



Benchmark Dates & Events for

Newly Hired Full Time Firefighter/Paramedics



Day 1-14	Day 15-Day 45	Day 46 to end of Month 3	Month 4 to end of Month 6	Month 7 to end of Month 9	Month 10 to end of Month 12	One Year of Employment completed
<ul style="list-style-type: none"> ▪ Two-week orientation following orientation plan ▪ Complete initial performance review ▪ Server as third member of ambulance crew 	<ul style="list-style-type: none"> ▪ Serve as second member of ambulance crew ▪ Complete EMS checklist 	<ul style="list-style-type: none"> ▪ Complete New Member checklist 	<ul style="list-style-type: none"> ▪ Complete quarterly performance review for previous three months ▪ Complete Minimum Standards ▪ Complete Member Manual checklist 	<ul style="list-style-type: none"> ▪ Complete quarterly performance review for previous three months ▪ Complete Module A of driver training program 	<ul style="list-style-type: none"> ▪ Complete entire driver training program 	<ul style="list-style-type: none"> ▪ Complete annual performance review ▪ Begin Fire Fighter 3/ Advanced Firefighter program
<p>Before end of first year of employment, attend course then obtain state certification for:</p> <ul style="list-style-type: none"> ▪ Fire Apparatus Engineer ▪ Hazardous Materials Operations ▪ Airport Firefighter <p>Before end of fifth year of employment, attend course then obtain state certification for:</p> <ul style="list-style-type: none"> ▪ Advanced Technician FF ▪ Vehicle and Machinery Operations ▪ Rope Operations ▪ Water Operations 						



Benchmark Dates & Events for

Newly Academy-Graduated Paid-On-Call Firefighters



<p>Day 1-5</p> <ul style="list-style-type: none"> Follow 5-day orientation plan Complete initial performance review 	<p>Day 16-Day 90</p> <ul style="list-style-type: none"> On shift Assigned to fire company as extra member Complete EMS checklist Complete New Member checklist 	<p>Month 4 to end of Month 6</p> <ul style="list-style-type: none"> Complete quarterly performance review for previous three months Complete Minimum Standards Complete Member Manual checklist 	<p>Month 7 to end of Month 9</p> <ul style="list-style-type: none"> Complete quarterly performance review for previous three months 	<p>Month 10 to end of Month 12</p> <ul style="list-style-type: none"> Complete Module A of driver training program (non-emergency driving) 	<p>One Year of Employment completed</p> <ul style="list-style-type: none"> Complete annual performance review
<p>Before end of second year of employment,</p> <ul style="list-style-type: none"> Complete entire driver training program <p>And attend course then obtain state certification for:</p> <ul style="list-style-type: none"> Fire Apparatus Engineer Airport Firefighter <p>Before end of fifth year of employment, attend course then obtain state certification for:</p> <ul style="list-style-type: none"> Advanced Technician FF Vehicle and Machinery Operations Rope Operations Water Operations 					



Benchmark Dates & Events for

Newly Hired Part Time Firefighter/Paramedics



Day 1-30	Day 31-Day 90	Month 4 to end of Month 6	Month 7 to end of Month 9	Month 10 to end of Month 12	One Year of Employment completed
<ul style="list-style-type: none"> ▪ Follow orientation plan ▪ Complete initial performance review ▪ Server as extra member of engine and ambulance crew 	<ul style="list-style-type: none"> ▪ On shift ▪ Ideally assigned to fire company ▪ Complete EMS checklist ▪ Complete New Member checklist 	<ul style="list-style-type: none"> ▪ Complete quarterly performance review for previous three months ▪ Complete Minimum Standards ▪ Complete Member Manual checklist 	<ul style="list-style-type: none"> ▪ Complete quarterly performance review for previous three months ▪ Complete Module A of driver training program 	<ul style="list-style-type: none"> ▪ Complete entire driver training program 	<ul style="list-style-type: none"> ▪ Complete annual performance review
<p>Before end of second year of employment, attend course then obtain state certification for:</p> <ul style="list-style-type: none"> ▪ Fire Apparatus Engineer ▪ Airport Firefighter <p>Before end of fifth year of employment, attend course then obtain state certification for:</p> <ul style="list-style-type: none"> ▪ Advanced Technician FF ▪ Vehicle and Machinery Operations ▪ Rope Operations ▪ Water Operations 					



New Member

Task Book





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Orientation Benchmarks

- New Member Paperwork from Administrative Secretary**
Includes photo, Intro to Chiefs, and other items on log
- Orientation PowerPoint**
- Review of Member Manual**
- Go over this checklist's purpose and plan**
- SCBA & APR fit tests**
- Issue PPE**
- Issue uniforms**
- Tour of both stations**
- Tour of district**
- Video from MSA**
 - WAIVED: This new member uses MSA MMR SCBA at other FD**
- SCBA donning practice following JPRs**
- Education on Fire District's Respiratory Protection Program**
- Education on Fire District's HIPPA Compliance Program**
- Education on Fire District's Infection Control Program**
- In depth orientation of ambulance**
- In depth orientation of E9**
- Practical: Attack hose bed following JPRs**
- Practical: Supply hose bed following JPRs**
- Education on Fire District's Driver training**
- Education on Fire District's Traffic Safety Plan & Vest Policy**
- In depth orientation of Truck 9 following JPRs**
- In depth orientation of Tanker 9 following JPRs**
- Water supply SOG following JPRs**



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INTRODUCTION

Congratulations and welcome to the ranks of the Prospect Heights Fire District. Deputy Chief Smith is the training officer and oversees all matters regarding procedures and equipment. If you have any questions see him.

All newly hired full-time, part-time, and paid-on-call firefighters must complete each portion of this checklist within the time frame contained within this document.

Please note:

- Only **YOUR** assigned **BATTALION CHIEF** may make the final sign off of the entire list.
- Any OFFICER or acting office may sign off the items on this checklist. You may work with lieutenants or firefighters but final sign-off of the entire checklist must occur by the battalion chief.

PART-TIME MEMBERS: The FAE bonus and the 12-month step increases in pay will not be granted until this checklist is completed.

PAID-ON-CALL MEMBER:

- Shifts run from 6AM until 6PM and 6PM until 6AM.
- You must complete a minimum of 240 hours evenly distributed over each 90-day ride-along period. The ride-along period is a minimum of 90 days and a maximum of six months.
- Only one probationary member may be on duty per apparatus per shift per station.

FINAL SIGN-OFF BY BATTALION CHIEF

- All pages complete
- Recruit's NAME is on every page
- Every page is dated and signed by evaluator

FINAL SIGN-OFF BY BATTALION CHIEF:

Reviewed by Training Officer:



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MISSION of the Prospect Heights Fire Protection District

Our mission to the citizens and visitors of the Prospect Heights Fire Protection District is two-fold: first, to prevent injury and loss of life due to fire and accident, both natural and man-made; and second, to prevent loss or damage to their property and environment. We do this through education and enforcement of safe practices. When a fire or accident occurs, we pledge to respond to all life and property threatening emergencies within our fire protection district and attempt to effect rescue of human life first, control of fire or hazard second, and conservation of property and environment third. Further, we will respond to all reports of injury and illness to people within our fire protection district and provide appropriate pre-hospital emergency medical care consistent with currently accepted standards and practices.



Our values and vision are intended to help both our members and the public understand how and why we conduct the “business” of the fire district.

**Service – Courage – Dedication –
Tradition – Sacrifice –
Brotherhood
*These are our pillars***



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VALUES

- We are a full service emergency response organization and understand that people call the fire department when they do not know whom else to call or when no one else can help them. We provide fire suppression and prevention, rescue, emergency medical service, hazardous materials response and other related services in the best and safest possible manner.
- Our leaders and staff are committed to carrying out the mission of the fire district. Our members are our greatest assets. Members of the fire district need to want to be members, enjoy their work and be proud of themselves, their fellow members and the fire district's equipment and facilities.
- We want our members to do the right thing, the thing that brings pride to themselves, the fire district, and the public we serve.
- The brotherhood of being a firefighter is as important to fulfilling our mission as all other factors. Brothers are part of a family and the fire district is that family.
- Planning and preparation are key elements and a continuous and ongoing effort of insuring our ability to meet our stated mission.
- We provide all services without discrimination based on race, religion, ethnic background, socio-economic issues or regard to any person's ability to pay.
- The citizens, their guests and visitors of the fire district are our customers. We have only one chance to make a first impression on our customer. Requests for reasonable accommodations for facility use and service requests are forwarded to command staff that seriously considers such requests.
- We respect and treat others and ourselves the way they and we want to be treated. Harassment due to race, religion or sex, violence to persons or property, the misuse of alcohol or drugs, or other bad behavior is not allowed or tolerated. Hazing of new members is not permitted. Diversity among all our members is one of our strengths. Be nice to everyone you interact with, even the annoying or frequent customer.



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- Officers set the example, provide direction and leadership, and carry out the required duties. Officers treat subordinates fairly. Facts and circumstances are used to guide leadership, management and fair disciplinary practices. Officers recognize that true friends do not ask them to side step their professional, ethical or moral responsibilities.

- Completion of minimum standards or certification programs is the beginning, not the end, of every member's fire and emergency service education.
- We understand and accept certain risks of our professions:
 - ▶ *When there is a realistic potential to save a threatened life we will attempt rescue with great risk of injury to firefighters in a calculated and reasonable manner.*
 - ▶ *When there is a realistic potential to save property we will attempt fire control with some risk of injury to firefighters in a calculated and reasonable manner recognizing that no structure is worth the life of a firefighter.*
 - ▶ *When it is clear to us that there is no realistic possibility of saving any life or property we will not risk injury to any firefighter and focus efforts on defending persons or property not threatened or exposed to hazard.*



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VISION

In order to fulfill our mission we pledge to learn from our past, train for the present, and plan for the future.

- We are a unique organization: We use many part-time employees and have hazards and challenges that few other fire departments face. We are able to provide the needed service due to the talent, education, training and dedication of all our members.
- Our facilities, vehicles and equipment are the best that our taxpayers can afford with our members maintaining it in clean and ready state. Our members recognize that “your mother does not work here.”
- We are current on trends, practices and events that drive and steer the efforts of modern fire departments and emergency medical services.
- Training and education, both initial and continuing, are key to insuring members are skilled, knowledgeable and best prepared to respond and serve our customers. Members keep themselves healthy and physically fit in order to perform their duties under emotional and physically demanding and changing conditions.
- Our members are committed and self-disciplined professionals who are polite, clean, helpful, cheerful persons that embrace our mission and values, and follow our rules, policies and procedures. They possess a “can-do” attitude. “Good enough” is not in our vocabulary.
- The organization and its members are not perfect but strive for improvement everyday and after each incident.
- We are all unique individuals who form this team. “I” and “me” are replaced by “us” and “we.”



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FIREFIGHTER EMPOWERMENT

***Always attempt to execute a standard
problem-solving outcome:***

- ↪ Is it the right thing for the customer?
- ↪ Is it the right thing for our fire district?
- ↪ Is it safe, legal, ethical and nice?
- ↪ Is it something that would look appropriate to others?
- ↪ Is it on your organizational level?
- ↪ Is it something you are willing to be accountable for?
- ↪ Is it consistent with our fire district's mission, values, vision and policies?

***If the answer to all the above is YES then don't
ask permission***

JUST DO IT!



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Some Old Fashioned Ideas Never Go Out of Date!

Our citizens are the most important person is our business.

Our citizens are not dependent on us.
We are dependent on them.

Our citizens are not an interruption to our work.
They are the purpose of our work.

Our citizens do us a favor when they call us.
We are not doing them a favor by responding to their call or question.

We expect our Citizens to come to us with needs and it is our job to fill
those needs.

Our Citizens pay our wages.
Without the taxpaying citizen we would be out of business.

Our Citizens deserve the most courteous attention we can give.

**Each of us need to say to our citizens:
“THANK YOU FOR CALLING US TO HELP.
It has been our pleasure.”**



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Prospect Heights Fire District Probationary Firefighter Performance Expectations

Work Ethic

- Actively seeks academic and technical knowledge for self-improvement
- Completes tasks assigned without shortcuts and without repeating of tasks
- Work is complete, thorough, and done in a professional manner
- Actively seeks out additional work as it improves the teams ability to thrive
- Accomplishes tasks or goals with a safety first attitude
- Keeps commitments and meets deadlines
- Can be trusted with confidential information
- Can be trusted with the property of others

Judgement & Problem Solving

- Makes reasonable and safe decisions when attempting to accomplish a task or solve a problem
- Approaches problems in a safe, logical and well thought-out fashion
- Seeks pro-active solutions to problems
- Applies critical thinking skills to complex and varied situations

Time Management

- Consistently punctual and completes assignments on time
- Manages work so that quality of work is satisfactory and not hurried, incomplete or overwhelming to self and team

Teamwork / Interpersonal Skills

- Places the success of the team above self-interest
- Effectively works with others in order to accomplish tasks or solve problems
- Offers to help other company members
- Understands and follows chain-of-command
- Is courteous and respectful of peers and supervisors
- Does not undermine team
- Helps and supports other team members

Adaptability / Stress Management

- Remains calm in stressful situations
- Adapts behavior in order to deal with changing situations in a safe manner
- Adapts behavior in order to accomplish individual and department goals
- Recognizes symptoms of stress in self and others and seeks to deal with stress appropriately
- Communicates with others to resolve problems
- Remains flexible and open to change



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Practical Competence / Physical Ability

- Demonstrates a desire to develop skills that are above minimal performance levels
- Can accomplish multiple tasks in succession
- Can retain and recall previously mastered skills
- Strives to improve practical abilities
- Knows all applicable safety behaviors and actions related to practical skills
- Maintains a high level of physical fitness, dexterity, flexibility and strength through on-going fitness program participation

Communication

- Uses appropriate tone of voice
- Articulates in a clear, logical and understandable manner
- Displays confidence in message
- Is persuasive and makes a positive impression
- Demonstrates appropriate non-verbal communication techniques
- Avoids letting stress control a communication process or method
- Writes legibly using correct grammar and punctuation
- Listens actively

Initiative / Motivation / Decisiveness

- Accomplishes tasks or goals without being ordered, coerced or motivated by others
- Demonstrates desire for personal and professional development
- Makes decisions definitively and consistently

Empathy

- Shows compassion for others and responds appropriately to heightened emotional responses
- Demonstrates a calm, compassionate and helpful demeanor towards those in need
- Mindful of the impact of their demeanor on those in need, family, bystanders, and other members of the public

Community Awareness

- Exercises compassion and willingness to help persons in varied situations with varied backgrounds
- Is sensitive to individual and cultural differences
- Knows the role a member of DPF represents to the community

Appearance and Personal Hygiene

- Always clean, neat, well groomed and in good personal hygiene
- Always wears appropriate uniforms in excellent condition



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Prospect Heights Fire District DAILY INSTRUCTOR EVALUATION OF CANDIDATE Probationary Member Operational Readiness Period

Name of Candidate:	
Date	Evaluator
List training items completed this day:	

Scale	Not Applicable N/A	Unacceptable 1	Needs Work 2	MEETS EXPECTATION 3	Above Average 4	Excellent 5
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Work Ethic	N/A	1	2	3	4	5	Injuries Received/Reported:
Judgment	N/A	1	2	3	4	5	Areas for Concern:
Teamwork	N/A	1	2	3	4	5	
Time Management	N/A	1	2	3	4	5	
Skill Level	N/A	1	2	3	4	5	
Physical Ability	N/A	1	2	3	4	5	Provide examples of positive and negative performance observed throughout evaluation period.
Communication	N/A	1	2	3	4	5	
Initiative / Motivation	N/A	1	2	3	4	5	
Accepts Guidance	N/A	1	2	3	4	5	
Adaptability / Stress Mgt.	N/A	1	2	3	4	5	
Community Awareness	N/A	1	2	3	4	5	
Empathy	N/A	1	2	3	4	5	
Appearance	N/A	1	2	3	4	5	
Evaluator Signature / Date							



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Prospect Heights Fire District Probationary Firefighter Monthly Performance Review Form

Name of Probationary Firefighter being reviewed	
Period of Review: From _____ To _____	
Criteria for Evaluation:	Rating:
Member Manual	1 = Never/Poor/Far below standards of particular Member Manual document in most or all areas.
	2 = Sometimes/Below expectation/Certain areas of particular Member Manual document need improvement.
	3 = Regularly/Meets expectation/Meets standard(s) of particular Member Manual document but rarely if ever exceeds standard(s).
	4 = Above expectation/Exceeds standards or expectation on regular basis and in more than one area.
	5 = Exceptional or Excellent performance; Best practice and ideal behavior that other members should imitate.
	N/A = not applicable or not able
Any rating other than a 3 or N/A requires an explanation	
General knowledge of fire district operations as outlined in Section #1	
Compliance with Section #2, Rules and Regulations	
Compliance with Section #3, Policies and Procedures	
Compliance with Section #4, Standard Operating Procedures	
Compliance with Section #5, Operational Guidelines	
Compliance with Section #7 Minimum Standards	
Compliance with Section #8 Respiratory Protection Program	
Task Book Progress Report	
New Member Checklist	
EMS Checklist	
Member Manual Checklist	
JPRs/Minimum Standards	
Driver Training	
Non-Member Manual Dimensions observed	
Knowledge of fire district	
Knowledge of apparatus and equipment:	
Ability to interact with others (both members and non-members) both in station and on calls	
Ability to accept direction or criticism from others	
Ability to convey ideas, thoughts, opinions and information	
Ability to follow orders, take direction, and work in company versus free-lance	



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Ability to reason, think, use logic and interpret information in carrying out duties and assignments	
Ability to plan, manage and use time effectively to meet work assignments	
Thoroughness of daily duties Ability to proceed with task or assignment with little or no supervision Self-Motivation: Ability and desire to seek out and accept additional work	
Attitude towards safety	
Effectiveness under stressful situations	
Ability to have confidence in the member	
General, overall attitude towards organization	
Listed all Absences in Staff Activity records since the last performance review	
List any discipline issued since the last performance review.	
Strengths:	
Weaknesses:	
Areas in which member needs to train further:	
Supervisor's Comments	
Member Comments	
Member	Date
<i>By my signature I merely acknowledge and understand the issuance of this performance review. My signature does not necessarily imply my agreement with the statements made above.</i>	
Supervisor	Date
Staff member reviewing	



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**Copy of
FIREFIGHTER
PERFORMANCE
REVIEW FORM**



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1) DAILY ROUTINE FOR DUTY PERSONNEL

- a) Paperwork
- b) Daily and weekly apparatus checks
- c) Work orders

Demonstrates knowledge of how to complete each

Evaluated by: _____ Date _____

2) APPARATUS MAINTENANCE

- a) Daily checklists
- b) Ambulance & EMS equipment cleaning and disinfecting
- c) Weekly checklists
- d) Monthly SCBA check
- e) Monthly small tools maintenance

Demonstrates knowledge and skill of how to perform checklists:

Evaluated by: _____ Date _____

3) PASSPORT PROCEDURES

Demonstrates ability to Passport in and out when on duty:

Evaluated by: _____ Date _____

4) ALARM PROCEDURES

- a) Demonstrates ability to tone outs an alarm:

Evaluated by: _____ Date _____

- b) Demonstrates knowledge of vehicle staffing for various alarms:

- Code 1 & 2
- Code 3 hydranted eastside grids
- Code 3 in non-hydranted Station 9 grids
- Code 13s

Evaluated by: _____ Date _____

Reviewed by Training Officer:



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DAILY HOUSE CLEANING	Sign-Off by Officer
Empty Garbage <ul style="list-style-type: none">• Location of all cans	
Clean kitchen <ul style="list-style-type: none">• Dishwasher use• Fridge cleanout	
Clean bathrooms <ul style="list-style-type: none">• Clean sinks• Clean toilets and urinals• Clean mirrors	
Vacuum <ul style="list-style-type: none">• Location of vacuum• Areas requiring vacuuming	
Mop all tile floors <ul style="list-style-type: none">• Location of mop and bucket• Changing mop water• Areas requiring vacuuming	
Replace light bulbs <ul style="list-style-type: none">• Florescent lights• Exits lights• Outside lights	
Replace hand towels <ul style="list-style-type: none">• Location of dispensers• How paper towels fit in dispenser	
Laundry done <ul style="list-style-type: none">• Shop towel and turnout gear washer/dryer use• Uniform and bedding washer/dryer use	

Reviewed by Training Officer:



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WEEKLY HOUSEKEEPING	Sign-Off by Officer
GROUP 1 – MONDAY	
Vacuum bunkroom carpets	
Clean all office and bunkroom windows – inside and outside (remember windows in radio room @ 9 & front office @ 39)	
Launder all mattress covers	
Flip over all mattresses (flip 180 degrees)	
Clean and organize laundry area/room(s)	
Wipe down all lockers (include tops)	
Wipe down conference and training room tables and chairs	
GROUP 2 – TUESDAY	
Wash and squeegee apparatus floor	
Clean apparatus overhead door windows – inside and outside	
Drop all hose in tower and roll	
Organize hose tower	
GROUP 3 – WEDNESDAY	
Police outside of building picking up all trash and debris	
Mow lawn / Trim hedges / Pull weeds around building	
Test outside RED emergency phone	
Clean floor mats inside doorways	
GROUP 4 – THURSDAY	
Clean out and wipe down inside and outside of refrigerator	
Clean out and wipe down inside and outside of stove & oven	
Clean out and wipe down inside and outside of microwave	
Clean and wipe down coffee maker	
Clean out and wipe down inside and outside of all cabinets	
GROUP 5 – FRIDAY	
Clean and organize fitness area/room	
Mop floor in training room	
Scrub and wipe down all shower stalls	
Scrub then mop all bathroom floors	
Clean and wipe down bathroom walls and stall dividers	

Reviewed by Training Officer: _____



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COMPLETION OF FIRST ORIENTATION SHIFT BENCHMARKS

Conducts following:		Date performed & Battalion Chief initials
COMPUTER USE	Access, send and receive e-mails	
	Work Order submitted	
	Access general forms folder on computer	
	Access member manual folder on computer	
	Image Trend	



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RED CENTER OBSERVATION TIME CHECKLIST

INSTRUCTIONS TO MEMBER: When you schedule your three hours of observation time at RED take this checklist with you and have the dispatcher sign off the activities which you are able to observe. It is your responsibility to return this checklist into the training officer, not the dispatchers.

