close the tank to pump valve several times to assist in getting a solid prime going and water flowing.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	SCBA Repair & Maintenance			
Section:	Emergency Operations – Facilities & Equipment			
SOG #:	250.06	Page:	1 of 15	
Effective Date:	November 1, 2014	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

2. PURPOSE:

To established a guideline for the care and maintenance of personal protective equipment for structural firefighting.

The following guideline is established to provide a program for the proper selection of Self Contained Breathing Apparatus elements used by this organization for respiratory protection and the intent is to minimize the safety and health risks associated with poorly maintained, contaminated or damaged protective equipment.

The established guideline shall comply with NFPA 1851, the Standard on Selection, Care and Maintenance of Structural Fire Fighting Protective Ensembles, 2014 edition. The manufacturer requirements of the protective ensembles shall also be reviewed.

2. PROCEDURE: Administration and Guidelines

d. Selection Committee:

The Department's designated Safety Committee shall oversee the authorization/selection of structural firefighting ensemble. The Assistant Fire Chief or his/her designee will be responsible for the care, maintenance and record keeping of the Department's personal protective equipment.

e. Contract Resources

If this organization elects to utilize contract resources for specific parts of this program, the contractor shall substantiate to the committee that it has been recognized by the manufacturer to perform:

- Testing
- Repair
- Warranty work
- Modifications

The contractor shall also identify limitations placed by the manufacturer as a condition of recognition.

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f. Inventory

All SCBA inventory is assigned to specific locations including vehicles or personnel.

11. TRAINING

- f. Firefighters wearing respiratory protection shall be trained in proper use, cleaning and maintenance. No firefighter shall wear respiratory protection without training as specified in this document. Training in the use of respiratory protection shall be done in two phases. Each new firefighter will be given initial training before using respiratory protection and annual training thereafter.
- g. New Recruit Training - Initial training is to be provided during the Fire Fighter I Course at a State approved training academy. No firefighter is to use respiratory protection unless training has been successfully completed. Firefighters trained at other than a state approved fire academy must be certified as trained by the Safety Officer or designees before wearing an SCBA.
- h. Annual Training - On-going training shall be provided to all firefighters of the Department. Each firefighter must pass a face piece fit-test during initial and annual training. Appendix B of this program contains the fit-test protocol and example fit-test record. At a minimum, the following topics are to be covered in the SCBA training.
 - Why the SCBA is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
 - What the limitations and capabilities of the SCBA are.
 - How to use the SCBA effectively in emergency situations, including situations where the SCBA malfunctions.
 - Instruction on recognizing medical signs and symptoms that may limit or prevent the effective use of the SCBA.
 - How to inspect, put on and remove, use, and check the seals of the SCBA.
 - What the procedures are for maintenance, and storage of the SCBA.

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- The general requirements of the Respiratory Protection Standard.
 - i. Fill Station Training - SCBA cylinders will be filled only by firefighters who have completed fill station training. Retraining will be provided annually. Initial and annual fill station training shall include:
 - Procedures for inspecting the SCBA cylinder for damage.
 - Information to ensure that the cylinder has the proper hydrostatic test date.
 - Information to ensure that composite cylinders older than 15 years are not refilled and are removed from service.
 - Procedures for safely operating the fill station.
 - Information on the importance of using at least grade D air.
 - Information on the consequences of cylinder failure.
 - The manufacturer’s instructions for the fill station.
 - Record keeping requirements, Cascade Fill Station Log.
 - j. Non IDLH Training Only Air packs - Air packs will be available for all non-IDLH training. These air packs will be identified as such by the fluorescent paint on the backpack frame.

Any employee wanting to check out an air pack for outside department demonstrations or training evolution in a “Non IDLH” environment, can do so by requesting permission from Fire Administration via email. An SCBA technician will assign a pack for the event. Training air packs will be used for outside department demonstrations.

12. RESPIRATOR FITTING AND SEAL CHECK

Each firefighter must pass a face piece fit-test during initial and annual training.

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- c. Inspection Before Use - When using SCBA, each firefighter shall select and wear the correct size face piece as determined by initial and annual fit testing. A firefighter shall not wear respiratory protection unless the proper size face piece is available and the equipment is in proper working condition according to the manufacturer’s specifications.

- d. Effective Seal Required - An effective face-to-face piece seal is extremely important when using respiratory protective equipment. Minor leakage can allow contaminants to enter the face piece, even with a positive pressure SCBA. Any outward leakage will increase the rate of air consumption, reducing the time available for use and safe exit. The face piece must seal tightly against the skin, without penetration or interference by any protective clothing or other equipment.

Nothing can be between the sealing surface of the mask and the face of the wearer, including but not limited to, eyeglasses, protective hoods, and beards or other facial hair.

Firefighters shall perform a seal check prior to every SCBA use. SCBA can only be worn when an adequate seal is achieved. (NOTE: the required seal check procedures are found in Appendix B-1 of the Respiratory Protection Standard.

13. INSPECTION, STORAGE, MAINTENANCE AND AIR SUPPLY

- d. Inspection - Regular periodic inspections are required to ensure that all respiratory protection equipment is properly operating and available for use.

Inspection Schedule

- All SCBA and spare cylinders shall be inspected before and after each use and at least monthly. Guidelines for inspection are in the manufacturer’s instructions and NFPA 1852 is found in Appendix A of this program.

- After each inspection, the appropriate forms (see Appendix E) shall be completed. SCBA units determined to be unfit for use shall be taken out of service, and “RED” tagged and a repair request form filled out and emailed to the SCBA Repair Team, see Section 8 Repair Request.

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- In the event replacement or repair of SCBA components is necessary, it shall be performed according to manufacturer’s instructions and only by persons trained and certified by the manufacturer or returned to a certified service facility.

- Firefighters will not subject SCBA units to unnecessary abuse due to neglect and/or carelessness. Caution must especially be exercised to protect the face piece section of the mask from being scratched or damaged. Each Firefighter has been issued a fleece lined, mask bag for storage, when not in use.