INSTRUCTIONS TO DISPATCHER AT RED: Please sign off each activity that the member is able to observe. If time permits, please explain each activity briefly to the member so he or she will further understand its function. Should you have any problem with the member please notify the Prospect Heights Battalion Chief. Thank you.

Activities observed	
9-1-1/citizen report of emergency	
Fire alarm received on alarm panel	
Trouble alarm received on panel	
Use of the computer	
Assignment of companies by grid	
Dispatch of companies to an alarm:	
Via radio	
Via in-house/Zetron system	
Use of radio tone encoder	
Dispatch of:	
Code 1	
Code 2	
Code 3	
Code 4	
Code 13	
MABAS/NIFERN dispatch	
Box alarm activity	

Comments:

Dispatcher



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SCBA



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SCBA DONNING RECORD

Every shift you will need to completely don an SCBA while in full PPE following the minimum standards/JPR checklist.

Shift	Date of ride-along	Method: Overhead or Jump-Seat	Pass?	Lieutenant's Signature
#1				
#2				
#3				
#4				
#5				
For POCs or new MSA users	#6			
	#7			
	#8			
	For #9 and #10, uses SCBA from Truck 9 with Extendaire set-up. After donning, hooks up SCBA to air connection on aerial platform			
	#9			
	#10			

Skill	Date Completed	Lieutenant's Signature
1. Demonstrate daily/weekly check		
2. Demonstrate after use check		
3. Demonstrate proper cleaning of facepiece including removal of heads-up display		
4. How to fill 4500 PSI SCBA cylinder using cascade		
5. How to check oil on compressor		

Reviewed by Training Officer: _____



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Below are the Key Points of the MSA FireHawk SCBA.

1) Introduction (1)

- a) The new MSA SCBA units are an improvement (from your current MSA packs) due to the following reasons:
 - i) New NFPA standards on SCBA (i.e., redundant alarms, performance)
 - ii) New technology (i.e., integrated PASS, lighter weight cylinders)
 - iii) Safety (i.e., sanitation, hygiene – hepatitis, improved voice communication)
 - iv) Improved work practices (i.e., HEADS-UP DISPLAY – heads up display, URC, RIT pack and hose, Extend-air fittings, Air Frame harness)

2) SCBA Orientation (2)

- a) Cylinders – (4,500 PSI, big and small profiles) carbon/graphite (4 pounds lighter than the typical fiberglass cylinders), gauge, valve assembly, luminescent band (Note: 100 PSI = 1 minute of air or 200 PSI = 1 minute of air)
- b) Harness – New Air Frame (made of composite and new handles), chest, waist, and shoulder straps (soft goods –Kevlar/Nomex), parachute friction buckles and waist straps.
- c) Alarms (3) – ICM 2000(redundant low air alarm, integrated PASS alarm powered by 9 volt battery, and remote gauge) and Audi-alarm (primary alarm with audible bell).
- d) Regulators (1st and 2nd stages) – Push to connect (PTC) Firehawk MMR donning/shutoff switch, red by-pass control knob, and release tabs
- e) Facepiece (Ultra Elite) – speed-on webbing, inhalation valve (with check valve), exhalation valve, speaking diaphragm, and nose cup. In addition, the Nightfighter HEADS-UP DISPLAY has been retrofitted to all their facepieces.
- f) Transfill/URC system – female and male URC fittings and RIT accessories
- g) Extend-air fittings – allows for multiple users to be connected to one breathing system (buddy breathing option)



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3) Cleaning and Disinfecting (3)

- a) Only clean any SCBA parts with mild soap and water (excluding the Nightfighter HEADS-UP DISPLAY system). Only disinfect any SCBA parts with MSA approved cleaner/disinfectant. Never use any of the following products on any SCBA parts:
 - i) Alcohol
 - ii) Bleached based products
 - iii) Firehouse cleaners

- b) Disinfect any SCBA unit with cleaner disinfectant when the following conditions are encountered:
 - i) Whenever a facepiece is shared with another user or victim
 - ii) Whenever any part of the entire SCBA unit (including the facepiece) becomes contaminated

- c) The bottle and harness assembly is routinely cleaned (using mild soap and warm water).

- d) The Nightfighter HEADS-UP DISPLAY must be removed (single screw) if the facepiece is being immersed (dunk and sloth) in water.

- e) The nosecup is removable (for ease of cleaning), but must be placed back in the facepiece (before the facepiece is returned to full service). The nosecup is critical because it channels your voice to the speaking diaphragm, it reduces the buildup of carbon dioxide from exhaled air, and it prevents fogging of the facepiece lens.

- f) All SCBA components that are cleaned (using soap and/or disinfectant) must be thoroughly rinsed and make sure that all water is removed. (Really emphasize this!!)



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4) Operation of the ICM 2000.

- a) Features
 - i) Anti-motion activation of the PASS
 - ii) Emergency activation of the PASS
 - iii) Low pressure alarm (both ICM 2000 and Audi-alarm)
 - iv) Pre-alarms and levels of alarm
- b) How to reset an ICM PASS in the pre-alarm mode.
- c) Review the shutdown operations of the ICM 2000.
- d) Operations of the ICM 2000 as a standalone PASS (with the air supply off).

5) Transfill/URC fittings and RIT Accessories (5)

- a) Only MSA's Transfill/URC system move air in both directions. All other SCBA manufacturers have a fitting that only moves air toward the bottle (same outer housing with different guts).
- b) How the Transfill/URC system works using Rescueaire II RIT pack.
- c) How to make the connection with the RIT Pack (Rescue Air Two system) and the Transfill/URC fitting.

6) Extend-Air Fittings (6)

- a) Extend-air fittings are only located on the six Truck 9 packs.
- b) Review the operation of the extend-air fittings (in the normal operational position). Note the second fitting located at the connection block.
- c) In an emergency situation, the victim can disconnect his extend-air fittings (from his/her unit) and connect to the rescuer's unit (at the rescuer's extend-air block). The victim should be located on the left (heart/regulator) side of the rescuer.
 - i) Both victim and rescuer should immediately leave the IDLH environment.



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Copy of Respiratory Protection Program NEW MEMBER WORK BOOK



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EMS



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New Paramedic EMS Checklist

New Paramedic Orientation Applies to:

- Newly hired full time paramedics
- Part time members who become paramedics but do not attend the NWC program

Purpose:

This orientation process applies to the above paramedics who are already licensed in the state of Illinois and have been granted practicing privileges within the Northwest Community EMS system. This program is designed to orient the member paramedic to fire district EMS vehicles, practices, policies and procedures. The member paramedic shall be monitored in order to ensure that he/she possesses the minimum skill level to safely carry out his/her duties as a paramedic.

Procedure:

The assignment of preceptors shall be made by the member paramedic's Battalion Chief and the Deputy Chief of EMS. There will be a primary preceptor who will be responsible for completing the necessary documentation regarding the member paramedic's orientation period. Upon completion of this program the primary preceptor and member paramedic shall meet with the Battalion Chief and Deputy Chief. This exit meeting will consist of an evaluation of the member paramedic's knowledge/proficiency of fire district policies and procedures. Once all objectives are met with entry level competency the member paramedic can be assigned to the ambulance as a regular crew member able to work with less or equally experienced members.

Expectations during:

- 1) During the two-week new full-time member orientation serve as third member on ambulance and function as part of crew.
- 2) During the first month of shift assignment, serve as second member of crew under the direction on a preceptor or senior member.
 - a) Locate all System standards of practice for pre-hospital care within the agency, i.e. NWCEMSS SOPs, NWCEMSS Policy Manual, and all System forms.
 - b) Complete a thorough ambulance inventory using the current Standard Drug and Supply List, locating all components and checking all drugs and airway equipment for expiration dates.
 - c) Apply ECG leads and correctly interpret a rhythm strip on patients of various age groups.
 - d) Perform system-approved ALS interventions per NWC EMSS SOPs.
 - e) Receive orientation to and demonstrate the ability to use all EMS communications equipment used by the agency, including the VHF and UHF radios and all phone interfaces including ECG couplers.
 - f) Accurately call in the patient report on runs over the VHF, UHF radio and cellular phone.



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- 3) During months two and three of employment:
 - a) Drive the ambulance in accordance with all laws and regulations governing operations.
 - b) Locate and explain route to all primary and secondary hospitals to which the PHFD will transport patients.
 - c) Thoroughly document incidents on a System computer-generated run report using appropriate medical terminology in accordance with principles of medical documentation.
 - d) Serve as team leader on a minimum of five runs (5 ALS) and demonstrate the ability to comprehend, apply and evaluate clinical information relative to the role of an EMT-P in the NWC EMSS.
 - e) Demonstrate behavior consistent with professional and employer expectations of an EMT-P in the NWC EMSS.
- 4) After three months of employment, performs team leadership skills competently without coaching and meets affective objectives as stated on 3-month performance appraisal form.



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New Paramedic EMS Checklist

Equipment review	Date Completed & Preceptor's Initials
Ferno ambulance cot video	
Stryker chair video	
Drug log daily sign-off	
Monthly ambulance inventory conducted	
Use of oxygen cascade to refill D cylinders	
NWC policies to be reviewed:	Date Completed & Preceptor's Initials
A-5 Abandoned Newborn Protection	
C-2 Continuing Education Policy	
C-6 Controlled Substances on EMS Vehicles	
E-2 Non-Disposable Equipment Exchange	
I-2 Infection Control Measures/Communicable Disease Follow-up	
<i>Also review the PHFD Injury Report</i>	
I-3 Invalid Assists	
L-2 Safe Ambulance Operation: Use of Lights and Sirens	
T-2 Patient Transport/Selection of Receiving Facility	
V-2 Violence: Suspected Child Abuse and Neglect	
V-3 Violence: Suspected Elder Abuse and Neglect	
V-4 Violence: Domestic	
MCI Program to be reviewed:	Date Completed & Preceptor's Initials
1) START triage	
a) Review video and handout	
2) SMART triage tags & kit	
a) Open up kits and handle contents	
3) Our MCI management kit	
a) Open up kits and handle contents	
b) Discuss key positions of:	
i) Medical Group/Branch	
ii) Triage Unit/Group	
iii) Treatment Unit/Group	
iv) Transportation Unit/Group	
4) School Bus Incident Policy	
a) Forms	



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New Paramedic EMS Checklist

Location of Hospitals <i>How to get to ER at each</i>	Date Completed & Preceptor's Initials
1) Primary	
a) Northwest Community	
b) Glenbrook	
c) Advocate Lutheran General – Level 1 Trauma Center	
2) Second round/Mutual Aid	
a) Advocate Condell – Level 1 Trauma Center	
b) UNS Evanston – Level 1 Trauma Center	
c) UNS Highland Park	
d) Lake Forest	
e) Alexian Brothers	
f) UNS Skokie	
g) Advocate Good Shepherd	
h) St. Alexius	

Ambulance Driving	Date Completed & Preceptor's Initials
1) Assessment of past experience	
2) Review Operational Guideline 5-3-6 <i>Vehicle Operation</i>	
3) Didactic training	
4) Basic skills course	
5) Road time	
6) Final check off	



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New Paramedic EMS Checklist

EMS EQUIPMENT

1. JUMP BAG.
 - 1.1. Demonstrates knowledge of bag location and contents:
 - 1.2. Demonstrates correct procedure for assembling laryngoscope:
 - 1.3. Demonstrates correct use of bag valve mask devices including oxygen reservoir
2. OXYGEN.
 - 2.1. Demonstrates how to set liter flow on oxygen regulator:
 - 2.2. Demonstrates correct procedure for refilling oxygen cylinder:
 - 2.3. Demonstrates how to connect delivery devices to regulator & set liter flow on oxygen regulator:
3. Demonstrates how to remove and replace wall mounted oxygen flow meters.
4. Locates spare oxygen cylinders
5. DRUG BAG.
 - 5.1. Demonstrates knowledge of drug bag location:
 - 5.2. Demonstrates knowledge of inventory & various packaging forms:
6. SUCTION UNITS.
 - 6.1. Demonstrates knowledge of location:
 - 6.2. Demonstrates correct use of portable suction:
 - 6.3. Demonstrates correct use of onboard suction:
 - 6.4. Demonstrates cleaning of both suction units:
 - 6.5. Demonstrates correct storage of both suction units:
7. STAIR CHAIR/STRETCHER.
 - 7.1. Demonstrates knowledge of location:
 - 7.2. Demonstrates correct procedure for set-up into chair:
 - 7.3. Demonstrates correct procedure for set-up into stretcher:
 - 7.4. Demonstrates correct strapping of patient:
8. AMBULANCE COT.
 - 8.1. Demonstrates how to release and remove cot:
 - 8.2. Demonstrates how to level cot frame:
 - 8.3. Demonstrates how to adjust backrest on cot:
 - 8.4. Demonstrates how to place cot in ground level and bed height positions:
 - 8.5. Demonstrates how to strap in a patient:
 - 8.6. Demonstrates how to place cot in ambulance:
 - 8.7. Demonstrates correct body mechanics:
9. K.E.D.
 - 9.1. Demonstrates knowledge of location:
 - 9.2. Demonstrates how to apply KED:
10. Locates Infant/OB bag:
11. Locates PASG/MAST suits:



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- 12. Locates backboards:
- 13. Locates c-collars and head immobilizers

- 14. Locates Pro-splints:
- 15. Locates traction splint:

Completed under supervision of preceptor:	on (Date)
Reviewed by Training Officer:	



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Name of Member _____

ZOLL AUTOMATED EXTERNAL DEFIBRILLATOR - AED

AUDIENCE: All members of fire district.

INSTRUCTIONS TO EVALUATOR: Set the AED on a table then ask member to operate each feature. Provide minimal, if any, assistance.

INSTRUCTIONS TO FIRE FIGHTER: There is an AED in front of you. Perform a normal daily/weekly check and describe and demonstrate each feature.

Activity to be performed	Pass or fail?
Describe what to check as part of a daily/weekly check of the AED while performing same. <ul style="list-style-type: none"> ▪ Unit is clean, uncontaminated and damage-free. ▪ Case and carrying bag are damage free. ▪ Proper signal in status indicator window. ▪ AED stored with Adult pads plugged in. ▪ Spare set of Adult Staz-Padz ▪ Set of Peds Staz-Padz 	
Where is the status indicator window?	
What are the two messages in the status indicator/self-test window?	
What are the two possible problems with the AED if the red "X" is visible in the self-test window?	
What batteries do the AED use?	
How are the batteries changed?	
The lid/cover of the AED also serves as what device?	
Does this AED have a microphone that records voices in the vicinity of the AED?	
The time on the LCD display is what time? (Real, elapsed, daylight savings?)	
What pads are to be stored with the AED?	
Are pads removed from the envelope OK to keep stored?	
Can the AED pads be used with the M-Series Monitor/Defibrillator?	
Can Peds pads be used with the AED?	
What is the age cut-off for using Peds versus adult pads?	
What are the pad placement positions for a Peds patient?	
Should the AED be stored with the pads plugged in?	
Should the pads be applied to the patient before the AED is powered up?	
What occurs if the AED is powered up without pads connected?	
Where is the treatment button?	
Does the AED display an EKG rhythm if the patient is conscious or the rhythm is not shockable?	
How many shocks does the AED deliver in a set?	
How many sets of shocks does the Zoll M-Series deliver?	
If the Zoll M-Series has delivered all of its sets of shocks, how can you get it to deliver more shocks?	
Pass or fail?	

Completed under supervision of preceptor:	on (Date)
Reviewed by Training Officer:	



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ZOLL M-SERIES MONITOR/DEFIBRILLATOR

AUDIENCE: All members of fire district.

Those items in italics are for paramedics only.

INSTRUCTIONS TO EVALUATOR: Set the ZOLL M-SERIES MONITOR/DEFIBRILLATOR on a table then ask member to operate each feature. Provide minimal, if any, assistance.

INSTRUCTIONS TO FIRE FIGHTER: There is a ZOLL M-SERIES MONITOR/DEFIBRILLATOR in front of you. Perform a normal daily/weekly check and describe and demonstrate each feature.

Area	Activity to be performed	Pass or fail?
Inspection	Describe and demonstrate daily check of the Zoll M-Series.	
	▪ Unit is clean, uncontaminated and damage-free.	
	▪ Carrying case has patient cable, chest leads, pulse ox cable, BP cuff and hose, all of which are crack and damage free.	
	▪ Defib/pacing cable attached and damage-free.	
	▪ Battery in unit.	
	▪ Spare battery in carrying case.	
	▪ One set of adult and Peds Staz-Padz, both in sealed pouches, and 24 ECG electrodes in carrying case.	
	▪ Recording paper full.	
	▪ Unit powers up and display is normal.	
	▪ Defib works at 30 Joules.	
▪ Pacer defaults to rate of 70.		
▪ Pacer mA adjustable.		
Battery	How many batteries does the Zoll M-Series use?	
	How many hours will a fully charged battery supply the monitor and pacer for?	
	How are the batteries changed?	
	Besides when dead or low, when are batteries rotated?	
	A battery placed in the ZOLL Base PowerCharger will be drained and recharged when what is detected?	
	How many hours does it take to fully charge a battery in the ZOLL Base PowerCharger?	
Monitor	When powered up, what will be size and lead of the EKG size be?	
	How long must the Zoll unit be turned off (even if the selector is moved from Monitor to Defib or Pacer) before settings are erased?	
	Which cable are we (The PHFD) going to use daily – 3-lead or 4-lead?	
	If you turn from MONITOR to DEFIB, which lead is automatically selected?	
Defib	What pads are to be stored with the unit?	
	Should defib pads be applied Anterior & Posterior or Apex & Sternum	
	In DEFIB mode, does Zoll M-Series automatically increase the Joules between 1 st and 2 nd and 3 rd shocks?	
	<i>What is "biphasic" and how are NWC EMS SOP defib energy levels affected?</i>	
	<i>How are energy levels selected?</i>	
	Does this Zoll have an AED function?	
	What does the ANALYZE button do and how does it work?	
	<i>Does Zoll recommend using both Defib Pads AND ECG cable during synchronized cardioversion?</i>	
<i>How is the SYNCHRONIZED CARDIOVERSION function accessed?</i>		



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	<i>How do you know the SYNCRO feature is on?</i>	
	<i>How do you cardiovert someone with the Zoll M-Series?</i>	
	<i>Can the daily defib test be performed at an energy level greater than 30J?</i>	
Pacer	<i>What is the 4:1 button on pacing for?</i>	
	<i>When PACER is selected, what will the RATE and OUTPUT default to?</i>	
	<i>Is using both Defib Pads AND ECG cable during pacing required?</i>	
	<i>What is "Asynchronous Pacing?"</i>	
Soft Keys	<i>What are the soft keys?</i>	
	<i>When does the legend for the soft keys change?</i>	
	<i>What is the Soft Key PARAMETERS and how is it used?</i>	
	<i>What is the Soft Key ALARMS and how is it used?</i>	
	<i>What is the Soft Key WAVE 2 and how is it used?</i>	
Misc.	<i>How is paper replaced?</i>	
	<i>When RECORDER is depressed, how long does the strip print out for?</i>	
	<i>What is the CODE MARKERS button used for?</i>	
	<i>What is SUMMARY button used for?</i>	
	<i>On the rear of the Zoll M-Series are several cable connections. What is each for?</i>	
	<i>Why can't the yellow connection cable be stored attached to the Zoll M-Series?</i>	
	<i>Is the red connection to be disconnected after each patient use?</i>	
BP	<i>Do the six chest leads need to be connected to the patient to use the 12-LEAD function?</i>	
	<i>Where on the screen is the BP reading displayed?</i>	
	<i>How do you start taking a BP?</i>	
	<i>How often does the Zoll M-Series take a BP?</i>	
	<i>What pressure does the Zoll M-Series normally inflate to?</i>	
	<i>Should the BP feature be used on Peds?</i>	
	<i>How often and how should the BP feature be tested/inspected?</i>	
	<i>How are the hose and cuff to be cleaned? (What is an acceptable agent?)</i>	
Pulse Ox	<i>Is BP cuff stored connected or unconnected from the front of the Zoll M-Series?</i>	
	<i>Where on the screen is the BP reading displayed?</i>	
	<i>How is the Pulse Ox feature turned on?</i>	
	<i>How can the Pulse Oximetry finger sensor be positioned?</i>	
	<i>What about finger nail polish?</i>	
	<i>Disposable sensors are available for which patients?</i>	
	<i>How are reusable or disposable sensors attached to the Zoll unit?</i>	
Accessories	<i>How are the sensor and cable to be cleaned? (What is an acceptable agent?)</i>	
	<i>How are the paddles connected to the Zoll M-Series?</i>	
	<i>How are the Peds paddles accessed?</i>	
	<i>Where will the paddles be stored?</i>	
	<i>Where will the 3-lead (not 4-lead) patient cable be stored?</i>	
	<i>Is the Zoll unit stored on ambulances with the 120VAC power cord attached?</i>	
	<i>How can alarm be suspended?</i>	
<i>How can an alarm be silenced?</i>		
Pass or fail?		

Completed under supervision of preceptor:

on (Date)

Reviewed by Training Officer:



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EMS PATIENT CARE REPORTING SOFTWARE & HARDWARE

INSTRUCTIONS TO EVALUATOR: Read instructions to paramedic. Provide no assistance. Ask paramedic to perform each item listed below. Perform using stated computer.

INSTRUCTIONS TO PARAMEDIC: You will be asked to perform several skills. Perform each as you would in an emergency.

FIELD BRIDGE

Using notebook computer, demonstrate:	Pass or fail?
1. Login	
2. Creating a new patient report (selecting template)	
3. Searching frequent/repeat patients	
4. Using Power Tools (PT)	
a. Vitals PT	
b. GCS PT	
c. IV PT	
d. Medications PT	
e. Cardiac/Arrest PT	
f. Broselow Tape	
5. Capture signature for CREW	
6. Capture signature for PATIENT or FAMILY	
7. Capture signature for HOSPITAL	
8. Uses validity score to identify report deficiencies	
9. Print to ambulance printer	
10. Print to hospital/ Station Printer or Fax	
11. POST Field Bridge to Service Bridge	
12. SYNC Field Bridge to Service Bridge	
13. Explain uses of POST & SYNC Functions	
Pass or fail?	

SERVICE BRIDGE

Using desktop computer, demonstrate:	Pass or fail?
1. Login	
2. Creating a new patient report	
3. Uses validity score to identify report deficiencies.	
4. Print to hospital/ Station Printer or Fax	
Pass or fail?	

Using desktop computer, demonstrate:	Pass or fail?
1. Login	
2. Locating and opening existing patient report	
3. Completing/modifying existing report	
4. Uses validity score to identify report deficiencies.	
5. Print to hospital/ Station Printer or Fax	
Pass or fail?	

Completed under supervision of preceptor:	on (Date)
Reviewed by Training Officer:	



Prospect Heights Fire District

MINIMUM PERFORMANCE STANDARD JOB PERFORMANCE REQUIREMENTS

Version:
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Name of Firefighter

STRYKER COT

AUDIENCE: All members of fire district.

INSTRUCTIONS TO EVALUATOR: Ask member to operate each feature of cot. Provide minimal, if any, assistance.

INSTRUCTIONS TO MEMBER: Operate each feature of the Stryker cot you are asked to perform.

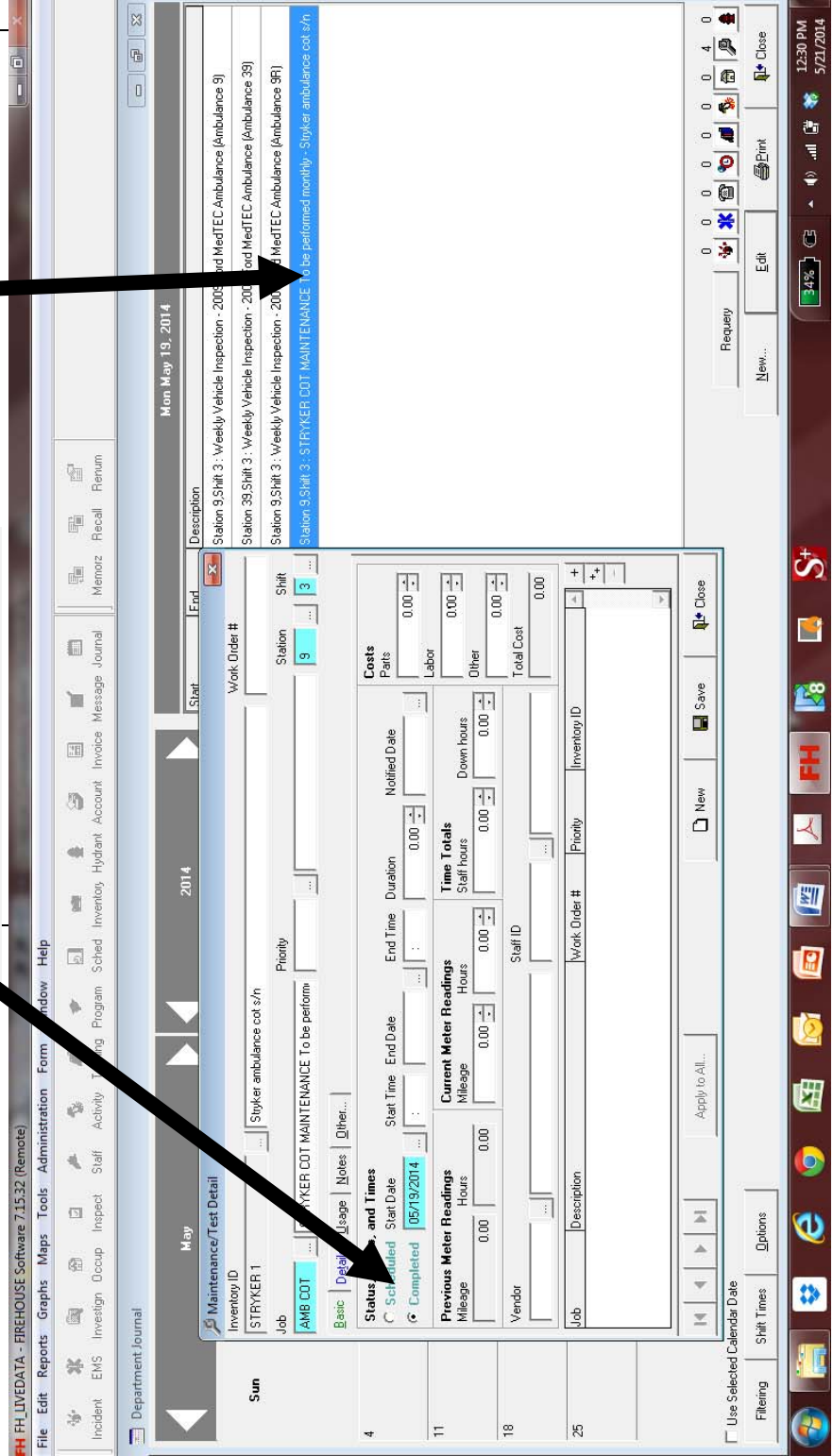
Activity to be performed	Pass or fail?
Describes maximum safe working load is 700 pounds	
Describes maximum load for unassisted operation of power feature is 500 pounds	
Describes that for loads over 300 pounds the power feature may be slow or require manual lift assistance	
Remove cot from ambulance using power feature and without assistance	
Identify pinch points	
Operate and adjust backrest	
Retract head section of cot frame	
Operate and adjust footrest	
Operate and adjust side rail/XPS feature	
Operate wheel lock and steer lock	
Set-up, operate, and stow IC pole	
Change SMRT PAK battery	
Charge SMRT PAK battery	
Check battery level and hour meter/error code display	
Adjust height of unloaded cot up and down using power feature	
Demonstrate high speed retraction of cot	
Using lightest possible person as patient secure him or her to cot using all straps	
Ensure shoulder straps are properly applied	
Describes Stryker's preferred loading technique	
Load cot into ambulance using power feature and with assistance <ul style="list-style-type: none"> ▪ Insert head of cot and ensure safety catch is set ▪ Operate controls to retract undercarriage ▪ Place cot into ambulance 	
Secure cot with fastener ensuring cot is locked to fastener	
Unload cot from ambulance using power feature and with assistance <ul style="list-style-type: none"> ▪ Release cot fastener ▪ Remove cot and ensure safety catch is set ▪ Operate controls to retract undercarriage ▪ Release safety catch and move cot away from ambulance 	
Adjust height of loaded cot up and down using power feature	
Identify and operate manual back-up release	
Load cot into ambulance using manual feature and with assistance	
Unload cot from ambulance using manual feature and with assistance	
Properly and completely apply Ferno Pedi-Mate to cot	
Except for the mattress and straps, only clean the cot using products supplied by the PHFD .	
Pass or fail?	

Completed under supervision of officer: _____ on (Date)

Reviewed by Training Officer: _____

Stryker Cot Maintenance

To be performed monthly

Cot serial number	
Verify in-fasterer shut-off is configured properly Hydraulic lift system:	<p>This is not a form. It is in Scheduled in FireHouse.</p> <p>Document the completed activity in FireHouse:</p> <ul style="list-style-type: none"> • Dates • Times • Notes (for issues)
<ul style="list-style-type: none"> • All fasteners (nuts, bolts, rivets, etc.) are tight and secure • Motor, pump, hoses all tight and secure • No hydraulic fluid leaks noted from any hose, pump, reservoir • Clean off extended rod from lift cylinder • All wiring appears undamaged, not pinched, and not hanging • All switches and connections appear undamaged and not excessively worn 	
Inspect each of the following for excessive wear or damage:	
<ul style="list-style-type: none"> • Cot frame and all components • All fasteners (nuts, bolts, rivets, etc.) are tight and secure • Mattress • Restraints 	
Verify proper operation of:	
<ul style="list-style-type: none"> • All restraints • Back rest • Foot rest • All wheels • Wheel locks • Steering lock • X-frame • Manual release • IV pole 	



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Copies of

Invalid Assist Policy form

and

**New Member Infection Control/
Bloodborne Pathogens Quiz**

and

HIPAA policies and forms

and

New Member Driver Training Work Book



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APPARATUS



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VEHICLE INFORMATION CHASSIS, PUMP, FOAM, HOSE AND NOZZLE *Fill-in-the-Blanks*

SPECIFICATIONS FOR SQUAD 9			
Type of Motor:		Type of Transmission:	
Rated Capacity of Pump:			Gallons per minute
Foam system type:		Capacity of Water Tank: Gallons	
Foam type(s)	A	B	
Foam tank capacity(s)	A	B	
Carries			feet of 5 inch hose
In the main hose bed, carries _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute. Attached to this nozzle is a:			
Next to the above hose is a pack of _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute.			
Preconnected 1.75 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 2.5 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected vinyl hose is _____ feet long			
HOSE PACKS			
Contains		feet of	inch hose coupled in
			foot sections
Uses a		type nozzle rated at	gallons per minute
Additional tools carried in bag are:			
Where is the hose pack located on this apparatus?			
Completed under supervision of Instructor:			on (Date)
Reviewed by Training Officer:			



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VEHICLE INFORMATION CHASSIS, PUMP, FOAM, HOSE AND NOZZLE *Fill-in-the-Blanks*

SPECIFICATIONS FOR TANKER 9			
Type of Motor:		Type of Transmission:	
Rated Capacity of Pump:			Gallons per minute
Foam system type:		Capacity of Water Tank: Gallons	
Foam type(s)	A	B	
Foam tank capacity(s)	A	B	
Carries			feet of 5 inch hose
Carries			feet of vinyl 3-inch in rear compartment stored in an _____ load
In the main hose bed, carries _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute. Attached to this nozzle is a:			
Preconnected 1.75 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
HOSE PACKS			
Contains			feet of _____ inch hose coupled in _____ foot sections
Uses a			_____ type nozzle rated at _____ gallons per minute
Additional tools carried in bag are:			
Where is the hose pack located on this apparatus?			
Completed under supervision of Instructor:			_____ on (Date)
Reviewed by Training Officer:			



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VEHICLE INFORMATION CHASSIS, PUMP, FOAM, HOSE AND NOZZLE *Fill-in-the-Blanks*

SPECIFICATIONS FOR TRUCK 9			
Type of Motor:		Type of Transmission:	
Rated Capacity of Pump:			Gallons per minute
Aerial Ladder Length:			Feet
Foam system type:		Capacity of Water Tank: Gallons	
Foam type(s)	A	B	
Foam tank capacity(s)	A	B	
Carries			feet of 5 inch hose
In the main hose bed, carries _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute. Attached to this nozzle is a:			
Next to the above hose is a pack of _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute.			
Preconnected 1.75 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 2.5 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
HOSE PACKS			
Contains		feet of	inch hose coupled in _____ foot sections
Uses a		type nozzle rated at	gallons per minute
Additional tools carried in bag are:			
Where is the hose pack located on this apparatus?			
Completed under supervision of Instructor:			on (Date)
Reviewed by Training Officer:			



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Name of Member _____

VEHICLE INFORMATION CHASSIS, PUMP, FOAM, HOSE AND NOZZLE *Fill-in-the-Blanks*

SPECIFICATIONS FOR ENGINE 39			
Type of Motor:		Type of Transmission:	
Rated Capacity of Pump:			Gallons per minute
Foam system type:		Capacity of Water Tank: Gallons	
Foam type(s)	A	B	
Foam tank capacity(s)	A	B	
Carries			feet of 5 inch hose
In the main hose bed, carries _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute. Attached to this nozzle is a:			
Next to the above hose is a pack of _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute.			
Preconnected 1.75 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 2.5 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 3 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Booster hose is			feet long
HOSE PACKS			
Contains		feet of _____ inch hose coupled in	foot sections
Uses a _____ type nozzle rated at		gallons per minute	
Additional tools carried in bag are:			
Where is the hose pack located on this apparatus?			
Completed under supervision of Instructor:			on (Date)
Reviewed by Training Officer:			



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VEHICLE INFORMATION CHASSIS, PUMP, FOAM, HOSE AND NOZZLE *Fill-in-the-Blanks*

SPECIFICATIONS FOR ENGINE 9			
Type of Motor:		Type of Transmission:	
Rated Capacity of Pump:			Gallons per minute
Foam system type:		Capacity of Water Tank: Gallons	
Foam type(s)	A	B	
Foam tank capacity(s)	A	B	
Carries			feet of 5 inch hose
In the main hose bed, carries _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute. Attached to this nozzle is a:			
Next to the above hose is a pack of _____ feet of _____ inch hose with a _____ nozzle which flows _____ gallons per minute.			
Preconnected 1.75 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 2.5 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Preconnected 3 inch hose is _____ feet long with a _____ nozzle which flow _____ gallons per minute			
Booster hose is			feet long
HOSE PACKS			
Contains		feet of _____ inch hose coupled in	foot sections
Uses a _____ type nozzle rated at		gallons per minute	
Additional tools carried in bag are:			
Where is the hose pack located on this apparatus?			
Completed under supervision of Instructor:			on (Date)
Reviewed by Training Officer:			



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Squad 9

For each of the following items the Fire Fighter shall be able to:

- A. *Identify the item by the correct fire service name(s);*
- B. *Locate the item in two or less attempts;*
- C. *Demonstrate the safe carrying and use of the item;*
- D. *Demonstrate the safe starting, operation, and stopping of the item (if applicable);*
- E. *Demonstrate the correct care and maintenance of the item.*

- | | |
|---|--|
| 1. Flashlights | |
| 2. Halligan bar & flat head axe | |
| 3. Pick head axe | |
| 4. Pike poles | |
| 5. Sledge hammer | |
| 6. Bolt cutters | |
| 7. Salvage covers | |
| 8. Tool box | |
| 9. K-tool & lock trip tool | |
| 10. Elevator keys | |
| 11. K-12 saw/cut-off/circular saw | |
| 12. Chain saw | |
| 13. Fuel cans | |
| 14. Generator *Demo turning on, operating lights, turning off, maintenance. | |
| 15. Portable lights | |
| 16. Light tower *Demonstrate operation | |
| 17. Extension cords | |
| 18. Smoke ejector | |
| 19. Positive pressure fan *Set up and start | |
| 20. Submersible pump | |
| 21. Plastic sheeting | |
| 22. Nails and hammer | |
| 23. Shoves, brooms, squeegees | |
| 24. Come-along & chains *State how to ID long chain from short chain | |
| 25. Porta-powers | |
| 26. Winch and control | |
| 27. Air chisel *Set up & demo use with | |
| | <ul style="list-style-type: none">• air reel• SCBA cylinder |
| 28. Air bags *Set & up and demo use with | <ul style="list-style-type: none">• air reel• SCBA cylinder |
| 29. Amkus system *Set & up and demo use with each of the following: | <ul style="list-style-type: none">• Spreader• Cutter• Ram• Gas power unit *Also demo how to check fuel and hydraulic fluid• Electric power unit and hose reels *Also demo checking hydraulic fluid |
| 30. Hose pack and tool bag | |
| 31. Life safety ropes | |
| 32. Utility ropes | |
| 33. Personal rope bags | |
| 34. Rope rescue hardware | |
| 35. Stokes basket | |
| 36. Leak kit | |
| 37. Sprinkler kit | |
| 38. EMS jump bag | |
| 39. Oxygen | |
| 40. AED | |
| 41. Back board | |
| 42. Personal floatation devices | |
| 43. Exposure suit | |
| 44. Little Giant ladder | |



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- | | |
|--|---|
| <ul style="list-style-type: none"> 45. Folding (Attic) ladder 46. Extension and roof ladders 47. Engineers compartment *Name and describe use of all items in compartment 48. Hydrant line 49. Hard Suction hose 50. Strainer & float 51. Low-level strainer 52. Foam Jet attachment 53. Foam Jet-MX attachment 54. Foam tanks 55. Foam concentrate jugs 56. Deluge gun 57. Deluge gun accessories 58. Hearing protection (Muffs) 59. Oil Dry (Absorbent) 60. Plug N Dike 61. 4-gas meter 62. Gas Trac 63. Electrical detection stick 64. Radiation detection set 65. Mobile radio 66. Portable radios 67. EMS clip board 68. Emergency Response Guidebook | <ul style="list-style-type: none"> 69. Emergency Action Guides 70. Passports (Both white and red) 71. All 5 SCBA 72. All 13 spare SCBA cylinders 73. Cascade *Demonstrate how to fill empty SCBA cylinder and turn on air reel. 74. Dry chemical extinguisher 75. CO2 extinguisher 76. Class A & B pressurized water extinguishers 77. Class D / Met-L-X extinguisher 78. Kitchen fire extinguisher 79. Traffic cones / Pylons 80. Cribbing 81. Step chocks 82. Extrication bag <ul style="list-style-type: none"> 82.1. Seat belt knife 82.2. Aluminized blanket 82.3. Battery cable cutters 82.4. Window punch 83. MCI bags 84. Hot stick 85. Hose loads: Diameter, length & nozzle for <ul style="list-style-type: none"> ▪ Crosslays ▪ Other preconnects ▪ Skid load ▪ LDH |
|--|---|