- Each SCBA shall be cleaned and disinfected after each use. Only cleaning/sanitizing solutions for respiratory equipment will be used for cleaning and disinfection. (NOTE: the required SCBA cleaning procedures are found in Appendix B-2 of the Respiratory Protection Standard.

- SCBA cylinders shall be hydrostatically tested within the period specified by the manufacturer and applicable governmental agencies. Composite cylinders must be tested every five (5) years. Composite cylinders will be removed from service after 15 years from the first hydrostatic test date.

- e. Storage - All units shall be stored so that they are protected against direct sunlight, dust accumulation, severe temperature changes, excessive moisture, fumes, and damaging chemicals. Care is to be taken so that the means of storage does not distort or damage rubber or elastomeric components.

- f. Air Supply - Breathing air in the SCBA cylinder shall meet the requirements of the Compressed Gas Association G-7.1-‘13, COMMODITY SPECIFICATION FOR AIR, with a minimum air quality of Grade D. The Fire Department shall ensure that private vendors supplying compressed breathing air provide a copy of the most recent inspection and certification.
 - Records of testing will be maintained digitally in the database management software and a hard copy file. The results of the quarterly testing will be posted at both the fill station and the compressor as required by NFPA and CGA.

 - The purity of the air from the Fire Department’s air compressor shall be checked by a competent laboratory quarterly.

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- The Fire Department shall assure that sufficient quantities of compressed air are available to refill SCBA for all emergencies. In the event that the department's air compressor is out of service than this can be accomplished through mutual aid with Winter Park or Orange County Fire Department.

- Air cylinders for SCBA shall be filled only by personnel who have completed fill station training. Compressed oxygen shall not be used in open-circuit SCBA.

14. TESTING

The following tests will be completed either by a certified contractor or department certified SCBA technicians:

- a. Mask fit tests will be complete annually on every combat firefighter
- b. SCBA flow test will be complete annually on every in-service SCBA air pack
- c. Cascade air quality tests will be complete quarterly

15. MEDICAL EVALUATION

A medical evaluation to determine the firefighter's ability to wear a SCBA will be provided. Only firefighters that are medically able to wear SCBA will be allowed to do so.

16. RECORDKEEPING

- d. The SCBA repair program manager will maintain the following reports:
 - Completed SCBA inspection forms
 - Air quality tests records/results
 - Completed fit test records for each combat firefighter
 - SCBA training records
 - Fill station training records

- e. Inventory information will be stored in the Fire Program database and backed-up on USB drive. Each inventory component will have a hard paper file containing maintenance, inspection and location information. These records will be kept in the SCBA Repair Room.

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The information for each unit must include:

- Date the unit was first placed in service.
- Dates for required inspections along with name of the person who conducted the inspection.
- Dates for each use of the SCBA – training exercise or fire incident, along with the name of the user.
- Information regarding repairs to unit and manufacturer upgrades, etc.
- Date the unit was permanently removed from service.

17. REPAIR REQUEST

- b. SCBA Repair Procedures - Department personnel must be able to identify those repairs to an SCBA unit that they can make and the signs that indicate an SCBA should be removed from service and examined by a certified technician.

- b. Personnel will follow the manufacturer's recommendations that are included in the operational manual, online at the manufacturer's website, and in the department's initial and annual training on the unit. All issues shall first be reported to OIC and/or Battalion Chief as directed by current SOP's.

- f. SCBA Repair Team - The technician receiving the equipment will fill out the bottom of the repair request form.

When the unit returns from being repaired, include the following information before putting the unit back in service:

- Date and time unit was received.
- Description of the repairs made to the unit, the name of the technician who worked on the unit, and the name of the company that employs the technician.
- Inspection of the unit to ensure that the necessary repairs have been made and that the unit is now functioning properly.
- Date and time unit was placed back in service.

The person responsible for conducting the inspection/repair on the SCBA will be responsible for documenting that the inspection was completed as required.

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18. PROGRAM EVALUATION

- c. Evaluation Requirements - The effectiveness of the SCBA program shall be evaluated and corrective actions taken to ensure the respiratory protection program is properly implemented. The fire department will regularly consult with firefighters to assess their views on the effectiveness of the program and to identify any problems. The evaluation will ensure:
- Procedures for purchasing of approved equipment are in place;
 - All firefighters are being properly fitted with respiratory protection;
 - All firefighters are properly trained;
 - The proper equipment, cleaning, inspection, and maintenance procedures are implemented;
 - The required records are being kept;
 - Changes are implemented to correct deficiencies.
- d. Program Monitoring - Periodic monitoring of the respiratory protection program is necessary to ensure that all firefighters are adequately protected. Random inspections shall be made by the Assistant Fire Chief or designee to ensure that the provisions of the program are being properly implemented.

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Appendix A - Respirator Fit Test Record

Date: (of fit test) _____

Firefighter: _____ MT# _____

SCBA Manufacturer: _____

Model: _____ Mask # _____

Face piece Size

Small _____ Medium _____ Large _____

Conditions which could affect respirator fit:

Clean Shaven Facial Scar Dentures Absent
 1 -2 Day Beard Growth 2+ Day Growth
 Moustache Glasses Haircut Side Burns

Comments: _____

Fit Test Protocol Used _____

Pass Fail

Comments: _____

FIT Tester _____ Last Calibration Date _____

Employee Acknowledgment of Test Results:

Employee Name (Print): _____

Employee Signature _____

Date: _____

Test Conducted By (Print :): _____

(Signature): _____

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Appendix B – Procedure for Cleaning Respirators