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Reviewed by Training Officer:	



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Engine 39

For each of the following items the Fire Fighter shall be able to:

- A. Identify the item by the correct fire service name(s);*
- B. Locate the item in two or less attempts;*
- C. Demonstrate the safe carrying and use of the item;*
- D. Demonstrate the safe starting, operation, and stopping of the item (if applicable);*
- E. Demonstrate the correct care and maintenance of the item.*

- | | |
|---|--|
| 1. Flashlights | 25. Personal rope bags |
| 2. Halligan bar | 26. Leak kit |
| 3. Pick head axe | 27. EMS jump bag |
| 4. Flat head axe | 28. Oxygen |
| 5. Pike poles | 29. AED |
| 6. Sledge hammer | 30. Back board |
| 7. Bolt cutters | 31. Personal floatation devices |
| 8. Salvage covers | 32. Exposure suit |
| 9. Tool box | 33. Folding (Attic) ladder |
| 10. K-tool & lock trip tool | 34. Extension and roof ladders |
| 11. Elevator keys | 35. Engineers compartment *Name & describe use of all items in compartment |
| 12. K-12 saw/cut-off/circular saw | 36. Hydrant line |
| 13. Chain saw | 37. Cellar / Distributor nozzle & pipe |
| 14. Fuel cans | 38. Hard Suction hose |
| 15. Generator *Demo turning on, operating lights, turning off, maintenance. | 39. Strainer & float |
| 16. Portable lights | 40. Foam Jet attachment |
| 17. Extension cords – manual rewind | 41. Foam Jet-MX attachment |
| 18. Smoke ejector | 42. Foam tank |
| 19. Plastic sheeting | 43. Foam concentrate jugs |
| 20. Nails and hammer | 44. Deluge gun |
| 21. Shoves, brooms, squeegees | 45. Deluge gun accessories |
| 22. Hose pack and tool bag | 46. Oil Dry (Absorbent) |
| 23. Life safety ropes | 47. Plug N Dike |
| 24. Utility ropes | 48. 4-gas meter |



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- | | |
|---|---|
| <ul style="list-style-type: none"> 49. Gas Trac 50. Mobile radio 51. Portable radios 52. EMS clip board 53. Emergency Response Guidebook 54. Passports (Both white and red) 55. All 4 SCBA 56. All 4 spare SCBA cylinders 57. Air bag set-up 58. Amkus combination tool 59. Dry chemical extinguisher 60. CO2 extinguisher 61. Pressurized water extinguishers 86. Kitchen fire extinguisher 87. Traffic cones / Pylons 62. Cribbing 88. Step chocks | <ul style="list-style-type: none"> 89. Extrication bag <ul style="list-style-type: none"> 89.1. Hack saws 89.2. Seat belt knife 89.3. Aluminized blanket 89.4. Battery cable cutters 89.5. Window punch 63. Hot stick 64. Step ladder 65. Hose loads: Diameter, length and nozzle for <ul style="list-style-type: none"> ▪ Crosslays ▪ Other preconnects ▪ Skid load ▪ LDH |
|---|---|

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Engine 9

For each of the following items the Fire Fighter shall be able to:

- A. *Identify the item by the correct fire service name(s);*
- B. *Locate the item in two or less attempts;*
- C. *Demonstrate the safe carrying and use of the item;*
- D. *Demonstrate the safe starting, operation, and stopping of the item (if applicable);*
- E. *Demonstrate the correct care and maintenance of the item.*

- | | |
|---|--|
| 1. Flashlights | 24. Hose pack and tool bag |
| 2. Halligan bar | 25. Life safety ropes |
| 3. Pick head axe | 26. Utility ropes |
| 4. Flat head axe | 27. Personal rope bags |
| 5. Pike poles | 28. Leak kit |
| 6. Sledge hammer | 29. EMS jump bag |
| 7. Bolt cutters | 30. Oxygen |
| 8. Salvage covers | 31. AED |
| 9. Tool box | 32. Back board |
| 10. K-tool & lock trip tool | 33. Personal floatation devices |
| 11. Elevator keys | 34. Exposure suit |
| 12. Fuel cans | 35. Folding (Attic) ladder |
| 13. Generator *Demo turning on, operating lights, turning off, maintenance. | 36. Extension and roof ladders |
| 14. Portable lights | 37. Engineers compartment *Name & describe use of all items in compartment |
| 15. Extension cords – manual rewind | 38. Hydrant line |
| 16. Smoke ejector | 39. Cellar / Distributor nozzle & pipe |
| 17. Positive pressure fan *Set up and start | 40. Hard Suction hose |
| 18. Plastic sheeting | 41. Strainer & float |
| 19. Nails and hammer | 42. Foam Jet attachment |
| 20. Shoves, brooms, squeegees | 43. Foam tank |
| 21. Air chisel *Set up and demonstrate use with SCBA cylinder | 44. Foam concentrate jugs |
| 22. Come-along & chains *State how to ID long chain from short chain | 45. Deluge gun |
| 23. Porta-powers | 46. Deluge gun accessories |
| | 47. Oil Dry (Absorbent) |
| | 48. Plug N Dike |



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49. Gas Trac
50. Mobile radio
51. Portable radios
52. EMS clip board
53. Emergency Response Guidebook
54. Passports (Both white and red)
55. All 4 SCBA
56. All 4 spare SCBA cylinders
57. Pump can
58. Dry chemical extinguisher
59. CO2 extinguisher
60. Pressurized water extinguishers
61. Kitchen fire extinguisher
62. Traffic cones / Pylons
63. Cribbing
64. Step chocks
65. Extrication bag
 - 65.1. Hack saws
 - 65.2. Seat belt knife
 - 65.3. Aluminized blanket
 - 65.4. Battery cable cutters
 - 65.5. Window punch
66. Hose loads: Diameter, length and nozzle
for
 - 66.1. Crosslays
 - 66.2. Other preconnects
 - 66.3. Skid load
 - 66.4. LDH

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Reviewed by Training Officer:



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Truck 9

For each of the following items the Fire Fighter shall be able to:

- A. Identify the item by the correct fire service name(s);
- B. Locate the item in two or less attempts;
- C. Demonstrate the safe carrying and use of the item;
- D. Demonstrate the safe starting, operation, and stopping of the item (if applicable);
- E. Demonstrate the correct care and maintenance of the item.

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Flashlights 2. EMS jump bag 3. Oxygen 4. AED 5. Backboard 6. Halligan bar & Flat head axe 7. Pick head axe 8. Pike poles 9. Sledge hammer 10. Bolt cutters 11. Salvage covers 12. Tool box 13. K-tool & lock trip tool 14. Elevator keys 15. K-12 saw/cut-off/circular saw 16. Chain saw 17. Fuel cans 18. Generator *Demo turning on, operating lights, turning off, maintenance. 19. Portable lights & extension cords 20. Positive pressure fan *Set up and start 21. Submersible pump 22. Plastic sheeting, nails and hammer 23. Shoves, brooms, squeegees 24. Hose pack and tool bag 25. Life safety & utility ropes | <ul style="list-style-type: none"> 26. Personal rope bags 27. Rope rescue hardware 28. Stokes basket 29. Leak kit 30. Sprinkler kit 31. Little Giant ladder 32. Folding (Attic), extension & roof ladders 33. Engineers compartment *Name and describe use of all items in compartment 34. Hydrant line 35. Foam eductor 36. Foam concentrate jugs 37. Hearing protection (Muffs) 38. Watchman meter 39. Gas Trac 40. Mobile & portable radios 41. Emergency Response Guidebook 42. All 6 SCBA & 6 spare SCBA cylinders 43. Dry chemical & CO2 extinguisher 44. Pressurized water extinguisher 45. Safety harness for aerial platform 46. SCBA air hoses for aerial platform 47. 50' SCBA air hoses for confined space 48. Hose loads: Diameter, length and nozzle for <ul style="list-style-type: none"> 48.1. Crosslay preconnects 48.2. Skid load 48.3. LDH |
|--|---|

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Tanker 9

For each of the following items the Fire Fighter shall be able to:

- A. Identify the item by the correct fire service name(s);
- B. Locate the item in two or less attempts;
- C. Demonstrate the safe carrying and use of the item;
- D. Demonstrate the safe starting, operation, and stopping of the item (if applicable);
- E. Demonstrate the correct care and maintenance of the item.

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Flashlights 2. EMS jump bag 3. Oxygen 4. AED 5. Back board 6. Halligan bar 7. Pick head axe 8. Flat head axe 9. Pike poles 10. Sledge hammer 11. Bolt cutters 12. Salvage covers 13. Tool box 14. K-tool & lock trip tool 15. Hose pack and tool bag 16. Utility ropes 17. Personal rope bags 18. Folding (Attic) ladder 19. Engineers compartment *Name and describe use of all items in compartment 20. Hydrant line 21. Hard Suction hose | <ul style="list-style-type: none"> 22. Strainer & float 23. Foam eductorFoam concentrate jugs 24. Deluge gun 25. Deluge gun accessories 26. Mobile radio 27. Portable radios 28. EMS clip board 29. Emergency Response Guidebook 30. Passports (Both white and red) 31. All 5 SCBA 32. All 2 spare SCBA cylinders 33. Dry chemical extinguisher 34. Pressurized water extinguishers 35. Porta-tank / Folding tank <ul style="list-style-type: none"> 35.1. Clamp 35.2. Connction ring 35.3. Fill hose holder 36. Hose loads: Diameter, length and nozzle for <ul style="list-style-type: none"> 36.1. Crosslays 36.2. Skid load 36.3. LDH |
|---|--|

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Copy of Member Manual Acknowledgement Form



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MEMBER MANUAL



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MEMBER MANUAL SECTION & TITLE		Applicable Member	SIGN OFF Date Completed	Initial of Officer
6-1 Paid-On-Call Fire Fighter	<i>Select Appropriate Position Description</i>	POC		
6-2 Part-Time Fire Fighter/EMT-B/FAE		PT		
6-3 Part-Time Fire Fighter/EMT-P/FAE		FT		
8-0 RESPIRATORY PROTECTION PROGRAM		ALL		
Describe when SCBA is to be worn and give examples of when SCBA is not required		ALL		
States the Rule of Air Management and the company officer's role in ensuring the rule is complied with		ALL		
Describes and defines the point of no return		ALL		
Describe which personnel on the Code 3 dispatch serve as the initial 2-in/2-out and when their responsibility ends		ALL		
Describe which personnel or company on the Code 4 dispatch serve as the initial RIT and where they are to report		ALL		
Describe which personnel or company on the Box Alarm dispatch serve as the RIT and where they are to report		ALL		
9-1 HIPAA – Health Insurance Portability and Accountability Act Compliance		ALL		
1-2 Introduction		ALL		
1-3 Mission Statement		ALL		
1-4 Services Offered/Types of Incidents Responded to by FD		ALL		
1-5 Typical Response and Operation at Routine Structure Fire Incident		ALL		
1-6 Summary of Fire District		ALL		
1-7 Organization of Members		ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
1-8 Administrative Divisions	ALL		
1-10 Management Rights	ALL		
2-1 Prohibited and Permitted Acts	ALL		
2-2 Discipline	ALL		
2-3 Grievances	ALL		
3-1 Internal Correspondence	ALL		
3-2 Change in Member File Information	ALL		
3-3 Discrimination and Harassment	ALL		
Member describes difference between social and sexual harassment.	ALL		
Member describes prohibited activities	ALL		
Member describes first step in remediating an incident where he or she personally experienced harassment	ALL		
Member describes how to report an incident where he or she personally experienced harassment	ALL		
3-4 Use, Abuse or Misuse of Drugs or Alcohol	ALL		
Member states what level of blood alcohol concentration qualifies as impairment	ALL		
Member states minimum time period before start of a shift when alcohol use must cease	ALL		
Member states his or her duty and responsibility to report suspected impairment	ALL		
Member describes "last chance" program	ALL		
3-6 Personal Appearance, Grooming and Hygiene	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
3-7 Drivers License Requirements for All Members	ALL		
3-8 Uniforms	ALL		
3-12 Leave of Absence	ALL		
3-13 Resignation/Retirement ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-14 Light or Modified Duty ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-15 Responsibilities of Injured or Ill Members ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-16 Return to Duty Following Off-Duty Illness or Injury ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-17 Formal Retraining of Members ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-18 Donations and Gifts and Ethics Rules	ALL		
3-19 Contact with Elected or Appointed Governmental Officials	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
3-20 Duty Crew Personnel Scheduling	ALL		
Member acknowledges that October Open House day is schedule work day for all members, POC, Part Time, and Full Time and procedure to request day off, if needed.	ALL		
Member describes policy and procedure to request time off or arrange coverage of his or her shift.	ALL		
Member describes policy and procedure for reporting inability to report for duty at schedule time	ALL		
Member describes 48-hour rule	ALL		
3-21 Failure to Report for Duty	ALL		
Member describes TARDY	ALL		
Member describes AWOL	ALL		
Member describes next worked shift written statement requirement	ALL		
3-22 Tour of Duty	ALL		
Member describes starting and ending times for shifts	ALL		
Member describes policy on when he or she may leave at end of shift	ALL		
Member describes when he or she is required to be in uniform and ready for day's activities	ALL		
Member describes typical day's activities and when fitness activity may be performed	ALL		
Member describes obligation to PHFD when sleeping in past end of shift	ALL		
Member describes daily meal periods	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
3-23 Fire Station Use and Operation	ALL		
Member acknowledges that lockers are property of PHFD and subject to search at any time	ALL		
Member acknowledges all stations are smoke-free and where designated smoking areas outside are located	ALL		
Member acknowledges that tobacco use in any form is prohibited inside either fire station	ALL		
Member acknowledges his or her mail slot location and duty to check this mail slot at the beginning of each shift and at some point later in the day or evening.	ALL		
3-24 Payroll	ALL		
3-25 Promotional System for Lieutenant ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-26 Annual Documentation Required to be Provided by All Members	ALL		
3-28 Training Program & Requirements for All Members	ALL		
3-29 Training Records ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
3-30 Training Room and Equipment	ALL		
3-31 Member Fitness	ALL		
3-32 E.M.T. Licensure Requirements for All Members	ALL		
3-35 Internet And E-Mail Acceptable Use Policy	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
3-36 Purchasing	ALL		
NAPA: <ul style="list-style-type: none"> ▪ Ensures invoice states PHFD not City of PH ▪ Every charge has a PO which is the vehicle or station on which the item will be used. 	ALL		
Home Depot: <ul style="list-style-type: none"> ▪ Project description written on receipt. ▪ Receipt and card to DC. 	ALL		
3-37 Time Off	PT FT		
Member acknowledges requirement to notify PHFD when unable to report for duty in less than 12 hours	FT		
Member acknowledges maximum time off period	FT		
Member describes hire back policies	FT		
Member acknowledges that scheduled time off must be taken unless rescheduled prior scheduled date	FT		
Member describes vacation and FLSA day eligibility and procedures	PT FT		
Member describes sick leave policy and procedure	FT		
Member describes bereavement and jury duty leave policy and procedure	FT		
Member describes call back policy and procedure	FT		
3-38 Subpoenas	ALL		
3-40 Fitness for Duty Medical Examinations and Evaluations	ALL		
3-41 House Fund	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
3-42 Use of Technology Devices By On-Duty Members			
Member acknowledges all the various devices covered by this policy	ALL		
Member acknowledges his or her limited First Amendment rights, the Freedom of Information Act requirements, and no expectation of privacy when using PHFD internet, network, and related infrastructure.	ALL		
Member describes his or her obligation to use personal technology in a manner that does not interfere with PHFD operations, the delivery of emergency services, or impair or adversely affect interpersonal relations amongst members.	ALL		
Member acknowledges that all conduct shall not violate other laws or PHFD policies such as HIPAA, harassment, etc.	ALL		
Member acknowledges that any and all photos, videos, audio recordings, or other electronic records created by the member while on duty, whether using personal or PHFD-owned devices, are the property of the PHFD and cannot be used except as permitted in this policy.	ALL		
4-1-1 Emergency Response Assignments	ALL		
4-1-2 Walk-In Patient at Fire Station	ALL		
4-1-4 Call-Back Response	ALL		
4-1-5 Vehicle Response to Automatic Fire Alarms (AFAs)	ALL		
4-1-6 Operations During Freezing Weather and/or Excessive Snow ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-1-7 Duty Crew Disaster Staffing ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-1-8 Violent Incidents Response	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
4-2-1 Public Education	ALL		
4-2-2 Incident Media Relations	ALL		
4-2-3 Death of Members, Former Members or Local Government Official	ALL		
4-2-4 Transportation of Non-Fire District Personnel	ALL		
4-3-1 General Safety	ALL		
4-3-3 On-Duty Injury Care and Reporting	ALL		
Member acknowledges that regardless of severity any and all injuries sustained while on duty must be reported to supervisor.	ALL		
Member acknowledges that injuries sustained using PHFD fitness facilities and equipment are not covered by Workers Compensation when the member is not on duty.	ALL		
Member describes his or her responsibilities if injured while on duty.	ALL		
4-3-4 Property Damage Reporting	ALL		
Member describes when damage must be reported.	ALL		
Member describes when damage must be reported to police.	ALL		
Member acknowledges required action when a vehicle collision occurs.	ALL		
Member describes his or her responsibilities under this policy.	ALL		
4-3-5 Accident & Safety Review Committee ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-3-6 Occupational Exposure To Atypical Stressful Events ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		