Procedures for Cleaning Respirators

- Remove any obvious dirt from the external surfaces of the components using SCOTT recommended sanitizing or the approved sanitation solution with a sponge or soft cloth.
- Remove filters, cartridges, or canisters if applicable.
- Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild liquid dish detergent or with approved sanitation solution. The approved sanitation solution must be used if disinfecting the mask or component. If using approved sanitation solution, allow the component to sit 5 – 10 minutes after spraying.
- Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. No other cleaning agents are to be used other than listed within policy. Bleach or products containing bleach or chemicals are NOT to be used with SCBA equipment including masks, cylinders, and air packs.
- Components should be hand-dried with a clean lint-free cloth or air-dried. If air drying components, you must clean ambient air or class D or better breathing certified air for pressurized air.
- Reassemble face piece, replacing filters, cartridges, and canisters where necessary.
- Regulators are to be sanitized and cleaned prior to each shift when users share regulators with the approved sanitation solution.
- Inspect the inside of the regulator assembly through the regulator opening. If excessive dirt or soil is present, take air pack out of service, Label with Red Tag and forward to Maitland's SCBA technicians for a thorough cleaning.
- Depress the donning/air saver switch; close the purge knob by turning fully clockwise. Use the SCOTT recommended sanitizing or disinfecting cleaner in the regulator opening and the immediate area around the opening. Be sure to cover internal components completely.
- Allow 10 minutes of contact time for sanitizing or disinfecting before rinsing. Rinse the regulator with drinking water using a spray bottle or gently running tap water.
- Shake excess water out of regulator. Completely air dry the regulator before use. Test the respirator to ensure that all components work properly.

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Appendix C – Fill Station Log

Fill Station Log

Date_____ Time_____ Employee (print)_____

Employee (signature)_____ Shift_____ Station_____

____ Number of Cylinders filled Compressor turned off Regulator Released

Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____

Employee (signature)_____ Shift_____ Station_____

____ Number of Cylinders filled Compressor turned off Regulator Released

Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____

Employee (signature)_____ Shift_____ Station_____

____ Number of Cylinders filled Compressor turned off Regulator Released

Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____

Employee (signature)_____ Shift_____ Station_____

____ Number of Cylinders filled Compressor turned off Regulator Released

Banks filled before leaving Compressor Drain Opened prior to starting

Date_____ Time_____ Employee (print)_____

Employee (signature)_____ Shift_____ Station_____

____ Number of Cylinders filled Compressor turned off Regulator Released

Banks filled before leaving Compressor Drain Opened prior to starting

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Appendix D – SCBA Inspection Record

SCBA Inspection Checklist

Type of Check: Weekly Monthly Quarterly After Use

Checked by: _____

Date: _____

SCBA PAK# _____ Regulator # _____ Reducer# _____

Cylinder# _____ Hydro Date _____

Harness Check	Pass	Fail	Mask Check	Pass	Fail
Conditions of Straps <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulator <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buckles <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhalation Valve <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back plate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Condition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O-Ring in Place <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Pressure Hose <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Low Pressure Hose <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Operational Check					
Bottle Condition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cylinder Pressure (PSI) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Harness Gauge <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pressure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pressure Function <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Bypass Function <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pack Alarm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PASS Device <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS

1. _____

2. _____

3. _____

4. _____

5. _____

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Appendix E - SCBA Mask Record

Number	SPARE MASKS	Condition
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M-		

SPARE CYLINDERS					
Number	Condition	Number	Condition	Number	Condition

Engine 45 and Quint 47

Driver
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

OIC
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Right Jump
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Left Jump
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Spare
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Rescue 45 and 47

Driver
 Cylinder level _____ Regulator Sanitized _____
 Operation normal _____ MFD Number _____

Passenger Cylinder level _____ Regulator Sanitized _____

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	SCBA Maintenance & Repair		
Section:	Emergency Operations – Facilities & Equipment		
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Repair Request

Our Family Helping Yours

Date: [Enter date]
 Time _____
 [Name]
 Shift
 Station

Maitland #	Description of component (Cylinder, Airpak, Mask, Fill Station, Compressor)	Assigned to	OIC
Replaced with Maitland#	Detailed Description of Problem and location of equipment		

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	SCBA Maintenance & Repair		
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Appendix F - Technician Repair Log

Appendix G – SCBA Technician Repair/Calibration Log

<p>Date and Time Unit Received _____ Technician _____</p> <p>MFD# _____ Mask <input type="checkbox"/> Cylinder <input type="checkbox"/> Airpak <input type="checkbox"/> Fill Station <input type="checkbox"/></p> <p>Compressor <input type="checkbox"/> Possi Check <input type="checkbox"/> Mask FIT Tester <input type="checkbox"/></p> <p>Assigned Location _____ Technician Signature _____</p> <p>Description of Repairs _____</p> <p>_____</p> <p>_____</p> <p>Warranty Yes <input type="checkbox"/> No <input type="checkbox"/> Cost of Repair _____ Sent to Fisher <input type="checkbox"/> OHD <input type="checkbox"/> Scott <input type="checkbox"/></p> <p>Inspected after Repairs and log into SCBA Inspection Log Book <input type="checkbox"/></p> <p>Date and Time Back In-Service _____ Flow Tested Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date and Time Unit Received _____ Technician _____</p> <p>MFD# _____ Mask <input type="checkbox"/> Cylinder <input type="checkbox"/> Airpak <input type="checkbox"/> Fill Station <input type="checkbox"/></p> <p>Compressor <input type="checkbox"/> Possi Check <input type="checkbox"/> Mask FIT Tester <input type="checkbox"/></p> <p>Assigned To _____ Technician Signature _____</p> <p>Description of Repairs _____</p> <p>_____</p> <p>_____</p> <p>Warranty Yes <input type="checkbox"/> No <input type="checkbox"/> Cost of Repair _____ Sent to Fisher <input type="checkbox"/> OHD <input type="checkbox"/> Scott <input type="checkbox"/></p> <p>Inspected after Repairs and log into SCBA Inspection Log Book <input type="checkbox"/></p> <p>Date and Time Back In-Service _____ Flow Tested Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	AeroClave Portable Decontamination Unit			
Section:	Facilities and Equipment			
SOG #:	250.07	Page:	1 of 2	
Effective Date:	April 1, 2015	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. PURPOSE:

This standard operating guideline is intended to provide guidance and direction for the safe operation of the AeroClave Room Decontamination System Unit (AeroClave).