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MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
4-3-7 Civil Disturbance/Rioting	ALL		
4-3-8 Hose Tower Operations	ALL		
4-3-9 Snow Plowing	ALL		
4-4-1 EMS Patient Care Reports (PCRs)	ALL		
4-4-2 Care & Maintenance of EMS Equipment	ALL		
4-4-3 Ambulance Service Billing	ALL		
4-4-4 DOA/Triple Zero Incidents	ALL		
4-4-5 EMS Pandemic Flu Plan	ALL		
4-5-1 Rope Designation, Use, Care, and Maintenance ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-5-2 Hose and Stream Configurations ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-5-3 Hose Testing ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-5-4 Fire Hydrant Problems ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-5-5 Incident Command Vehicle ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-5-6 Using Fire District Vehicles	ALL		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
4-5-7 Using Personal Vehicle for Fire District Business	ALL		
4-6-1 Work Orders	ALL		
4-6-2 Apparatus Maintenance & Repair	ALL		
4-6-4 Vehicle Exhaust Extraction System	ALL		
4-6-5 Replacement of Out-Of-Service Apparatus	ALL		
4-7-1 Safety in Training	ALL		
4-7-2 Driver Training Program ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-7-3 Advanced Training Courses ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-9-1 Awards ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
4-10-1 Smoke and Carbon Monoxide Alarms Sales and Installation	ALL		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-1-1 Incident Management System	ALL		
Describes and defines benchmarks in section 3.6			
Describes tactical priorities in section 4.7			
Describe the risk management statements in Section 4.8			
Articulates, so the officer feels there is understanding, the relationship between the risk management statements of Section 4.8 and the tactical priorities of Section 4.7			
States the elements of the initial arrival radio report in Section 6.3			
States the elements of the CAN report in Section 6.6			
Describes the difference between recycle and rehab			
Defines Level 1 and Level 2 safety and when each is applied to responding resources			
5-1-2 Post-Incident Analysis/Critiques ONLY NEEDS TO KNOW THIS EXISTS – CAN REFERENCE IN FUTURE IF NEEDED BY MEMBER	ALL		
5-2-1 Incident Communications	ALL		
5-2-2 On-Scene Communications	ALL		
5-2-3 Requesting Mutual Aid	PT FT		
5-2-4 M-A-B-A-S- Operations	PT FT		
5-2-5 Radio Communications For Automatic and Non- M-A-B-A-S- Mutual Aid	PT FT		
Scenario #1: You are dispatched to a MABAS box alarm. Demonstrate the radio traffic procedures used when responding.	PT FT		
5-3-1 Fire Suppression & Rescue Personal Protective Gear	ALL		
5-3-4 Passport Accountability System	ALL		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-3-5 Rehab At Incident Scene	ALL		
Describes when a member should be assigned to formal rehab	ALL		
5-3-6 Vehicle Operation	ALL		
Member acknowledges who is responsible for any "red light" or "speeding" camera violation notices.	ALL		
5-3-7 Firefighter Survival and Rescue	ALL		
Describes and defines LCES	ALL		
Describes and defines EMERGENCY TRAFFIC	ALL		
Describes and defines MAYDAY	ALL		
Demonstrates transmitting EMERGENCY TRAFFIC on the radio to the IC	ALL		
Demonstrates transmitting a MAYDAY	ALL		
Demonstrates managing a EMERGENCY TRAFFIC message	ALL		
Demonstrates managing a MAYDAY message	ALL		
5-3-8 Traffic and Roadway Safety	ALL		
Describes and defines when vests are required	ALL		
Describes and defines the three levels of incidents as stated in Section 3.5	ALL		
Describes the role of the TSU	PT FT		
Scenario #1: You are the first arriving company at a traffic accident involving two autos on a four-lane road half-way between two intersections. Illustrate how you would set up initial traffic warning equipment and position apparatus.	PT FT		
Scenario #2: You are the second arriving company at a traffic accident with extrication involving two autos on a four-lane road half-way between two intersections. Illustrate how you would direct your company to set up traffic warning equipment and position apparatus.	PT FT		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-5-1 Crew Tool and Initial Task Assignments	ALL		
5-5-4 Key Box Use	PT FT		
5-5-9 Water Supply	ALL		
5-6-1 Structure Fire	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-6-2 Prospect Crossing Fire Investigation & Suppression	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-6-3 Rob Roy Country Club Fire Investigation & Suppression	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-6-4 Church and School Fire Investigation & Suppression	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-6-5 Commercial Structure Fire	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-6-6 Brighton Gardens Fire Investigation & Suppression	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-6-7 Fire Investigation & Suppression in Buildings Taller Than 3 Stories	ALL		
Describe the standard positioning and activities of the First Engine with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the First Truck with both nothing showing and fire/smoke showing	ALL		
Describe the standard positioning and activities of the Second Engine with both nothing showing and fire/smoke showing	ALL		
5-7-3 Natural Gas Leak Inside Structure	ALL		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-7-4 Carbon Monoxide, Detector Activation/Suspected Presence of	ALL		
5-8-1 Dumpster Fire	ALL		
5-8-2 Chimney Fire	ALL		
5-8-3 Automobile & Light Truck Fires	ALL		
5-8-4 Aircraft Rescue & Fire Fighting	ALL		
5-8-5 Operations at Chicago Executive Airport	ALL		
Describe the location of all staging areas	PT FT		
Demonstrate the operation of the aircraft radio including the selection of radio frequencies	PT FT		
5-9-2 Multi-Casualty Incident	ALL		
5-9-3 Water and Ice Rescues and Recoveries	ALL		
5-10-1 Bomb Threat or Detonation Response	ALL		
5-10-2 Tornadoes, Severe Weather and Natural Disaster Preparedness	ALL		
5-10-4 Infants Locked Inside An Automobile	ALL		
5-10-5 Lock-Out of Property Assistance	ALL		
5-11-1 E.M.S. Delivery	ALL		
5-11-2 Closest Hospital Determination	PT FT		



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Name of Member _____

MEMBER MANUAL SECTION & TITLE	Applicable Member	SIGN OFF	
		Date Completed	Initial of Officer
5-11-3 Infant and Child Car Seats	ALL		
5-11-4 Requesting a Private Ambulance	PT FT		
5-11-5 Transporting with Three Members	PT FT		



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Name of Member _____

Copies of

Minimum Performance Standard Job Performance Requirements

and

Career Development Guide



Prospect Heights Fire Protection District

New Member Infection Control/Bloodborne Pathogens Quiz

Name _____ Date _____

Please answer each question by circling either TRUE or FALSE

- 1) Hepatitis B is a fragile virus and survives only seconds on contact surfaces.
TRUE OR FALSE

- 2) Hand washing and gloves are the most important barriers, especially for those with skin that is chapped or cut.
TRUE OR FALSE

- 3) Standard precautions means that a patient's body fluids and blood are to be considered contaminated.
TRUE OR FALSE

- 4) Eyewear should be worn for all direct patient contact.
TRUE OR FALSE

- 5) Disinfectants acceptable should be E.P.A. Approved. Also acceptable is a solution of one 1/4 cup bleach in one gallon of water.
TRUE OR FALSE

- 6) Exposure to possible infectious disease should be reported only to the receiving hospital.
TRUE OR FALSE

- 7) Rescuers should avoid mouth to mouth contact. Rather, they should use a pocket mask or bag valve mask.
TRUE OR FALSE

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- 8) Grossly contaminated equipment should be cleaned with soap and water alone before being placed back in service.
- TRUE OR FALSE
- 9) All needles should be recapped prior to disposal in needle box to prevent puncture of needle container.
- TRUE OR FALSE
- 10) A waterless hand cleaner is effective in removal of bacteria and viruses without further need for soap and water.
- TRUE OR FALSE
- 11) If a paramedic has an exposure to a Bloodborne confirmed by the DICO, the patient may object to being tested.
- TRUE OR FALSE
- 12) All communicable diseases are infectious.
- TRUE OR FALSE
- 13) A bloodborne pathogen cannot penetrate intact skin.
- TRUE OR FALSE
- 14) If tears, sweat, saliva, urine, stool, etc. does not contain visible blood it is not a Bloodborne pathogen.
- TRUE OR FALSE
- 15) Since 2000 there have been no new cases of occupational acquired HIV.
- TRUE OR FALSE
- 16) Hepatitis A and E are not bloodborne pathogens.
- TRUE OR FALSE

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- 17) Syphilis and West Nile Virus are bloodborne pathogens.
TRUE OR FALSE
- 18) Annual TB testing is not required due to the low incidence of TB in our service area.
TRUE OR FALSE
- 19) Many chronically ill patients in a skilled care setting are prone to C-Diff and MRSA.
TRUE OR FALSE
- 20) Respiratory droplets are known to travel over six feet through the air.
TRUE OR FALSE
- 21) Bleach in water solution is potent for 48 hours.
TRUE OR FALSE
- 22) Glove use is required for all medication administration.
TRUE OR FALSE
- 23) N-95 masks can be used on patients.
TRUE OR FALSE
- 24) The hospital must clean a bloody backboard before returning such items to the fire department.
TRUE OR FALSE
- 25) The ambulance and cot should only be cleaned after each patient use.
TRUE OR FALSE

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- 26) You are performing medical care on a patient and believe you have been exposed to blood of the patient.
- a) Who determines if you have in fact been exposed?
 - b) If it is determined you have been exposed, who is the person who can order source patient testing?
 - c) Must the patient consent to this testing?
 - d) Can the receiving hospital refuse to perform the testing?
- 27) What are the two modes of disease transmission?
- a)
 - b)
- 28) How many types of Hepatitis are known to exist?
- a) Which two are Bloodborne pathogens?
 - b) Which one does not have a vaccine available?
 - c) For Hepatitis C, what percentage of these patients has symptoms?
- 29) To contact TB from a source patient:
- a) The patient needs to actively _____.
 - b) The patient and recipient need to be in a non-ventilated space for at least _____ hours.
 - c) The patient and recipient need to be within _____ feet of each other.

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30) Is an annual TB skin test needed at the PHFD?

a) Why?

31) Which mask is used to protect against transmission of TB?

a) Who wears the mask?

32) Fill in the below table:

Disease	Gastroenteritis	Influenza	Pertussis	Varicella	Meningitis
Transmitted via airborne particles or respiratory secretions?					
Violent coughing?					
Vomiting?					
Fever?					
Rash or vesicles?					

33) What is C-DIFF?

a) Which patients are most likely to acquire it?

b) What precautions are necessary to prevent its transmission?

c) If waterless hand cleaner effective on C-DIFF?

34) What is MRSA?

a) Which patients are most likely to acquire it?

b) What precautions are necessary to prevent its transmission?

c) If waterless hand cleaner effective on MRSA?

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- 35) On a routine EMS call:
- a) Who should routinely don gloves and when?
 - b) When should a mask be worn?
 - c) When should safety glasses be worn?
- 36) What garbage should be placed in a red bag?
- 37) What is the difference between cleaning and disinfecting?
- a) For Cavicide to be effective as a DISINFECTANT how long must it sit on the surface once sprayed?
- 38) You have been contaminated with a patient's blood. It has gotten on your arm.
- a) What is the first step in addressing this issue?
 - b) Next, you need to determine what?
 - c) When would you sign in at the hospital emergency department to be seen as a patient?
 - d) If you are injured or exposed who do you contact?
 - e) Should you ever let the hospital ED staff test you for exposure?

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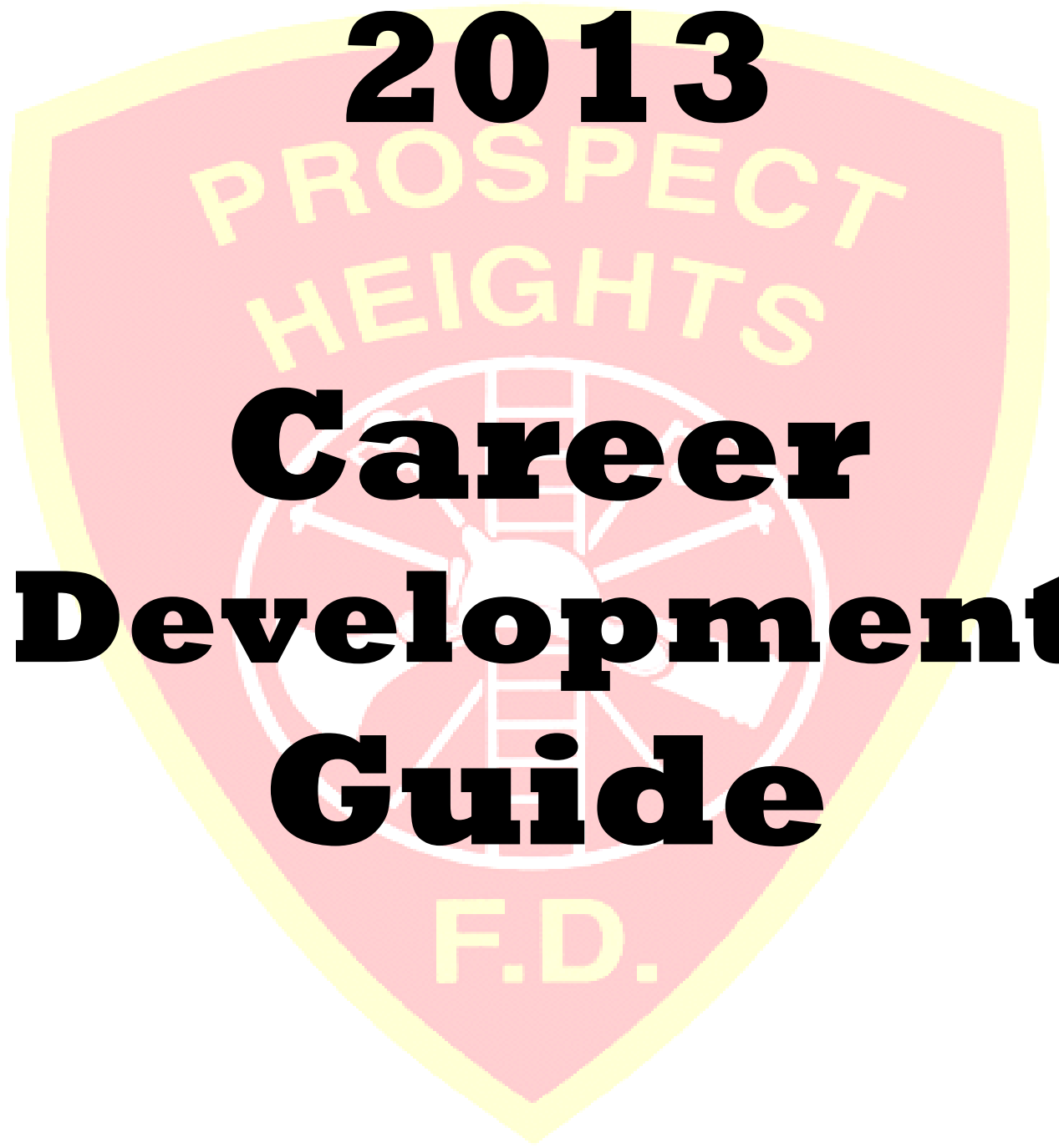
**PROSPECT
HEIGHTS**

Career

Development

Guide

F.D.





MISSION of the Prospect Heights Fire Protection District



Our mission to the citizens and visitors of the Prospect Heights Fire Protection District is two-fold: first, to prevent injury and loss of life due to fire and accident, both natural and man-made; and second, to prevent loss or damage to their property and environment. We do this through education and enforcement of safe practices. When a fire or accident occurs, we pledge to respond to all life and property threatening emergencies within our fire protection district and attempt to effect rescue of human life first, control of fire or hazard second, and conservation of property and environment third. Further, we will respond to all reports of injury and illness to people within our fire protection district and provide appropriate pre-hospital emergency medical care consistent with currently accepted standards and practices.

Our values and vision are intended to help both our members and the public understand how and why we conduct the “business” of the fire district.



VALUES

- We are a full service emergency response organization and understand that people call the fire department when they do not know whom else to call or when no one else can help them. We provide fire suppression and prevention, rescue, emergency medical service, hazardous materials response and other related services in the best and safest possible manner.
- Our leaders and staff are committed to carrying out the mission of the fire district. Our members are our greatest assets. Members of the fire district need to want to be members, enjoy their work and be proud of themselves, their fellow members and the fire district's equipment and facilities.
- We want our members to do the right thing, the thing that brings pride to themselves, the fire district, and the public we serve.
- The brotherhood of being a firefighter is as important to fulfilling our mission as all other factors. Brothers are part of a family and the fire district is that family.
- Planning and preparation are key elements and a continuous and ongoing effort of insuring our ability to meet our stated mission.
- We provide all services without discrimination based on race, religion, ethnic background, socio-economic issues or regard to any person's ability to pay.
- The citizens, their guests and visitors of the fire district are our customers. We have only one chance to make a first impression on our customer. Requests for reasonable accommodations for facility use and service requests are forwarded to command staff that seriously considers such requests.
- We respect and treat others and ourselves the way they and we want to be treated. Harassment due to race, religion or sex, violence to persons or property, the misuse of alcohol or drugs, or other bad behavior is not allowed or tolerated. Hazing of new members is not permitted. Diversity among all our members is one of our strengths. Be nice to everyone you interact with, even the annoying or frequent customer.



- Officers set the example, provide direction and leadership, and carry out the required duties. Officers treat subordinates fairly. Facts and circumstances are used to guide leadership, management and fair disciplinary practices. Officers recognize that true friends do not ask them to side step their professional, ethical or moral responsibilities.

- Completion of minimum standards or certification programs is the beginning, not the end, of every member's fire and emergency service education.
- We understand and accept certain risks of our professions:
 - ▶ *When there is a realistic potential to save a threatened life we will attempt rescue with great risk of injury to firefighters in a calculated and reasonable manner.*
 - ▶ *When there is a realistic potential to save property we will attempt fire control with some risk of injury to firefighters in a calculated and reasonable manner recognizing that no structure is worth the life of a firefighter.*
 - ▶ *When it is clear to us that there is no realistic possibility of saving any life or property we will not risk injury to any firefighter and focus efforts on defending persons or property not threatened or exposed to hazard.*



VISION

In order to fulfill our mission we pledge to learn from our past, train for the present, and plan for the future.

- We are a unique organization: We use many part-time employees and have hazards and challenges that few other fire departments face. We are able to provide the needed service due to the talent, education, training and dedication of all our members.
- Our facilities, vehicles and equipment are the best that our taxpayers can afford with our members maintaining it in clean and ready state. Our members recognize that “your mother does not work here.”
- We are current on trends, practices and events that drive and steer the efforts of modern fire departments and emergency medical services.
- Training and education, both initial and continuing, are key to insuring members are skilled, knowledgeable and best prepared to respond and serve our customers. Members keep themselves healthy and physically fit in order to perform their duties under emotional and physically demanding and changing conditions.
- Our members are committed and self-disciplined professionals who are polite, clean, helpful, cheerful persons that embrace our mission and values, and follow our rules, policies and procedures. They possess a “can-do” attitude. “Good enough” is not in our vocabulary.
- The organization and its members are not perfect but strive for improvement everyday and after each incident.
- We are all unique individuals who form this team. “I” and “me” are replaced by “us” and “we.”

**Service – Courage – Dedication –
Tradition – Sacrifice –
Brotherhood**
These are our pillars



Introduction

Through career development members will have an opportunity to earn higher wages, increase their responsibility and authority, and ultimately grow to their full potential. As this occurs, the fire district is provided with knowledgeable, effective and productive members who strive to improve themselves and their jobs.

A well-planned career development program obviously benefits both the member and the fire district, but certain responsibilities accompany these benefits. These responsibilities are best described as mutual obligations that must be recognized, and fulfilled by both the member and fire district if career development is to occur.

The primary obligations are motivation and opportunity and both must be present in career development. The member wishing to move forward on the career path must have the motivation to prepare for and accept additional responsibilities and duties as provided by the fire district. The fire district in turn must contribute to an environment that fosters member motivation, self-discipline and improvement. When established, this environment encourages participation, recognizes member contributions and improvement efforts, and provides the opportunity for members to develop and succeed. Recognizing and fulfilling these mutual obligations results in growth and development for the individual and the fire district.

In addition, one must keep in mind that officers need to be respected to be effective. For this respect to be effective, it must be earned rather than demanded. Professional development can be of great assistance in gaining respect. In addition, other factors affect one's ability to gain respect. Words used to describe the qualities of a good officer (who has gained respect) often include:

- "Team builder" for one who promotes unity and working together for a common good.
- "Team player" for one who plays well with others and shares in both reward and responsibility.
- "Leader" for one who leads his or her people. Leaders say "follow me" not "I'm right behind you."
- "Manager" describing the ability of one to get things done, done right, and done on time without unnecessary activity.
- "Human being" for one who shows compassion, understanding, uses common sense, and remembers that without his or her people they would not be a leader and manager.
- "Listener" for one who knows and comprehends what others are saying. Hearing is not listening and good officers listen more than they talk.

A good officer insures he or she is credible (both as a person and as a professional) and strives to constantly improve their inter-personal skills. Only through constant formal and informal education does any person improve them self. Experience alone is not a competent teacher. Experience must be complimented with education, and vice-versa. Does a member have twenty years of experience or one year of experience twenty times over?



Officer Performance Review Criteria

Once promoted, members will be formally evaluated using established performance criteria. That criteria (which is in addition to the regular member evaluation criteria) is described below. Members who aspire to a leadership position and/or serve in an acting officer capacity may also be evaluated formally using the same criteria.

It is in the best interest of aspiring members to understand these criteria and begin to ensure their performance meets these expectations PRIOR to promotion. Doing so will ensure greater success once promoted. Aspiring and promoted members need to have the same work ethic and behaviors prior to promotion to ensure success. Remember: Your subordinates and superiors work with you. They will know of your actions and behaviors as a follower were less than desirable. Trying to do the right thing and lead a group of others whose actions and behaviors are less than desirable will be more difficult when they can say to you “but you never did this when you were a firefighter!”

Function/ Responsibility	1.1. FUNDAMENTALS
Duties/Tasks	<p>1.1.1. All typical duties and responsibilities contained in the Fire District’s FIRE FIGHTER Position Description.</p> <p>1.1.2. Issue direct and indirect orders to subordinates as appropriate and necessary to carry out both emergency and non-emergency duties and services.</p> <p>1.1.3. The authority to immediately correct any imminent hazards to any member.</p> <p>1.1.4. Exercise independent judgment to carry out the PHFD mission and policies when specific direction is not given or cannot be obtained in a reasonable period of time.</p> <p>1.1.5. During each shift has regular and frequent communications with the members of assigned company.</p> <p>1.1.6. Keep assigned battalion chief informed of pertinent matters.</p> <p>1.1.7. Makes recommendations to battalion chief officers regarding policy and procedure, standard operating procedures and operational guidelines.</p> <p>1.1.8. Interact professionally, competently, and positively with members of the public, civic organizations, law enforcement, local government officials and employees, as well as other fire department’s members and officers.</p> <p>1.1.9. Attend and actively participate in regularly scheduled and special officer meetings.</p> <p>1.1.10. Other duties as from time to time may be assigned by a Chief Officer.</p>
Guiding Principles & Expectations	<p>The lieutenant:</p> <ul style="list-style-type: none"> ▪ Uses his power and authority appropriately, judiciously, and effectively. ▪ Addresses problems, issues and rumors in a timely and preemptive manner. ▪ Ensures the policies, procedures and guidelines are known and followed. ▪ Interacts with company member casually but with authority during majority of each shift. ▪ Knows when to be a hands-on manager versus a hands-off manager. Can have a physical presence with company without having to actually speak or direct each action. ▪ Has frequent and period conversation with battalion chief that promotes a team approach to shift operation without causing the lieutenant to be physically separated from the company for long periods. ▪ Makes them self available by proactively approaching subordinates as well as having an open-door policy that still respects the chain of command. ▪ Understands the value that stakeholders bring to the fire district. ▪ Attends most if not all officer meetings as well as those meetings with subordinates of his shift as scheduled by superior officers. The officer meeting is the forum, time and place to communicate successes, failures, or short comings of the fire district policy, procedure, or guidelines as well as contribute to the creation of new or revised policy, procedure, guidelines, or programs that improve the fire district’s operations and reduce duplication of effort or resources.



Function/ Responsibility	1.2. OPERATIONS
Duties/Tasks	<p>1.2.1. Respond with company members to emergency incidents as assigned by RED Center or superior officer.</p> <p>1.2.2. Initiates, maintains and terminates command of incidents consistent with established principles and practices of the Incident Command System and PHFD operational guidelines.</p> <p>1.2.3. Function as initial incident commander on incidents involving more than two companies.</p> <p>1.2.4. Make tactical and task decisions regarding incident operations, which are consistent with modern fire suppression and emergency management practices.</p> <p>1.2.5. Participates with company in performing maintenance activities.</p> <p>1.2.6. Conducts public education and relations activities utilizing company members.</p>
Guiding Principles & Expectations	<p>The lieutenant:</p> <ul style="list-style-type: none"> ▪ Stays current on modern fire suppression, rescue and special operations by reading fire service publications, attending outside training, and actively promoting the operational guidelines of the PHFD. ▪ Masters firefighting, rescue, EMS and other operational skills. ▪ Is the first and not last member of his company to respond. Company members should be following after, not waiting for, the lieutenant. ▪ Models proper PPE and SCBA use and ensures such use by subordinates. ▪ Follows the ICS and ensures companies operate within the ICS. The ICS is used on all incidents to prepare everyone for the true emergency. ▪ Assigns tactics and tasks to company based on strategy communicated from incident commander. ▪ Uses apparatus and equipment maintenance as well as incident responses as training and mentoring opportunities. ▪ Values public education and public relations, both formally scheduled functions and impromptu requests, as opportunities to market the fire district and its mission.
Function/ Responsibility	1.3. MANAGERIAL
Duties/Tasks	<p>1.3.1. Determines, delegates, supervises and evaluates daily, weekly, monthly and other activities assigned to company.</p> <p>1.3.2. Creates and completes required reports for incidents, daily, weekly, monthly and other assigned activities.</p> <p>1.3.3. Ensure accurate and complete payroll reports and records are submitted to the battalion chief in compliance with PHFD policy.</p> <p>1.3.4. Make effective use of email and other PHFD resources to communicate with superiors, fellow lieutenants, and subordinates.</p> <p>1.3.5. Initiates reporting and fact finding for an injury, accident or complaint using the policies, procedures and guidelines of the PHFD.</p> <p>1.3.6. In the absence of the battalion chief, ensures shifts and companies are properly staffed and operated. This includes making personnel shift and station assignment changes.</p> <p>1.3.7. Completion of both informal and formal member performance evaluations on assigned subordinates.</p>
Guiding Principles & Expectations	<p>The lieutenant:</p> <ul style="list-style-type: none"> ▪ Prepares for the next shift on the previous shift. Scheduled events and tasks located in the fire district's record management system as well and correspondence from superiors and fire district policies, procedures, and guidelines are used in this process. ▪ Reports and records are completed the same shift and are accurate and thorough. Reads and checks his own incident and payroll reports as well as his company's EMS reports, maintenance forms and checklists, and training reports the same shift to ensure accuracy, completeness, and thoroughness. ▪ Owns his problems. What happens on his tour of duty or to/with his company members is the lieutenant's problem. Issues with his people or equipment are resolved and not ignored, allowed to degenerate, or for others to discover.



	<ul style="list-style-type: none"> Probationary period, annual, and as-needed performance reviews are conducted in a timely and effective manner to communicate that expectations are met as well as that deficiencies exist. When deficiencies exist, performance reviews are preceded by coaching, counseling, retraining, and/or discipline, as appropriate. Only in rare instances should a subordinate receive a performance review in which he or she is informed of a less than desired performance or behavior that has not been addresses as described above.
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Function/ Responsibility	1.4. SUPERVISORY
Duties/Tasks	<p>1.4.1. Inspection of company members, uniforms and protective equipment, apparatus and its equipment, and facilities including fire stations to ensure their readiness and ability to deliver service in compliance with PHFD and national standards.</p> <p>1.4.2. Conduct briefings/information exchange with the off-going lieutenant immediately prior to the beginning of each shift. Likewise, conduct briefings/information exchange with the on-going lieutenant immediately prior to the conclusion of each shift.</p> <p>1.4.3. Monitors the performance of subordinates as it relates to PHFD policies, procedures, and guidelines and other performance indicators contained in the member performance evaluation documents.</p> <p>1.4.4. Dispenses praise and commendation as well as coaching, counseling and discipline to subordinates. Disciplinary action is in compliance with PHFD rules and regulations.</p> <p>1.4.5. Manage and advocate for the health and safety of assigned members.</p>
Guiding Principles & Expectations	<p>The lieutenant:</p> <ul style="list-style-type: none"> Holds company members accountable for their proper uniform, PPE being is a state of readiness, and that tasks and duties assigned are completed. Uses coaching and counseling of members as appropriate. Does not ignore performance issues of violations of policy or procedure. Values interaction and communication with company members. Such interaction and communication is a key and essential part of each shift and is regular, spontaneous, and often casual. As part of this interaction and communication both positive and negative feedback from the lieutenant to the company is essential. Communicates with the off-going lieutenant prior to the start of his shift. Communicates with the on-coming lieutenant prior to the end of his shift. To meet this expectation, he ensures his peers are aware of staffing, policy or operational issues before they are responsible for their company and tour of duty. Looks out for the best interests of the fire district and manages risk that is identified. Always takes the position of what is best for the citizen and advocates to the command staff for subordinates when appropriate. Is the key player in promoting positive labor-management relations. Excellent interpersonal relationship skills are essential. Values the performance review process and the benefits it brings to both members and the fire district. Demonstrates such value by actively participating in the formal and informal processes. Actively participating means giving the process 100-plus percent effort and providing meaningful written and verbal feedback to the subordinate.

Function/ Responsibility	1.5. TRAINING
Duties/Tasks	<p>1.5.1. Ensure the schedule training and education, both initial education and training and the regular, periodic refresher subjects, are conducted and completed. To this end, the lieutenant will consult the plans and guides prepared by the training division. Additionally, special team training attendance for those members assigned to the lieutenant's shift also needs to be coordinated by the lieutenant.</p> <p>1.5.2. Instructs firefighter, officers and companies in fire suppression, rescue, hazardous material and emergency medical services and skills.</p> <p>1.5.3. Identify those areas where subordinate members may require additional training and/or education.</p> <p>1.5.4. Plan and participate in the professional development of subordinate members, both formally and informally.</p>



	<p>1.5.5. Orient and train newly hired members using the plans and documents of the PHFD. To this end, the battalion chief will be responsible for this process but should assign and delegate specific orientation and probationary period activities to a designated lieutenant who will serve as mentor and preceptor.</p> <p>1.5.6. Serve as mentor to those firefighters assigned to the lieutenant's shift.</p>
Guiding Principles & Expectations	<p>The lieutenant:</p> <ul style="list-style-type: none">▪ Collaborates with battalion chief to plan how scheduled training will be carried out within the schedule period: Who will conduct each session; where each session will be conducted; what apparatus, equipment and supplies are needed.▪ In planning training, understands the guidance of the training division as well as understands when he should be the presenter of specific information or sessions. One key function of a lieutenant is conducting company skill drills. Deficiencies notes on incidents need to be addressed before such topics appear on the district-wide training schedule.▪ Evaluates performance of individuals and companies during certain training sessions and at incidents to determine competence, deficiencies, and conflicts with policy, procedure, guidelines, minimum standards or job performance requirements (JPRs). To this end, when less than desired performance is identified and such performance may have an immediate impact on member safety, the lieutenant addresses the performance through immediate retraining. The lieutenant may perform this retraining or delegate such activity to a subordinate.▪ Ensures a plan for newly hired members to achieve completion of probationary requirements within established time frames and benchmarks. The lieutenant may directly carry out the necessary tasks or delegate such activity to a subordinate. If delegated, the lieutenant retains responsibility and accountability.▪ Mentors members by not only addressing formal job requirements such as probationary member and new officer checklists, but by also reviewing aspects of each position description and performance review criteria prior to the formal performance review process.



The Member's Action Plan

A successful career is the result of careful planning and hard work. Fire district members who are interested in advancement should begin planning a course of action, as early in their career as possible, which will assist their success. Developing a personal action plan can save much time and wasted effort in reaching career goals.

A career development plan should include the following steps:

- Investigate the organization
- Set goals
- Prepare
- Contribute
- Compete
- Measure your success

This process should be continuous, and resolve around each position one holds during their career.

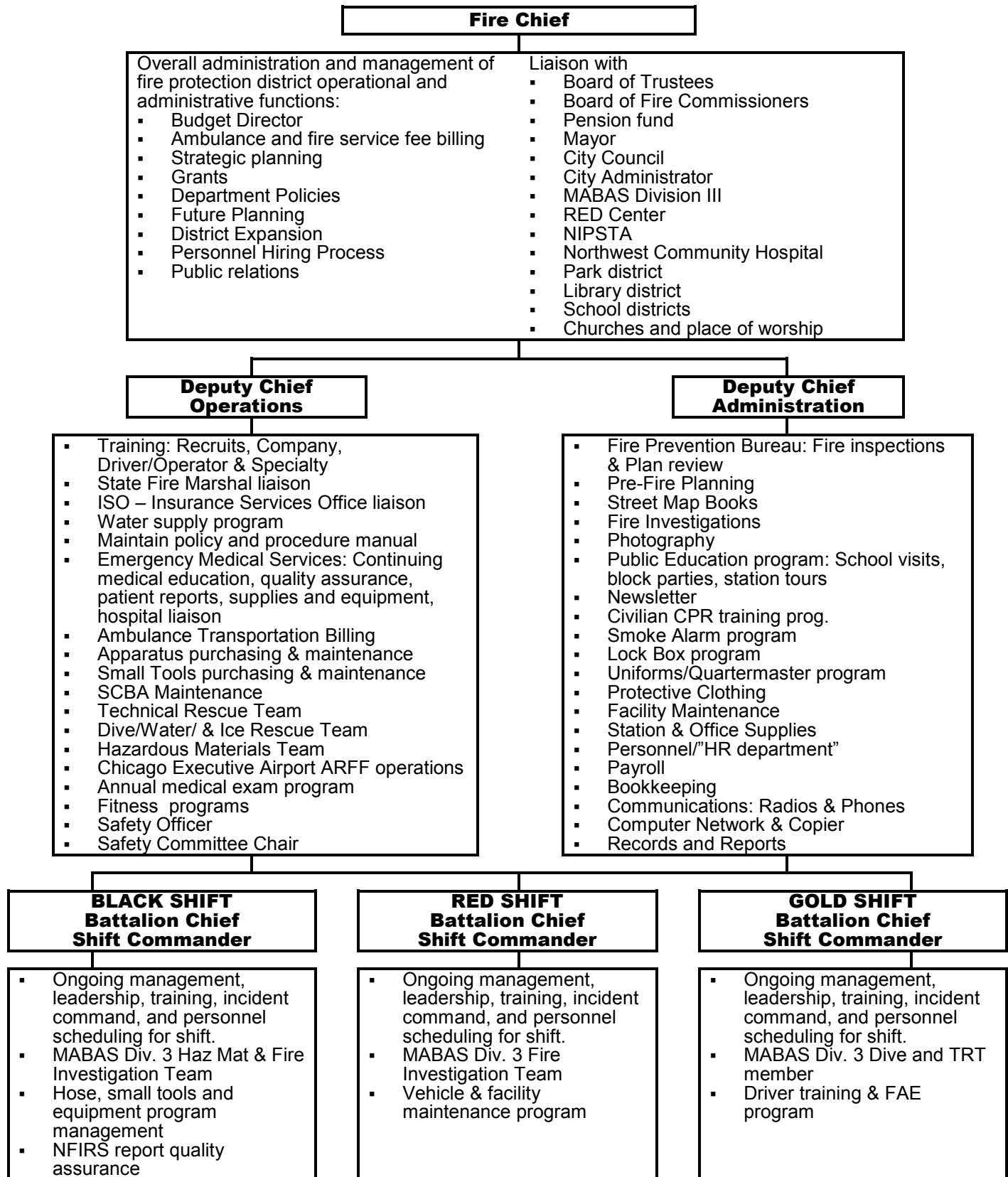
Investigate the fire district

Many times, members limit their career potential by failing to understand the fire district as an organization. Each member should thoroughly investigate the fire district to determine what we do (not just go to calls), why we do it, and who is responsible for getting it done. While the answers to these questions appear obvious, many members fail to understand how each division of the fire district contributes toward meeting the fire district goal of providing the highest level of life and property safety. You must know what is available within the fire district before you plan your career.



Administrative Duties

A breakdown of “who does what.”





Members are encouraged to get involved and help out in areas that interest them. The following are areas of responsibility and/or activity within the fire district. This list is not inclusive and may be built upon. Members are encouraged to identify problem areas or areas of interest and develop programs which allow them to further the fire district's mission of the fire district.

- 1) Emergency Medical Services
 - a) EMS equipment purchasing, research and development, maintenance, etc
 - b) Quality assurance program
- 2) Training
 - a) Recruit mentoring
 - b) Fire Suppression (such as basic FF skills, tactics, etc.)
 - c) Hazardous Materials
 - d) Rescue (such as extrication, water/ice, etc.)
 - e) EMS (such as EMT-B and EMT-P continuing education, special topics, skills refreshers, etc.)
 - f) Driver and Engineer (such as calculations, FAE courses, etc.)
 - g) Airport operations
- 3) Development of Standard Operating Procedures and Operational Guidelines for
 - a) Safety, response, and operations at emergencies
 - b) Equipment maintenance, purchasing, research and development of hose, pumps, small tools and engines, hand tools, etc.
- 4) SCBA maintenance, training, overhaul, repair, testing, etc.
- 5) Public Education
 - a) Citizen CPR classes (such as one person CPR, infant CPR, etc.)
 - b) First aid classes for boy scouts, industry, and citizens groups
 - c) Station tours
 - d) School visits
 - e) Smoke and Carbon Monoxide alarms
- 6) MABAS box card development and refinement
- 7) Fire and arson investigation
- 8) Fire prevention
 - a) Inspections
 - b) Pre-fire planning information gathering, maps, drawings, etc.
 - c) Maps and street guides
 - d) Key box program
- 9) Apparatus maintenance and repairs (such as oil changes, tune-ups, electrical troubleshooting, etc.)
- 10) Hydrant inspections, fire flow testing, maintenance, etc.
- 11) Safety
 - a) NFPA 1500 compliance
 - b) IDOL compliance
 - c) Member safety equipment
 - d) Safety committee
- 12) Physical fitness program development, monitoring, etc.
- 13) Specialty teams
 - a) Hazardous Materials
 - b) Dive
 - c) Special Rescue (High rise rope, trench and structural collapse, and confined spaces)
- 14) Computers and IT/IS
- 15) Communications (radios, etc.)



- 16) Uniforms and protective clothing
- 17) Facility maintenance and improvement



Set goals

Career goals should be established early in one's employment. Ultimate career goals could be as high as each individual wishes but it is important for members on a career development program to establish a series of sub-goals that are realistic, and attainable with adequate preparation and hard work. Reaching one sub-goal at a time, while keeping the ultimate goal in mind, provides forward movement in the career path, and establishes benchmarks of accomplishment. A series of individual successes is important in career development. Planning what you want to accomplish, making the necessary preparations, and following it through to a successful conclusion allows you to feel good about yourself and your abilities. Having a good self-image is important in career development and establishing a history of success generally enhances one's self-image.

Proper guidance and counseling can be a valuable asset to members interested in career development. The person who has had a successful career often has many suggestions to offer, and can serve as a role model or mentor for one seeking assistance. A role model should be carefully chosen based on his or her proven performance, overall understanding of the fire service, and knowledge of success. Members are encouraged to speak to others, both inside and outside of the fire district, and find out how they prepared for success in their career. The fire district training officer is available to provide guidance and assistance with education requirements. Other agencies may be helpful and they will be discussed elsewhere in this handbook.

Prepare

As positions of authority become available, namely those with the rank of lieutenant, it will become necessary to fill these vacancies. A vacancy could occur due to a death, resignation, retirement, demotion, or termination of a member or through expansion of the fire district. Only those individuals who have demonstrated ability will be promoted. One of the components of this demonstrated ability is an individual's professional credentials.

In order for one to develop their professional credentials within the fire service it becomes necessary to attend training courses and conduct study which is not part of routine, scheduled drills. Three certification programs, Fire Apparatus Engineer (FAE), Fire Fighter III or Advanced Technician Firefighter (FF3), and Fire Officer I (FO1), become professional certifications which credential one's ability to demonstrate knowledge and skill commensurate with additional responsibilities of rank.

Additional educational programs, along with certification, are available and will be presented later in this document.

These certifications requirements are promulgated and enforced by the Office of the State Fire Marshall (Illinois) Division of Personnel Standards and Education (OSFM). The OSFM publishes these requirements. The following is an explanation of the requirements and suggestions on how these requirements may be met.

Contribute

Everything that is accomplished by the fire district is the direct result of people striving to their best work. Whether it is long-range planning or carrying out the day's assignments. The contributions of members make it happen. Members can have a great influence on the direction of the fire district if they are willing to contribute. All members are urged to seek responsibility and share their experience and knowledge to improve the fire district. Get involved!

When you investigate the fire district you should have become familiar with its many facets, as



well as its divisions, bureaus, and projects. Jump on board one of these and help out. Or find an area which is not being pursued and carve your own path. Seek help from others who have already done so.

Compete

A career with the Prospect Heights Fire Protection District begins with hard work, and if one is to advance, hard work remains essential. The steps outlines in this handbook will provide direction for members to plan their careers, but it is no guarantee of success. You must compete with your peers in the promotional process if you are to move forward in your career path. If you do not compete it is then impossible to succeed.

Measure your success

Success should not be judged solely on whether or not a promotion is received but by your performance and contributions to the fire district. If you do your best you can be a success at whatever job you choose and thus have a successful career.



The Fire District's Action Plan

An environment that promotes member and organizational development does not occur by accident. The fire district is actively involved in planning to promote individual and organizational growth. The fire district's plan is based on the following:

- Provide clear direction and program goals
- Establish well-defined policies and procedures
- Provide opportunity
- Provide positive environment
- Provide positive reinforcement
- Prepare members to succeed
- Recognize out mutual success

Providing clear direction and program goals

The fire district management operates under the basic assumption that the fire district members have both high regard for their work and a high degree of competence. When members know the goal of the organization, they will do their best to insure it is met. Meeting this goal requires a total commitment of the fire district's resources, and provides individual and organizational direction for the present and into the future.

Establishes well-defined policies and procedures

Fire district management has also made the assumption that if people know what is expected of them they will make every effort to meet or exceed the expectation. The fire district's Member Manual is designed to accomplish this.

Provide opportunity

All members of the organization have the opportunity to advance upward as vacancies develop. Additionally, other opportunities within the organization may develop and, thus, require the organization to expand. Adequately prepared and competent members aid the organization in allowing it to expand. Expansion cannot be attempted unless management feels it has adequately prepared personnel to fill those roles needed.

Provide positive environment

Management recognizes that its relationship with its members is one that is inter-related with the work environment. Management recognizes its obligation to insure as positive an environment as possible. With this in mind the fire district attempts to provide the best possible safety equipment, a healthy and safe work place, continuous in-house training as well as outside-the-department education, promote physical fitness, good salary and benefits, and open labor-management relations.