3. PROCEDURE:

The AeroClave is intended to provide quick and efficient decontamination of equipment and vehicles. Operators will follow the manufacturer's specifications that are outlined in the AeroClave RDS 3110 Operator Manual. Only the manufacture's recommended cleaning solution will be used in the AeroClave. These solutions are AeroClave proprietary hydrogen peroxide solution and Vital Oxide solution. Copies of this manual, including the Materials Safety Data Sheets of all chemicals used, will be accessible at K: FD: AeroClave Info.

2.1 Safety Precautions

Proper personal protective equipment will be utilized based upon the MSDS recommendations of the product being used. Vital Oxide shall be the only chemical used, unless directed by Fire Administration. Personnel shall not use the hydrogen peroxide solution unless under the supervision of a Battalion Chief or member of Fire Administration.

2.2 Decontamination Operations

- a. **Decontamination of Rescues**– All personnel will be trained to operate the AeroClave unit in the rescue mode only. The AeroClave unit has been pre-programmed to default to Rescue mode Crews may decon the Rescues when deemed necessary. Whenever the AeroClave unit is utilized, crews will fill out the AeroClave Rescue spreadsheet. The AeroClave Rescue Spreadsheet will be kept with the AeroClave unit.
- b. **Decontamination of all other vehicles** – Only specifically identified and trained personnel will be authorized to decontaminate vehicles other than MFRD Rescues (ex. Police vehicles, civilian vehicles, etc.) All requests to decontaminate vehicles other than the Rescues must go through the Battalion Chief on Duty. The Battalion Chief on Duty will ensure that all pertinent information is documented in the AeroClave Other Vehicle Spreadsheet and an email notification is sent to Fire Administration.

Maitland Fire Rescue Department
Standard Operating Guidelines

Title:	AeroClave Portable Decontamination Unit		
Section:	Facilities and Equipment		
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- c. **Decontamination of facilities** - . Only specifically identified and trained personnel will be authorized to decontaminate facilities. All requests for facilities decontamination must go through Fire Administration.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Request for Public Education			
Section:	Fire Prevention – Public Education			
SOG #:	310.01	Page:	1 of 2	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish basic guidelines pertaining to the Public Educational Programs addressing Fire Prevention / Life Safety and its delivery for the Maitland Fire Department.

2. PROCEDURE:

The Maitland Fire Department provides a Public Education Fire Prevention / Life Safety Program which places an emphasis teaching fire/life safety skills and techniques to our citizens and businesses to eliminate or minimize injury or fire losses.

2.1 Administration

- a. The Fire Marshal shall oversee the Public Education Fire Prevention / Life Safety Program for the Department. Said Fire Marshal shall manage and administer the program and perform other job functions as outlined in current job descriptions and as directed by the Fire Chief.
- b. The Fire Marshal will remain apprised of all changes regarding requirements set for continued delivery of fire prevention educational classes within the City; and will make recommendations to the Fire Chief on mandated changes to guidelines, policies, and programs.
- c. The Fire Marshal shall develop new programs on an as needed basis utilizing current fire and life safety data and studies.

2.2 Fire Safety Public Educational Programs

- a. The Fire Marshal shall establish fire/life safety public educational programs that meet the goals and objectives of the Department.
- b. These programs will be designed to address pertinent issues that could affect the living and working environment within the City of Maitland.
- c. Current programs include, but are not limited to:
 - CPR Classes
 - First Aid Classes
 - Free Blood Pressure Checks

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Request for Public Education		
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- Fire Station Tours and Orientation
- Disaster Preparedness
- Home Smoke Detector Program
- Home Fire Safety Surveys
- Fire Safety in the Work Place
- Fire Extinguisher Classes
- National Fire Prevention Week Activities

2.3 Public Educational Program Scheduling

- a. Scheduling of programs and classes shall be accomplished through Fire Administration and/or the Fire Marshal depending upon the program(s) requested.
- b. Classes involving Operations resources shall be scheduled through the Fire Administration via telephone at (407) 539-6226 with an appointment placed on the Operations FDPL calendar and notification will be sent to the Battalion Chiefs, Lieutenants, OIC's via an Outlook appointment.
- c. Classes involving primarily the Fire Marshal shall be scheduled through that office via telephone at (407) 539-6228 with an appointment placed on the Fire Marshal's schedule via Outlook. If Operations assistance is needed by the Fire Marshal for a given class, the FM shall coordinate through the Battalion Chiefs for such assistance.
- d. In the absence of the Fire Marshal, scheduling for those classes normally handled through that office will be handled by the Assistant Chief/Admin.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Fire Investigations			
Section:	Fire Prevention - Fire Investigation			
SOG #:	320.01	Page:	1 of 1	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline for the investigation of fires within the City limits of Maitland.

This procedure is to be followed for all fire investigations. This guideline is applicable to all members of the Department. Authority to deviate from this procedure rests with the Fire Chief, Fire Marshal or their designee, who is solely responsible for the results of any deviation.

2. PROCEDURE:

- a. In order to be consistent and to assure all fire investigations are conducted properly, the Battalion Commander or Incident Commander (IC) and the Company Officer shall be the preliminary investigator and will investigate each fire and determine possible cause and origin. If a preliminary cause and origin cannot be determined by the IC, the Fire Marshal shall be notified to respond for cause determination and investigation.
- b. The Fire Marshal representative shall determine if the State Fire Marshal's Office (SFMO) shall be notified with a request for an investigator to respond to the incident utilizing the guidelines set forth in Chapter 69A-61, RULES OF THE BUREAU OF FIRE AND ARSON INVESTIGATIONS, Florida Administrative Code.

Later consideration must also be given in the contact of the City's Building Official and/or Code Enforcement Officer for informational purposes. The investigator shall work to establish the cause and origin of a fire / explosion incident through careful investigation and analysis of the available evidence.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Fire Inspection Program			
Section:	Fire Prevention – Fire Inspection Program			
SOG #:	330.01	Page:	1 of 5	
Effective Date:	August 1, 2008	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish basic guidelines pertaining to the Fire Prevention / Life Safety Program and its delivery for the Maitland Fire Department.