Prepare members to succeed

The fire district is committed to insuring members succeed. Our active involvement in member development is evident by our monthly drill program and our provision of tuition payment and time-off-with-pay for related schools and courses. These programs are vital to insuring members succeed in developing their career.



Succession and education plan

Succession and education planning for the education of the work force is a crucial management activity. Members need to be trained and educated so that work experiences are maximized. What you see and experience on the job will be better understood with additional formal training. Each year, a portion of the training budget is devoted to member development. The fire district does not have an endless “Pot of Gold,” so it must determine what training and education is most needed and can be afforded within its budget.

The fire district also needs to prepare members for future promotion. The fire district cannot afford to wait until there is a vacancy or a new position created to then train and educate the member. The recruitment of outside persons to fill management positions within our fire district is not generally accepted and in some case prohibited by law. The state law on fire department promotions makes member development a priority. Without a formal program the fire district may not be able to set reasonable expectations for promotion and therefore would “get what we get.”

Training and education for the future needs to be both technical (firefighting, rescue, EMS, haz-mat, etc.) and managerial (leadership, supervision, management, etc.). As part of the orientation process for full-time members it was stated that the fire district would like to see each full-time firefighter choose a MABAS Special Team such as Water rescue, Technical Rescue or Haz-mat.

Besides general fire suppression and rescue functions, there are specialty functions than require additional education. The fire district staff has set a goal that each full-time member who completes probation select and then participate on one of the MABAS Special Teams. The three special teams are:

- Water Rescue: Includes SCUBA divers, boat operations, river rescue and ice rescue.
- Technical Rescue: Includes confined space and high elevation rescues and rescue from collapsed trenches and buildings.
- Hazardous Materials: Includes the stabilization and mitigation of incident involving chemical releases whether accidental or intentions (such as dumping or terrorism).

Initial training requirements are:

- Water Rescue: Five separate courses totaling about 80 hours.
- Technical Rescue: Eight separate courses totaling about 200 hours.
- Haz-mat: Three separate courses totaling about 100 hours.

Additionally, each special team has annual training requirements. In the most basic form, these requirements are:

- Water Rescue: Complete four separate dives, a skill competency pool dive, and a team meeting each year.
- Technical Rescue: Attend five drills and ten additional hours of TRT training each year. Within each two-year cycle, attend at least one drill in each of the five disciplines of the TRT.
- Haz-mat: Attend four response drills each year. Team and inventory drills or other hour-for-hour haz mat training may be used in place of two response drills.

At this time, the fire district’s goal for each fiscal year is to send 12 members to a 40-hour class with the fire district paying tuition and wages. Exactly how wages would be paid (member placed on 40 hour week and does not receive additional wages, member works regular shift with district covering time at class then paying overtime for hours beyond normal shift, or some other format) is determined on a case-by-case basis.



Members who wish to attend other classes on their own time without the fire district paying them any wage or compensation may be eligible for tuition payment.

All members will be expected to sign a standard training agreement for all 40-hours course. The training agreement states that any member who attends a course but does not remain a member (employee) for the 24-month period following the course must repay the fire district the costs associated with the member's attendance at the course.



Member education plans

Each class of member has a probationary period. During that period there are educational and certification or licensure requirements. Those specific requirements are:

Probationary firefighters (both full-time and part time members)

AFF: Airport Firefighter 30 hours (Taught in house)

FAE: Fire Apparatus Engineer 40 hours (How to operate fire pumps)

HMO: Hazardous Materials Operations 40 hours (Defensive actions at chemical spills)

Within five years of employment/membership (all members)

Each member will have completed the following courses and obtained OSFM certification:

- FAE: Fire Apparatus Engineer 40 hours (How to operate fire pumps)
- Advanced Technician Firefighter
- VMO: Vehicle and Machinery (rescue) Operations 40 hours
- RRO: Rope Rescue Operations 40 hours (required part of WRO and other specialty course)
- WRO: Water Rescue Operations 40 hours

All firefighters

Upon completion of probation, members may undertake career paths that develop both technical and managerial/leadership abilities. Courses that help these paths begin with:

Recognizing our mutual success

The most important part of our plan is that both the member and the fire district succeed.

In summary...

The Training Officer is available to discuss with you these three programs as well as the certification requirements for any other certification level. In addition, the Training Officer can help with educational planning and direct members to sources of training materials, training courses offered by NIPSTA, the Illinois Fire Service Institute at the University of Illinois at Champaign-Urbana, and the National Fire Academy.



PROBATIONARY REQUIREMENT TRAINING

Airport Firefighter

The OSFM defines the Airport Firefighter as a certified individual who has the required airport fire protection and prevention experience.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter OSFM.
- Attainment of one year of experience in airport fire protection
- Successful completion of the Airport Firefighter course
- Passage of the State written examination
- Passage of the State practical skills examinations
- Application for Certification/Validation-Attestation.

The Airport Firefighter course is taught in-house on an as-needed basis. No academy in Illinois offers this program on a regular basis.

Fire Apparatus Engineer (FAE)

FAE training allows a fire fighter to competently calculate pump discharge pressure and perform pump operation skills, skills which are necessary to provide an effective fire stream or water supply. The FAE provides the second most important function of a company: he insures the company members can accomplish the company officer's tasks. Aspiring fire officers who are also FAEs have a more realistic expectation of what types of hose lays can actually be accomplished versus attempted.

While FAE certification is a probationary period requirement for full-time members, part time members will not be permanently assigned on the monthly schedule to a vacant driver spot unless they are FAE certified.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter
- Successful completion of the Fire Apparatus Engineer course of two modules: pumper operations and apparatus driving.
- Passage of the State written examination
- Passage of the State practical skills examinations
- Possession of the appropriate class of driver's license in accordance with the Illinois Vehicle Code [625 ILCS 5].
- Application for Certification/Validation-Attestation, which shall include driving validation by the employing Fire Chief that all practical driving skills as specified in NFPA 1002 have been taught. This application and driving validation must be sent to the OSFM before the certification is granted.

In order to be eligible to take the OSFM FAE exam one must complete the learning objectives for FAE. The only way to complete these objectives is to take a 48 hour FAE course. This course may be obtained in one of two methods:

- Find a class being offered by a fire academy. Arlington Heights, Southwest United, Elgin and Romeoville fire academies offer this training. The cost will be paid by the fire district.



- Wait until we hold our own class. However, when we will do this is really unknown. The advantage to this program will be that it will be tailored to our operation.

No fire fighter will be allowed to take the FAE exam for the first time without completing an FAE course. In addition, those who do not pass (score less than 70% correct) the exam will be required to have study time documented, by means of work sheets, and quizzes, before they may retest.

No fire fighter will be allowed to take the FAE course unless he or she has also demonstrate proficiency in his/her driving skills or pumping skills by means of completing the fire district's driver training program.

Hazardous Materials Operations

Hazardous materials response training can be divided into two areas: Operations and technician. Operations are members of fire companies who perform defensive operations which are designed to prevent further harm. Technicians are fire fighters serving as a member of a response team and perform offensive operations which deal directly with the materials and are aimed at stopping and/or mitigating the release.

Hazardous materials Operations (HMO) training is required for all personnel, regardless of rank and career plans. Personnel will be delivered this program in their recruit training. HMO training is a prerequisite for hazardous materials technician (HMT) training. HMT training is required for any person who desires to be part of the MABAS Division 3 hazardous materials response team entry crew.

First responders, for the purpose of this level of certification, are fire protection personnel trained to the levels of Awareness and First Responder – Operations as defined in 29 CFR 1910.120. First Responders shall be trained to meet requirements of OSHA (29 CFR 1910.120) or USEPA (40 CFR 311), whichever is appropriate for their jurisdiction. Fire protection personnel at this level of certification are both: persons who are likely to witness or discover a hazardous substance release or potential release, and who have been trained to initiate an emergency response sequence by notifying the proper authorities (local, State, federal, or private resources) of the release; and persons who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release. They are trained to respond in a defensive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposures. Hazardous Materials First Responder – Operations is designed as the introductory step in the acquisition of knowledge and skills required to safely mitigate a release or potential release of hazardous substances and is defined as meeting the requirement for fire protection personnel under 29 CFR 1910.120. Professional qualifications for Hazardous Materials First Responder – Operations are identified in NFPA 472.



Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter (see Section 141.300).
- Successful completion of a Hazardous Materials First Responder – Operations course.
- Passage of a State practical skills examination (see Sections 141.200 and 141.300(g)).
- Passage of the State written examination (see Section 141.200).
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.

In order to be eligible to take the OSFM HMO exam one must complete the learning objectives for HMO. The only way to complete these objectives is to take a 40-hour HMO course. This course may be obtained in one of two methods:

- Find a class being offered by a fire academy. NIPSTA, Elgin and Romeoville fire academies offer this training. The cost will be paid by the fire district.
- Find a class being offered by the Illinois Fire Service Institute. These courses are listed on the IFSI website and all costs are paid for by federal grant dollars meaning the student and department have no tuition cost.



OTHER TRAINING OPPOTUNITIES

Advanced Technician Firefighter (ATFF)

The OSFM has replaced the current FF2 and FF3 programs with Basic Operations Firefighter and Advanced Technician Firefighter programs. Based on the rules published in the Illinois Register the changes are *summarized* below:

Former Program	Former Requirements	2011 Program Title	2011 Program Requirements
Fire Fighter II	<ul style="list-style-type: none"> ▪ Complete FF2 course and all practical skills. ▪ Complete Haz Mat Awareness. 	Basic Operations Firefighter	<ul style="list-style-type: none"> ▪ Complete Basic FF course and all practical skills. ▪ Complete Haz Mat OPERATIONS. ▪ Complete Technical Rescue Awareness. ▪ Complete FSVO classroom. ▪ Complete ICS 100 & IS 700. ▪ Complete first aid & CPR training.
Fire Fighter III	<ul style="list-style-type: none"> ▪ Complete FF3 course and all practical skills. ▪ Complete Haz Mat Operations. ▪ Obtain three years fire service experience. 	Advanced Technician Firefighter	<ul style="list-style-type: none"> ▪ Complete Advanced FF course and all practical skills. ▪ Obtain three years fire service experience following issuance of BOFF certification. ▪ Complete ICS 200. ▪ Possess FSVO certification. ▪ Possess Vehicle & Machinery Operations certification.

The Fire Fighter II and Fire Fighter III programs do not go away and no current FF2 or FF3 is grandfathered to the new level. Those current FF2 or FF3 certified who desire the new level may apply to the OSFM and if they meet the requirements they will then be certified.

The ATFF certification exceeds its predecessor the Fire Fighter III certification with additional co-requisites. Fire Fighter III Certification will not be available from the OSFM after January 1, 2015. The PHFD has stopped supporting this program and will not allow members to test for it.

ATFF certification demonstrates mastery of the minimum knowledge levels which are above that of a regular fire fighter. ATFF certification is also the first step toward certification as a Fire Officer 1. Even if you do not yearn to be an officer, the knowledge alone gained will make you a better fire fighter.

The OSFM recognizes the ATFF level as equivalent to, or exceeding, the Fire Fighter II level identified in NFPA 1001. The term ATFF is synonymous with a Journeyman Firefighter and identifies the expected level of supervision.



Prerequisites

- Certification as a OSFM Fire Fighter II and Hazardous Materials First Responder – Operations or Basic Operations Firefighter.
Note: If BOFF has not been attained then the BOFF co-requisites listed above must also be met to attain ATFF.
- Certification as a OSFM Vehicle and Machinery Operations and Fire Service Vehicle Operator (FSVO).
- Completion of DHS ICS-200.
- Attainment of three years cumulative fire service experience in a fire department that may include any combination of full-time, paid-on-call, volunteer, and military service (if a person's primary responsibility was fire protection) following attainment of BOFF certification. Proof is required. Job descriptions and personnel records are examples of adequate proof.
- Successful completion of the ATFF course.
- Passage of the ATFF state written examination
- Passage of the ATFF state practical skills examinations

Fire department officials will determine when the ATFF education and training are to be received by the member. ATFF training can only be obtained at the PHFD by attending an academy-based program.

Fire department officials will determine when the education, training and experience of a candidate are adequate for the officials to sign a Request for Examination form authorizing the member to take the State examinations. You do not have to have the three years of experience as a fire fighter to take the exam; only to become certified.

All requirements of the OSFM shall be met for each certification level before certificates will be issued. This includes passing the State written examination and practical skills examinations and submission of the Validation-Attestation to the OSFM.

Fire Fighters who must retest on a subject must complete reeducation on those subjects which were failed. There is no time limit on how long you can take to pass the entire ATFF program.



Fire Officer I (FO1) & II (FO2)

FIRE OFFICER I

The OSFM defines the Fire Officer I as an individual having the responsibilities of Company Officer. The OSFM does not recognize Fire Officer as a rank because it is not possible to insure that every rank used by local fire or allied field agencies to identify employees would be consistent throughout the State. FO1 courses are designed to do more than teach fire fighting. Most fire officers spend less than 10 percent of their time in actual emergency functions. The overwhelming proportion of their time is spent leading, managing, and supervising those under their command. FO1 courses teach these basic, but essential leadership and management principles. Simply being a good fire fighter does not mean one will be a good officer. Educating yourself to be a competent leader and manager is the first step in the path toward professionalism.

Prerequisites

- Certification as Fire Fighter II or Basic Operations Firefighter and as Fire Service Instructor I
- Attainment of four years minimum current fire service experience in a fire department
- Successful completion of the required three-semester credit (40 student contact hours minimum) courses or equivalent. A course taken for certification credit of 40 student contact hours (minimum) can be used for only one area of career hierarchy. Credit for equivalent courses may be available.

The following are the five (5) required Fire Officer I courses:

- A. Fire Service Instructor I;
- B. Fire Prevention Principles I;
- C. Strategy and Tactics I;
- D. Management I; and
- E. Management II

These FO1 courses may be obtained the following ways:

- Find a class being offered by NIPSTA, the Illinois Fire Chiefs Association foundation or the Illinois Fire Service Institute (FSI). All classes are listed on the each of these organization's web sites.
- Sign up for classes offered through a Community College. An advantage of these courses is that while they may cost as much as the IFCA courses they also come with college credit toward a degree. Make sure than any college course you may sign up for is able to be applied to FO1 certification; Do not assume it will. All of NIPSTA's courses are affiliated with Oakton Community College and have OSFM approval.

All FO1 courses tend to fill up fast so when a class is posted do not delay registering if you really want to be in it. The fire district only reimburses course from NIPSTA or the IFCA/IFSI.



Experience Requirements

Candidates for Fire Officer I certification must have a minimum of one year current experience as a Provisional Fire Officer I or Fire Officer I trainee. The OSFM defines a Fire Officer I trainee as a person possessing Fire Fighter II or Basic Operations Firefighter certification assigned to supervise one or more companies (a company is a crew of fire protection personnel). The Certified Instructor and employing Fire Chief must document this current experience as a Provisional Fire Officer I or Fire Officer I trainee. For purposes of figuring the year of experience, the applicant must have been assigned to Fire Officer I duties at least 80% of the time based on a 120 workday period (i.e., 96 days of 120 days for a total of 2304 hours). Those who are not officers should ensure that when they are an acting officer that their time is logged in the computer Staff Activity. Any combination of hours as either an acting officer, or officer once promoted, will satisfy the requirement.

Until such time as the experience requirement is satisfied, the Fire Officer I candidate will receive a certificate attesting to his/her Provisional Qualification as a Fire Officer I. Provisional Qualification can only be given after completion of all required courses. Provisionally qualified status allows the individual to participate in Fire Officer II courses and training. Provisionally qualified status does not certify the individual as a Fire Officer I.

FIRE OFFICER II

The OSFM defines Fire Officer II as a person having the responsibilities above Company Officer, but less than the responsibilities of the Fire Administrator, Fire Chief, head of the department, etc.

Prerequisites

- Certification as a Fire Officer I and as a Fire Service
- Instructor II
- Attainment of five years minimum current fire service experience in a fire department
- Successful completion of the identified 3-semester credit courses (40 student contact hours minimum) or equivalent. A course taken for certification credit of 40 student contact hours (minimum) can be used for only one area in the career hierarchy. Credit for equivalent courses may be available.

The following are the four (4) required Fire Officer II courses:

- A. Fire Service Instructor II;
- B. Strategy and Tactics II;
- C. Management III; and
- D. Management IV.

FO2 courses are obtained the same manner as FO1 courses. Until such time as a member is in rank as a company officer the funding of Fire Officer II courses will be considered on a case-by case basis.

Experience Requirements

Candidates for Fire Officer II certification must have a minimum of one year current experience as a Provisional Fire Officer II or a Fire Officer II trainee. The OSFM defines a Fire Officer II trainee as a person possessing Fire Officer I certification assigned to Fire Officer II duties. Methods of documenting and accruing this time are identical to those used for Fire Officer I.



Fire Department Incident Safety Officer is defined as an individual appointed to respond to or assigned at an incident scene by the incident commander to perform the duties and responsibilities as designated in this standard and NFPA 1500, whose duties entail promotion of the incident action plan, including the overall incident strategy, tactics, risk management, and member safety. This individual can also be the health and safety Officer or it can be a separate function. Professional Qualifications for Fire Department Incident Safety Officer are identified in NFPA 1521.

Prerequisites

- Certification as a Fire Officer I (see Section 141.308), Hazardous Materials First Responder - Operations (see Section 141.344), and Technical Rescue Awareness (see Section 141.350).
- Successful completion of the Fire Department Incident Safety Officer course.
- Successful completion of an approved Strategy and Tactics II course.
- A candidate for Fire Department Incident Safety Officer certification must be engaged in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- Passage of the State written examination OSFM.
- Application for Certification/Validation-Attestation.

The FDISO course is obtained in the same manner as FOI & II courses. Until such time as a member is in rank as a company officer the funding of FDISO courses will be considered on a case-by case basis.



Instructor Programs

Instructors are a necessary part of any organization and those who have developed skills at preparing and delivering educational programs benefit not only the fire district, but themselves. When one prepares to deliver a program, be it a short drill or an entire course of learning, he or she becomes more competent on the subject. This not only allows for a better delivery of the material, but it enhances the instructor's own knowledge and ability to deal with emergency situations.

Instructor training is organized into three levels: I through III.

- At the Instructor I level personnel learn the basic principles of organizing a presentation, how to teach from a prepared lesson plan, and how to use and make visual aids to complement the lesson.
- The Instructor II level prepares personnel to create lesson plans and write objectives, improve their visual aid skills, and refine their delivery technique. Alternative methods of delivering a lesson are also presented.
- With Instructor III training personnel learn how to develop an entire course of learning. As part of their course each student develops a course of at least 12 hours in length which includes: creating course objectives, lesson plans for each lesson, course evaluation methods, and Equal Employment Opportunity/Affirmation Action guidelines.

In addition, there is a Training Program Manager certification.

FIRE SERVICE INSTRUCTOR I

Fire Service Instructor I is defined as an instructor who has demonstrated the knowledge and ability to deliver instruction effectively from a prepared lesson plan including instructional aids and evaluation instruments; adapt lesson plans to the unique requirements of the students and authority having jurisdiction; organize the learning environment so that learning is maximized; and meet the record keeping requirements of the authority having jurisdiction. Professional qualifications for Fire Service Instructor I are identified in NFPA 1041.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter OSFM.
- Attainment of three years of documented cumulative fire service experience
- in a fire department.
- Successful completion of the Fire Service Instructor I course.
A current State Teacher's Certification Board Certificate is deemed equivalent to the Fire Service Instructor I course. A copy of the teacher's certificate must be submitted with the Request for Examination form.
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act as attested to by the employing Fire
- Chief of the individual seeking certification.
- Application for Certification/Validation-Attestation.



FIRE SERVICE INSTRUCTOR II

Fire Service Instructor II is a fire service instructor who, in addition to meeting Fire Service Instructor I qualifications, has demonstrated the knowledge and ability to coordinate other instructors and who is capable of using a variety of teaching strategies to develop lesson plans and instructional aids based on a task analysis. Professional qualifications for Fire Service Instructor II are identified in NFPA 1041. The Illinois program does not recognize Fire Service Instructor as a rank because it is not possible to insure that every rank used by local fire or allied field agencies to identify employees would be consistent throughout the State.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter (see Section 141.304) and as a Fire Service Instructor I (see Section 141.318).
- Attained five years of documented fire service experience in a fire department.
- Successful completion of the Fire Service Instructor II course.
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- Application for Certification/Validation-Attestation.