This guideline will cover all members of the Department. The Fire Chief will have final authority for changes to the Fire Prevention / Life Safety Program. Authority to vary from this guideline rests with the Fire Chief or Fire Marshal.

2. PROCEDURE:

- a. The Maitland Fire Department provides a Fire Prevention / Life Safety Program which places an emphasis on fire safety inspection skills and techniques to eliminate or minimize municipal losses. Enforcement jurisdiction is outlined in the Maitland Code of Ordinances, Chapter 6, Article II based on the Florida Fire Prevention Code, current edition (FFPC). The key program objectives for this program are as follows:
 - Assess life safety and fire risks in comparison to the delivery of fire protection and its effects.
 - Locate, record and affect corrections to common problems concerning life safety and property correction.
 - Create and maintain thorough records and database in order to measure and analyze the effectiveness of the fire prevention / life safety program.

- b. Florida Statute 633 establishes the Fire Chief of the City of Maitland as the Authority Having Jurisdiction (AHJ), and that the AHJ shall determine whether the provisions of the Code are met. Any requirements that are essential for the safety of building occupants and that are not specifically provided for by the Code shall be determined by the AHJ. (FFPC 101 4.6)

- c. The overall goal in the application of the Code is to provide what is considered to be a reasonable degree of safety. (FFPC Section 4.6)

2.1 Administration

- a. The Fire Marshal shall oversee the Fire Prevention / Life Safety Program for the Department. Said Fire Marshal shall manage and administer the program and perform other job functions as outlined in current job descriptions and as directed by the Fire Chief.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Request for Public Education		
Section:	Fire Prevention – Fire Inspection Program		
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- b. The Fire Marshal will remain apprised of all changes regarding requirements set for continued delivery of fire prevention tasks within the City; and will make recommendations to the Fire Chief on mandated changes to guidelines and policies.

2.2 Fire Safety Inspections – Fire Inspectors

- a. The Fire Marshal shall establish a fire safety inspection schedule that meets the goals and objectives of the Department. Inspectors will work to fulfill the inspection schedule based on the stated objectives in this guideline.
- b. Inspectors will use the Department’s designated Fire Safety Evaluation Report contained in the computerized inspection program to record and provide specific data and general information on possible hazards found in a facility. Prior to serving copies of the report, the Inspector should carefully scan the form line by line to verify that all information is accurate and complete. Information contained on the report should be verbally summarized to the building occupant or property owner; and a copy of the report will be sent electronically, sent via US Mail, or left with said building occupant or property owner. This will ensure the facility occupant or property owner will be aware of the found hazards and corrective actions needed.
- c. Fire Inspection Reports are to be maintained in accordance with State records retention schedules and shall be stored in the hard copy address files located in the Building Department offices and electronically in the computerized inspection program.

2.3 Conflict Resolution

- a. Should a conflict arise where the fire safety inspection results are objected to by a facility occupant or property owner, the objection shall be referred to Fire Administration.

2.4 Enforcement

- a. This section shall be applicable to the Fire Marshal and/or Fire Inspector(s). The Department has a progressive code enforcement program designed to ensure compliance with applicable fire protection codes.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Request for Public Education		
Section:	Fire Prevention – Fire Inspection Program		
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- b. After a fire safety inspection and to comply with the requirements for first notice of violation, facility occupants or property representatives/owners shall be briefed on the results of the inspection and review the Fire Safety Evaluation Report contained in the computerized inspection program. The facility occupants or property representatives/owners shall be afforded ample time and opportunity to remedy hazards noted.
- c. Upon non-compliance, the facility occupant and/or property owner of record, as contained in the Orange County Property Appraisers data base, may be issued a Notice of Hazard/Violation in accordance with the procedures set forth in FS 162 and Chapter 5.3, Maitland City Code. This notice outlines the specific sections violated of the Maitland City Code and/or Florida Fire Prevention Code; and also outlines potential actions for non-compliance.
- d. Further non-compliance by business occupants or property owners may result in issuance of a Statement of Violation/Notice of Hearing per the procedures set forth in FS 162 and referral to the Special Magistrate for Code Enforcement hearings.

2.5 Report Filing , Entry and Retention

- a. Any report completed for the purpose of a fire safety inspection shall be filed with the Office of the Fire Marshal of the Maitland Fire Department. Additionally, information pertaining to the issuance of a Notice of Hazard/ Violation, the issuance of a Statement of Violation/Notice of Hearing or the information pertaining to any plans review will be submitted to this division.
- b. All hard copies of information shall be filed and retained in accordance with Florida Records Retention Schedules.

2.6 Plans Review

- a. All plans that require a life safety code review are submitted through the City's Building Department to the Office of the Fire Marshal. The Department reviews plans for compliance with the applicable provisions of the Florida Fire Prevention Code and those codes and standards adopted therein. Review is accomplished prior to permitting as required in FS 553.
- b. All plans will be reviewed by the Fire Marshal or his designee using the appropriate plans review procedures. If discrepancies are found, the person doing the review will generate a list of discrepancies and submit said list to the applicant for needed corrections.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Request for Public Education		
Section:	Fire Prevention – Fire Inspection Program		
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- c. Plans will be signed off on the Plans Review Tracking Card, which is then filed for record-keeping and tracking purposes. Additionally, the plans review data will be entered into the Building Department’s plan review tracking data base.

2.7 Pre-fire Planning

- a. All existing pre-fire plan information shall be reviewed and update on a periodic basis. The Battalion Chief assigned to schedule monthly training shall identify facilities that are to be reviewed, toured and have their pre-fire plans updated. Said Battalion Chief shall notify the Fire Marshal as to which facilities are to be updated for a given month.
- b. The Fire Marshal shall arrange appointments with property owners/representatives for the designated facilities that are to receive pre-fire plan reviews. The appointments shall be posted on the FD PL calendar and an e-mail notification of the schedule appointments shall be electronically transmitted to all Operations shifts.
- c. Pre-fire plan forms shall be downloaded from the Mobile Eyes software program, printed, and utilized to review and tour the designated facilities.
- d. After completing the pre-fire planning tours and pre-fire plan forms, the forms shall be forwarded to the Operations designee responsible to input the data into the Mobile Eyes Responder program. To insure continuity, only one individual in the Operations branch shall be designated to input the pre-fire plan data. After updating the pre-fire plan data, the Operations designee shall notify the Battalion Chief assigned to schedule monthly training via electronic medium of the input of information.
- e. In addition to the scheduled pre-fire planning visits, the Fire Marshal shall update the facility data during periodic fire safety inspections, whenever conditions at a given facility change, or information in the data base is found to be inaccurate.

2.8 Vacant Buildings

- a. To ensure vacant buildings are properly secured against unauthorized entry, the Fire Marshal or his/her designee shall visit such properties on a semi-annual basis.
- b. It shall be the responsibility of the property owner/representative to remove all combustible storage, waste, refuse, and vegetation from the premises. The property owner/representative shall lock, barricade, or otherwise secure the building or premises to prohibit entry by unauthorized persons.

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Standard Operating Guidelines

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- c. All fire protection systems shall be maintained in service in vacant buildings, unless otherwise approved by the Fire Chief or Fire Marshal.
- d. With said approval, the fire protection and/or fire alarm systems in a vacant building shall be permitted to be removed from service.
- e. Where required by the Fire Chief or Fire Marshal, other systems or components pertaining to fire protection shall be maintained.
- f. When water-based fire protection systems are required to be kept in service in a vacant building, it will be acceptable to have the system inspected and tested on an annual basis following the procedures set forth in NFPA 25 as adopted in the Florida Fire Prevention Code current edition.
- g. For those facilities found unsecured or in violation of requirements pertaining to vacant buildings, the property owner/representative shall be notified in accordance with the procedures set forth in Section 2.4 Enforcement .

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Fire Hydrant Testing, Acceptance and Maintenance			
Section:	Fire Prevention - Water Supply			
SOG #:	340.01	Page:	1 of 3	
Effective Date:	July 5, 2010	Revision Date:	November 1, 2013	
Authorized By:	Kimberly A. Neisler, Fire Chief <i>Kimberly A. Neisler</i>			

1. PURPOSE:

To establish a guideline for the testing, acceptance, and maintenance of fire hydrants within the City limits of Maitland.

This procedure is to be followed for all public and private fire hydrants. This guideline is applicable to all members of the Department involved in these activities. Authority to deviate from this procedure rests with the Fire Marshal, Fire Chief or their designee, who is solely responsible for the results of any deviation.

2. PROCEDURE:

a. Testing and Acceptance of New Fire Hydrants:

1. Testing and acceptance of new fire hydrants, public or private, will be accomplished by the Fire Marshal or his/her designee. Tests will be accomplished per the guidelines established in NFPA 291, Recommended Practice for Fire Flow Testing and Marking of Hydrants, as adopted in the Florida Fire Prevention Code, current edition.
2. Testing should be made during a period of ordinary demand. Testing should also consist of discharging water at a measured rate of flow from the hydrant(s) designated for acceptance testing and observations of the corresponding pressure drop in the mains shall be made and recorded.
3. Pressure data gathered during testing shall be utilized to calculate the discharge results in gallons per minute. The calculation methods used shall be those listed in the applicable edition of NFPA 291.
4. Pressure readings and flow data will be forwarded to Maitland Public Works Water Department via e-mail for record. In addition an estimate of the amount of water flowed during testing will be included with the test data.
5. Maitland Public Works Water Department will assign a hydrant tracking number to all new hydrants, log their location and the number into the data base, and will stamp mark all new hydrants with their individual tracking number.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Fire Hydrant Testing, Acceptance and Maintenance		
Section:	Fire Prevention - Water Supply		
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6. Once the discharge flow has been established, the installer will be instructed by the Fire Marshal as to the color coding of the large “steamer” port cap. Color coding shall be as outlined in Section 5.1, NFPA 291. In addition, to the color coding for calculated flow, public fire hydrant bodies will be painted silver and privately owned fire hydrant bodies will be painted red in accordance with Sec. 6-16 (p), Maitland City Code of Ordinance.
- b. Inspection, Testing and Maintenance of Existing Fire Hydrants
1. Inspection, testing, and maintenance of existing **public** fire hydrants will be accomplished by fire rescue personnel as prescribed per Florida Statute 633, s. 633.082.
 2. Fire Rescue personnel shall be trained in test procedures set forth in NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, as adopted in the Florida Fire Prevention Code, current edition.
 3. At least once each year fire hydrants shall be fully opened and flowed for a minimum of one (1) minute.
 4. Hydrants shall be lubricated annually to insure all stems, caps, plugs, and threads are in proper operating condition.
 5. Fire hydrants found to be in need of servicing or repair will be reported to the Maitland Public Works Water Department via e-mail and will be identified with an approved label or placard attached to the hydrant.
 6. Inspection, testing, and maintenance of existing **privately owned** fire hydrants will be accomplished by certificate holder of a fire protection system Contractor I, Contractor II, or Contractor V or permittees employed by the certificate holder as prescribed per Florida Statute 633, s. 633.082 and pursuant to Florida Statute 633, s. 633.521
 7. Reports of the inspection, testing, and maintenance conducted by a certificate holder or permittees employed by the certificate holder shall be provided to the building owner or fire hydrant owner and Maitland Fire Rescue as prescribed in Florida Statute 633, 633.082.

Maitland Fire Rescue Department

Standard Operating Guidelines

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8. Fire hydrants found to be in need of servicing or repair will be addressed by the property or fire hydrant owner or their certificated Contractor. Fire hydrants which are nonfunctional shall be tagged with a red tag stating "Nonfunctional" and shall be immediately reported to the Maitland Fire Rescue Department.

9. For those hydrants which are reported to the Maitland Fire Rescue Department as in need of service or repair, the Fire Marshal will follow up with the property or hydrant owner to insure corrective actions are taken and the water supply is maintained in full working condition.

Maitland Fire Rescue Department

Standard Operating Guidelines

Title:	Nuisance/False Automatic Alarms			
Section:	Fire Prevention – Fire Inspection Program			
SOG #:	350.01	Page:	1 of 3	
Effective Date:	November 1, 2013	Revision Date:		
Authorized By:	Kimberly A. Neisler, Fire Chief		<i>Kimberly A. Neisler</i>	

1. PURPOSE:

To reduce the reoccurrence and number of nuisance/false automatic alarm system activations within the City of Maitland and establish procedures for the review of automatic alarm activations, notification of responsible parties for those activations identified as nuisance/false activations and if necessary, assessment and collection of fees associated with nuisance/ false fire alarms.

2. ADMINISTRATION:

The Fire Marshal shall oversee all automatic fire alarms in the City of Maitland and shall give specific attention to measures that reduce nuisance and false alarm activations.

3. PROCEDURE:

- a. Maitland City Code allows for three activations of automatic alarms that are of a false/nuisance definition within a six-month period. The City code defines a false/nuisance alarm as, "The activation of a fire or medical alarm by any means which does not represent the designed condition." (Sec. 6-65)
- b. Alarm activations shall be reviewed by the Fire Marshal weekly utilizing the NFIRS AFA Review with Notes program found on the City MatraNet under Fire/Rescue Departments and Divisions.
- c. After review of the alarm activation data and determination of a nuisance/false alarm activation, written notice of the determination of nuisance/false alarm shall be provided to the property owner/representative via US Mail or E-mail as appropriate.
- d. The property owner/representative will be directed to provide an explanation of the alarm or details of actions taken to address the cause of the alarm. The explanation or actions taken shall be documented on a response form provided by the department which shall accompany the written notice of nuisance/false alarm activation.

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Title:	Nuisance/False Automatic Alarms		
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- e. There will be no fee charged for a first, second or third response to a premise within a six-month period for a nuisance/false fire alarm.

4. ENFORCEMENT

- a. For a fourth nuisance/false alarm activation within six months of the third documented alarm, a fee of \$400 shall be charged. For all succeeding responses within six months of the last response, a fee of \$250 for each response shall be charged.
- b. When a fourth or subsequent nuisance/false alarm(s) are received, an e-mail or memorandum is prepared by the Fire Marshal and forwarded to the Finance Department requesting that an invoice be sent to the property owner, or property manager with a copy to the property owner.
- c. The e-mail or memorandum is to include: address of premises in violation, name and address of the property manager and/or owner, dates of incidents being charged for and Fire Incident numbers. The invoice will call for all funds to be remitted to the *Maitland Fire Rescue Department, Attention: Fire Marshal*, within 30 calendar days from the date of receipt.
- d. The Finance Department will send an invoice to the property manager and/or owner as outlined above by US mail with the return address being that of the Maitland Fire Rescue Department to the attention of the Fire Marshal.
- e. When payment is received by the Fire Rescue Department it will be documented, a copy of which shall be placed in the facility address file and the payment will be forwarded to the Finance Department for proper deposit and credits in the MUNIS financial computer program.
- f. If payment is not received within the 30 day timeframe, a second invoice will be issued by the Finance Department with a remittance date within 15 calendar days from the date of receipt.
- g. If payment is not received after the second invoice, the code enforcement process shall be initiated by the Fire Marshal. Said notice to the Property Owner of Record shall be as found in the Orange County Property Appraisers web site in accordance with the procedures outlined in Florida Statute 162 and Maitland City Code Chapter 5.3, Code Enforcement.

Maitland Fire Rescue Department

Standard Operating Guidelines

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- h. A Notice of Violation will be prepared by the Fire Marshal and sent certified mail. A copy of the Notice of Violation will be given to the Code Enforcement Officer.
1. If payment is received within an allotted timeframe, it shall be processed as previously identified.
 2. If payment is not received, the violation continues and the Fire Marshal shall refer the case to the Code Enforcement Special Magistrate for a hearing in accordance with the procedures outlined in Florida Statute 162 and Maitland City Code Chapter 5.3, Code Enforcement.

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Employee Injuries	110.06	November 1, 2013
Employee Medical Records	220.12	November 1, 2013
EMS Operations	220.01	November 1, 2013
EMS Performance Measures	220.25	April 1, 2015
Engine Retarding Systems	250.04	November 1, 2013
Equipment Retrieval	220.03	November 1, 2013
Escape/Repelling, Roof Top	130.10	November 1, 2013
Extrication, Vehicle	230.10	November 1, 2014

<u>Subject</u>	<u>Section</u>	<u>Last Update</u>
Financial Administration	110.25	November 1, 2013
Fire Department Budget Preparation	110.26	November 1, 2013
Fire Hydrant Testing, Acceptance & Maintenance	340.01	November 1, 2013
Fire Inspection Program	330.01	November 1, 2013
Fire Investigations	320.01	November 1, 2013
Firefighter Injury Notification	110.30	November 1, 2014
Funerals / LODD (OPS)	110.29	November 1, 2014
Gas Monitors, Training & Safety	130.11	November 1, 2014
General EMS Operations	220.01	November 1, 2013
General Fire Suppression Operations	210.01	November 1, 2013
Handling Patients' Belongings or Assistive Devices	220.23	April 1, 2015
Hazardous Materials Alert (OPS)	220.19	November 1, 2013
Hazardous Materials Incidents, Response to	230.05	November 1, 2013
Helicopter Request (OPS)	230.09	May 1, 2014
High Rise Structural Fire Response	210.02	November 1, 2013
HIPAA Forms	220.13	November 1, 2013
Honor Guard	110.27	November 1, 2013
Hospital & Report Procedures	220.04	November 1, 2013
Hydrant Testing, Acceptance & Maintenance	340.01	November 1, 2013
Incident Command	110.01	November 1, 2013
Incident Photos, Recordings & Personal Camera Use	210.11	November 1, 2013
Incident Rehabilitation	210.10	November 1, 2013
Infection Control Program	220.07	November 1, 2013
Injuries, City Employees	110.06	November 1, 2013
Inventory of Tools & Equipment	250.03	November 1, 2013
LODD / Funerals (OPS)	110.29	November 1, 2014
Manifold Ops / Dry Hydrant	250.05	November 1, 2013
Marine Rescue Operations	230.01	November 1, 2013
Mayday Activation (OPS)	210.04	November 1, 2013
Media Contact and Public Information	110.04	November 1, 2013
Medical Director Meetings	130.03	November 1, 2013
Medical Records of Employees	220.12	November 1, 2013
Medication Delivery	220.28	April 1, 2015
Medication/Fluid Storage & Security	220.02	April 1, 2015
Member Development Program	130.01	April 1, 2015
Multi-Casualty Incident (MCI) Response	220.18	November 1, 2013
Mutual Aid Response/ Automatic	240.02	November 1, 2013
Near Miss Training/Reporting	130.09	November 1, 2013
New Member Orientation Program	130.02	November 1, 2014
Newborn, Abandoned	220.15	November 1, 2013
NFIRS Incident Reporting	210.09	November 1, 2013
Non-Emergency Transports	220.06	November 1, 2013
Nuisance/False Automatic Fire Alarms	350.01	November 1, 2013

<u>Subject</u>	<u>Section</u>	<u>Last Update</u>
Occupational Health & Safety Program	130.04	November 1, 2013
OPS Group Hazardous Material Alert	220.19	November 1, 2013
OPS Group Mayday Activation	210.04	November 1, 2013
OPS Group Rapid Intervention Team (RIT)	210.13	November 1, 2013
OPS Group Requesting Law Enforcement at Violent Scenes	240.06	November 1, 2013
Orientation Program, New Member	130.02	November 1, 2014
Overtime & Staffing	110.23	November 1, 2013
Packages/Shipments, Receiving and Disbursement	110.11	November 1, 2013
Pager Requirements	110.13	November 1, 2013
Patient Care Report Access, Security & Disclosure	220.10	November 1, 2013
Patient Care Reports, Electronic	220.09	November 1, 2013
Patient Request for Protected Patient Health Information	220.11	November 1, 2013
Patient Signature Form	220.05	November 1, 2013
Patient Transports	220.17	November 1, 2013
Performance Measures/EMS	220.25	April 1, 2015
Personal and Sick Leave	110.15	November 1, 2013
Personal Protective Equipment Selection, Inspection & Maint	130.12	November 1, 2014
Personal Visits & Phone Calls	110.10	November 1, 2013
Personnel Accountability System Usage	210.07	November 1, 2013
Personnel Administration	110.22	November 1, 2013
Physical Fitness Program	130.05	November 1, 2013
Post Incident Analysis (PIA)	130.08	November 1, 2013
Procurement Card Usage	110.24	November 1, 2013
Promotional Requirements	110.14	November 1, 2014
Public Education Requests	310.01	November 1, 2013
Public Information and Media Contact	110.04	November 1, 2013
Public Safety	220.24	April 1, 2015
Quality Assurance Program	220.14	January 1, 2015
Radio Communications	240.01	November 1, 2013
Rapid Intervention Teams (RIT) (OPS)	210.13	November 1, 2013
Receiving and Disbursement of Packages/Shipments	110.11	November 1, 2013
Reclassification to Paramedic Grade Levels	110.18	November 1, 2013
Records Retention	110.32	April 1, 2015
Red Flag Rules	110.05	November 1, 2013
Rehabilitation	220.26	April 1, 2015
Report (Hospital) Procedures	220.04	November 1, 2013
Reporting Critical Failure	220.21	April 1, 2015
Request for Public Education	310.01	November 1, 2013
Requesting Law Enforcement at Violent Scenes (OPS)	240.06	November 1, 2013
Requesting Shift Reassignment	110.16	November 1, 2013
Respiratory Protection Plan	210.08	November 1, 2013
Response to Automatic Fire Alarms	210.06	November 1, 2013
Response to Hazardous Materials Incidents	230.05	November 1, 2013

<u>Subject</u>	<u>Section</u>	<u>Last Update</u>
Response to Suspected Clandestine Drug Labs	230.07	November 1, 2013
Response to Weapons of Mass Destruction	230.04	November 1, 2013
Ride Alongs	110.28	November 1, 2013
Roof Top, Escape/Repelling	130.10	November 1, 2013
Safe Restraint & Transport of Children in Emergency Vehicles	220.27	April 1, 2015
SCBA Repair & Maintenance	250.06	November 1, 2014
Security, Apparatus	220.20	April 1, 2015
Sharps Containers	220.16	November 1, 2013
Sick and Personal Leave	110.15	November 1, 2013
Single Gas Monitors, Training & Safety	130.11	November 1, 2014
Smoking / Tobacco Usage	110.17	November 1, 2013
Staffing & Overtime	110.23	November 1, 2013
Station Security	110.09	November 1, 2013
Sunrail Emergencies	230.08	November 1, 2014
Tattoos and Body Art	110.20	November 1, 2013
Technical Rescue Response	230.03	November 1, 2013
Time Trades	110.12	November 1, 2013
Traffic Cones	210.12	November 1, 2013
Traffic Safety Vests	130.06	November 1, 2013
Transport of Children in Emergency Vehicles & Safe Restraint	220.27	April 1, 2015
Transports, Non-Emergency	220.06	November 1, 2013
Uniforms	110.19	November 1, 2013
Use of Available / Alternative Water Supplies	210.05	November 1, 2013
Vehicle Extrication	230.10	November 1, 2014
Vehicle Fires	210.03	November 1, 2013
Vehicle Operations	250.01	November 1, 2013
Vehicle Placement for Safety	130.07	November 1, 2013
Violent Scenes, Requesting Law Enforcement (OPS)	240.06	November 1, 2013
Water Supply	210.05	November 1, 2013

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Our family helping yours — whatever it takes.

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