Instructor I and II courses are each 40 hours in length. Fire Officer I and II certification each require instructor training: Instructor I for FO1 and Instructor II for FO2. Instructor I and II courses are obtained in the same manner as the Fire Officer course. Consult the FO1 section of this handbook for details.

Instructor III and Training Program Manager courses are obtained through the Illinois Society of Fire Service Instructors. For more information please contact them at:

Illinois Society of Fire Service Instructors
450 Airport Road
Suite 109
Elgin, IL 60123
P:847-841-7693 F:847-888-2313
<http://ill-fireinstructors.org/>

FIRE SERVICE INSTRUCTOR III

The Fire Service Instructor III is a certified individual serving in a fire department or allied field agency who, in addition to meeting Fire Service Instructor II qualifications, has demonstrated the knowledge and ability to develop comprehensive training curricula and programs for use by single or multiple organizations; conduct organization needs analysis; and develop training goals and implementation strategies. Professional qualifications for Fire Service Instructor III are in NFPA 1041. The Illinois program does not recognize Fire Service Instructor as a rank because it is not possible to insure that every rank used by local fire or allied field agencies to identify employees would be consistent throughout the State.



Prerequisites

- Certification as a Fire Service Instructor II (see Section 141.320).
- Attained a minimum of three years in the capacity of a Fire Service Instructor.
- Successful completion of the Fire Service Instructor III course.
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- Application for Certification/Validation-Attestation.

TRAINING PROGRAM MANAGER

The Training Program Manager is a certified individual serving in a fire department or allied field agency who, in addition to meeting Fire Service Instructor II qualifications, has demonstrated the knowledge and ability to administer and manage a fire service training program, including budget preparation, personnel management, maintenance of positive public relations and organizational goal setting. The OSFM does not recognize Training Program Manager as a rank because it is not possible to insure that every rank used by local fire or allied field agencies to identify employees would be consistent throughout the State.

Prerequisites

- Certification as a Fire Service Instructor II
- Attained a minimum of five years in the capacity of a Fire Service Instructor II or training Officer
- Successful completion of the Training Program Manager course
- Application for Certification/Validation-Attestation



Safety Officer

There are two safety officer courses available. Anyone can enroll in these course. The PHFD will consider funding tuition and/or wages on a case-by-case basis. Usually lieutenants and battalion chiefs who have complete other required or self-selected programs will be considered.

Course	Typical duration	Prerequisites	Certification process
FD Incident Safety Officer	5-day/40-hours	Fire Officer 1 TRA HM Ops Strategy & Tactics II	<ul style="list-style-type: none"> ▪ Possess prerequisites listed ▪ Complete course. ▪ Pass course exam. ▪ Have fire chief and training officer complete application to State Fire Marshal.
FD Health and Safety Officer	5-day/40-hours	Fire Officer 1 TRA HM Ops	
FD Safety Officer	To obtain FDSO certification you must possess both the FDISO and FDHSO certification then simply apply to the OSFM.		

Only the Illinois Society of Fire Service Instructors can deliver these courses at this time. Course offerings are listed at <http://www.ill-fireinstructors.org/classes/list.cfm>



Hazardous Materials Technician

Hazardous Materials Technician is a series of two courses designed for the training and development of Hazardous Materials Response Team Members. Hazardous Materials Technicians are individuals who respond to releases or potential releases for the purpose of stopping the release. They assume a more aggressive role than a First Responder at the operations level in that they will approach the point of release in order to plug, patch or otherwise stop the release of a hazardous substance. Hazardous Materials Technician A involves procedures for and entry into the "hot zone". Hazardous Materials Technician B involves rescue procedures, tactics and strategy. Both Hazardous Materials Technician A and Technician B are required to satisfy the requirements in NFPA 472. Technicians are trained to meet requirements of OSHA (29 CFR 1910.120) or USEPA (40 CFR 311), whichever is appropriate for their jurisdiction. This program is designed to meet the requirements of 29 CFR 1910.120.

Prerequisites – Hazardous Materials Technician A

- Certification as a Hazardous Materials First Responder – Operations (see Section 141.344).
- Successful completion of the Hazardous Materials Technician A course.
- Passage of the State written examination (see Section 141.200).
- Passage of the State practical skills examinations (see Sections 141.200 and 141.300(g)).
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.

Prerequisites – Hazardous Materials Technician B

- Certification as a Hazardous Materials Technician A (see subsection (a)).
- Successful completion of the Hazardous Materials Technician B course.
- Passage of the State written examination (see Section 141.200).
- Passage of the State practical skills examination (see Sections 141.200 and 141.300(g)).
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.

HMT training may be obtained as follows:

- Complete the HMT course through an approved academy. Cost of these program varies and at this time the fire district does not approve such programs for tuition payment.
- Complete the HMT course through the Illinois Fire Service Institute. Cost of this program is free for members the fire district sponsors through the MABAS Division 3 Hazardous Materials Response Team. Personnel who desire to take this program on their own are responsible for the full tuition charge.

HMT training is quite skill intensive and relies heavily upon teamwork. Prior to entering the training program members are encouraged to participate in MABAS hazardous materials team drills. There is no benefit in receiving this training if one does not intend to participate in the haz-mat team.



Hazardous Materials Incident Command

Hazardous Materials Incident Command is designed for the training of Certified Hazardous Materials First Responders and Technicians to manage a hazardous materials emergency incident. An Incident Command System fixes command on one particular individual or a group of individuals throughout the incident to ensure a strong visible direct command. If the incident is above the level of training of the Incident Commander, management of all tactical operations shall be delegated to an appropriately trained individual. This does not relieve the Incident Commander of the responsibilities outlined in OSHA 1910.120(q)(3). This course has been developed to meet the requirements of OSHA (29 CFR 1910.120) or USEPA (40 CFR 311), whichever is appropriate for the jurisdiction. Professional qualifications for Incident Command are identified in NFPA 472.

Prerequisites

- Certification as a Hazardous Materials First Responder – Operations (see Section 141.344).
- Successful completion of the Hazardous Materials Incident Command course.
- Passage of the State written examination (see Section 141.200).
- Passage of the State practical skills examination (see Sections 141.200 and 141.300(g)).
- Application for Certification/Validation-Attestation.
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.

HMIC training may be obtained as follows:

- Complete the HMIC course through an approved academy. Cost of this program varies and at this time the fire district does not approve such programs for tuition payment.
- Complete the HMIC course through the Illinois Fire Service Institute. Cost of this program is free for members of the MABAS Division 3 Hazardous Materials Response Team. Personnel who desire to take this program on their own are responsible for the full tuition charge.



Fire Prevention Officer (FPO1)

The FPO1 course is not a requirement for fire officer certification but rather follows the career path of prevention rather than suppression. Those who attend FPO1 schools become credentialed as technically competent at the minimum knowledge necessary to conduct the basic activities of fire inspection, investigation, and public education.

A Fire Prevention Officer is a person serving in a fire department or allied agency whose primary duties are inspections of a variety of structures, reporting inspection results of fire safety conditions, conducting basic fire investigation, and performing basic fire prevention education activities.

Prerequisites

- Certification as a Fire Fighter III or Advanced Technician Firefighter
- Attainment of three years cumulative fire service experience
- Attainment of one year experience in fire prevention.
- Successful completion of the Fire Prevention Officer course.
- Successful completion of the State written examination
- Application for Certification/Validation-Attestation.

Modular Training

Fire Prevention Officer training can be taken in a series of modules or as a complete course. The State written examination OSFM can be taken by module or by taking the complete examination. When an individual takes the examination by modules, the passed modules will be kept on file until all modules are passed. If an individual is training by module, and then enters a training facility or a college program that instructs the complete program mode, any previously passed modules cannot be used to exempt any portion of the examination; the complete examination must be taken. If an individual fails the complete examination, he or she may elect to then test using the modular system. When an individual elects to be trained using the modular system, he or she may select the order of any module and its examination.

The FPO1 course may be obtained the following ways:

- Find a class being offered by the Illinois Fire Inspectors Association. The class is usually offered once a year and begins in early fall and runs through late spring, following a standard school year. Class is usually one day a week for eight hours.
- Through a community college as part of the fire science curriculum.

Those who are seriously interested in fire prevention work are encouraged to attend this program. The road to attaining this level of certification is long and requires a large commitment.



Fire and Arson Investigator

Fire Investigator (F/I) certification can be obtained to credentialed one in the same field. Arson Investigator (A/O) certification is an extensions of the F/I certification. Since arson is a crime and fire itself is not, the arson program focuses on legal requirements associated with criminal activity as well as peace officer training. With infrequent incident of fire it may be difficult for those who choose to pursue this path to become proficient. Most fires do not prove to be challenging from an investigation standpoint. Because certification as an arson investigator requires certification as a peace officer, certification as an arson investigator is not possible through this fire district.

Fire investigator training is available through:

- The Illinois Fire Service Institute, in cooperation with other state agencies, who offer the 80 hour basic course consisting of modules 1 and 2 and the 40 hour advanced module, module 3, consisting of arson investigation;
- The National Fire Academy fire arson investigator course in lieu of the IFSI 80 hours course.

FIRE INVESTIGATOR

A Fire Investigator is an individual, serving in an agency or a fire department, specifically responsible for the investigation of fire incidents. The term synonymous with Fire Investigator is Technical Specialist. Professional qualifications for Fire Investigator are identified in NFPA 1033 and NFPA 921. The Illinois program does not recognize Fire Investigator as a rank because it is not possible to insure that every rank used by local fire departments or allied field agencies to identify persons serving as Fire Investigators would be consistent throughout the State.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter (see Section 141.300) or successful completion of the Bypass Examination (see Sections 141.220 and 141.240).
- Successful completion of the Fire Investigator course consisting of three Modules, or Modules I and II and the Arson Investigator course (see Section 141.336).
- Application for Certification/Validation-Attestation.
- Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.

ARSON INVESTIGATOR

An Arson Investigator is an individual who is a full-time paid and sworn employee a local governmental agency specifically responsible for the investigation of suspected arson fire incidents. The Illinois program does not recognize Arson Investigator as a rank because it is not possible to insure that every rank used by local fire and police departments or allied field agencies to identify persons serving as Arson Investigators would be consistent throughout the State.

Prerequisites

- Certification as a Fire Fighter II or Basic Operations Firefighter (see Section 141.300) or successful completion of the Bypass Examination (see Sections 141.220 and 141.240).
- Successful completion of Modules I and II of the Fire Investigator Course (see Section 141.334) or equivalent course (see Section 141.120).
- Successful completion of an Arson Investigator course approved by the Office and the Illinois Law Enforcement Training and Standards Board, or provide proof of equivalent courses to be



evaluated by the Executive Director of the Illinois Law Enforcement Training and Standards Board.

- Be employed full-time by a local governmental agency, the Office, or other organization investigating fires and explosions believed to be arson.
- Application for Certification/Validation-Attestation.

Firearms Training.

Upon successful completion of the Firearms and Physical Training portion of the Arson Investigator program, records of completion shall be forwarded to the Illinois Law Enforcement Training and Standards Board for personnel of fire and police departments or allied field agencies. The Board will review the records and issue appropriate firearms training certificates. The Office will issue the Arson Investigator certificate upon receipt of firearms training, physical training, and all other documents from the Illinois Law Enforcement Training and Standards Board.

Re-certification requirements for both Fire and Arson Investigators

- Certifications expire four years after issuance date.
- Certification as an Fire or Arson Investigator.
- Completion of refresher training following the established course objectives identified in NFPA 1033 and NFPA 921, totaling 100 points over a four-year period, attested to by the employing Fire Chief, based on the divisional point system. Point dissemination will be determined by the applicable ad hoc committee. Records of the training will be retained in the fire department records.
- Application for re-certification, signed by the employing Fire Chief, verifying completion of training points.
- If certification is not renewed within 90 days after the expiration date, the individuals will be required to complete an approved Fire Investigator course.



Technical Rescue

There are numerous technical rescue courses available. While anyone can enroll in these those who do not seek membership on the regional TRT will be challenged to maintain proficiency in most of the skills. The PHFD will not fund tuition and/or wages for those members who have not been appointed to the MABAS Division 3 TRT. The operations-level course is always a prerequisite for the technician-level course.

Course	Typical duration	Prerequisites	Certification process
Rope Operations	5-days/40-hours		<ul style="list-style-type: none"> ▪ Possess prerequisites listed plus Technical Rescue Awareness. ▪ May need Haz Mat Ops if not already certified. ▪ Complete course. ▪ Pass course exam and practical skills. ▪ Pass state exam. ▪ Have fire chief and training officer complete application to State Fire Marshal.
Confined Space Operations	5-days/40-hours		
Trench Operations	4-days/32-hours		
Structural Collapse Operations	5-days/50-hours		
Rope Technician <i>Note: This program may be offered as two, 5-day courses:</i> <ul style="list-style-type: none"> ▪ Vertical II ▪ High lines 	10-days/80-hours	Rope Operations	
Confined Space Technician	5-days/40-hours	Confined Space Operations	
Trench Technician	5-days/40-hours	Trench Operations	
Structural Collapse Technician	5-days/50-hours	Structural Collapse Operations	
Vehicle & Machinery Technician	5-days/40-hours	Vehicle & Machinery Operations	

While VMT is a TRT course members with VMO and a desire to attend will be considered on a case-by-case basis.



Other State Certifications

As of January 2013 the OSFM offers 52 different certifications to the fire service. A complete list of these certifications and the associated requirements for certification can be found at <http://www.sfm.illinois.gov/fireservice/>



Paramedic Licensure

Called certification in the past, licensure as a paramedic is available to those who pass the state exam administered through the Illinois Department of Public Health. In order to become eligible for the exam and licensure, a member must first be an EMT-B, attend an approved course, and complete an internship.

Paramedic training is available through many sources. Primarily, members of this fire district receive their training through Northwest Community Hospital (NWCH). In the NWCH program students attend class Monday through Friday from “9 to 5” for 17 weeks. After 17 weeks they begin a three-month field internship riding on an ambulance and functioning as a paramedic under the supervision of a paramedic preceptor. It is important to realize that paramedics who serve as a preceptor do so voluntarily and do not receive additional compensation for this task which involves a significant commitment as well. Members who decide to attend class must solicit a member to be their preceptor.

Students who elect this course must set aside all other activities including working and social life. This is a major commitment.

Any member who wishes to undergo paramedic training and be sponsored by the fire district (this includes riding on the ambulance to achieve licensure) must contact the Training Officer prior to application with the NWCEMSS paramedic training program.

Tuition reimbursement is not available at this time.

In the past the fire district would allow those members who attended a different paramedic class to obtain their field internship here at the PHFD. However, due to a variety of issues only those members who attend the NWCEMSS paramedic course may use the PHFD to achieve their field internship.

Any paramedic with a license from the IDLH who currently does not possess ALS privileges from the NWCEMSS will be required to obtain such privileges within months of employment or licensure.



Financial considerations of professional development

Individuals who develop themselves professionally and demonstrate competent behavior toward the organization and others will benefit the fire district. Any fire fighter who desires to develop them self is encouraged to do so. However, the unlimited financial support with tuition is impossible. Every fire fighter may apply for financial assistance towards his education. Tuition reimbursement requests of each individual will be handled on a case-by-case basis. With each request reviewed, consideration will be given to the budget limitations, individual participation and enthusiasm toward the organization, general position within the fire district structure, and what personal finances and time have been utilized thus far. Not all requests may be approved.

A request for tuition payment for Fire Officer level classes will not be honored unless the member has completed the Fire Fighter 3 requirements. Fire fighters who have not completed the FF3 may still be approved for specialty classes such as Auto Extrication or Smoke Divers. The prime decision-making tool is what the value of the training will be to the fire district once it is received.

Please consult the fire district policy procedure on Advance Training Courses for specific information on tuition reimbursement.

Another source of financial assistance towards fire service related to higher education is the Illinois Fire Chiefs Association (IFCA) Education and Research Foundation Scholarship Competition

***Illinois Fire Chiefs Association
Educational & Research Foundation
Scholarship Competition***

<http://www.illinoisfirechiefs.org/ifc-foundation/scholarship-information>

Each year the Foundation, in cooperation with the Illinois Fire Chiefs Association, coordinates a scholarship program made possible by the generosity of various donors.

The objective of this scholarship program is to assist individuals desiring to further their academic background through courses in the Fire Services or related certification programs. Individual scholarships are to be awarded in various amounts up to \$2,000.

Who is Eligible . . . any person who is an active member of a recognized Fire Department in the State of Illinois.

How to apply . . . applicants must complete all sections of the application. In addition, attach an essay of approximately 250 words stating why you are applying for financial assistance and why you believe a scholarship will be useful to you.

In evaluating the applications, consideration will be given to those demonstrating need, desire, initiative, and carrying endorsement. Documentation of previous academic achievement should be furnished.

Scholarship Applications must be submitted electronically by March 15, of the year.



Other educational institutions...

NIPSTA – the Northeastern Illinois Public Safety Training Academy

The Northeastern Illinois Public Safety Training Academy (NIPSTA) is a one-of-a-kind cooperative approach to emergency preparedness and response. The unique year-round curriculum promotes cross-training and communication among first responders at the local, state, and national levels.

NIPSTA provides a wide array of public safety training events to not only the fire service but to police and public works. In addition, NIPSTA is used by non-governmental organizations to support other activities. As such, often the NIPSTA campus is occupied by several groups each conducting its own business. Instructors are to respect other programs and campus uses and when conflicts develop work cooperatively through the fire academy coordinator or daily lead instructor to resolve the issue. Ignoring or disrespecting the instructors or staff of another program is not tolerated.

Northeastern Illinois Public Safety Training Academy

2300 Patriot Boulevard

Glenview, IL 60026

www.nipsta.org

Phone: 847-998-8090

Fax: 847-998-8091



**The Illinois Fire Service Institute
At the
University of Illinois at Champaign-Urbana.**

The Illinois Fire Service Institute is the statutory fire academy for the State of Illinois. It is operated as a continuing education and public service activity by the University of Illinois. (Reference PA 81-1147, Illinois Fire Service Institute Act, effective 7/1/1980).

Mission

Helping Firefighters do their Work through Training, Education, Information and Research

The Illinois Fire Service Institute (IFSI) conducts more than 1,400 training programs per year for more than 55,000 fire fighters and officers. These activities cover all aspects of the fire service from basic fire fighting skills to specialized operations such as haz-mat and technical rescue, incident command, and management training for officers.

Operated by the University of Illinois, it was formed as the Firemanship Training section of the university in 1957 and became the institute in 1980. IFSI is primarily responsible for the delivery and development of most training programs in the state. While most fire districts in the northeast part of Illinois provide their own basic fire fighter (fire fighter 2) training, the institute conducts this training in a wide portion of the state. Additionally, most courses such as haz-mat specialized fire fighter training, and officer training are developed and delivered by the IFSI.

A brief listing of courses offered by the institute includes:

- Essentials of Fire Fighting
- Certified Fire Fighter II or Basic Operations Firefighter Academy
- Fire Attack and Suppression Training (FAST)
- Auto Extrication Technician
- Breathing Equipment Specialist “Smoke Divers”
- Fire Apparatus Engineer
- Vertical (rope) Rescue
- Fire/Arson Investigation
- Instructor I, II, and III.
- Fire Prevention Officer I
- Fire Prevention Inspector II
- Hazardous Materials Operations, Technician, and Chemistry.
- Strategy and Tactics I and II.
- Management I, II, III, and IV.
- Fire Prevention Principles I and II.
- Fire Officer III

Many courses are five-day/forty-plus hours in length. Additional Information is available from:

Illinois Fire Service Institute
Fire Service Institute building
11 Gerty Drive
Champaign, IL 61820
www.fsi.uiuc.edu
Phone (217) 333-3800



The National Fire Academy

The National Fire Academy (NFA) located in Emmitsburg, Maryland is one component of the National Emergency Training Institute. The NFA provides both resident and non-resident courses. NFA courses are designed to advance the professional development of fire service personnel. Field and hand-off classes are aimed at the fire fighter and company officer level. NFA field and hand-off courses are usually 12 to 16 hours in length and are taught by either state of NFA instructors at locations throughout the state. A complete catalogue of courses along with admission requirements is available through the NFA by writing:

Office of Admissions
National Emergency Training Institute
16825 S. Seton Avenue
Emmitsburg, MD 21727-8998

Or call:

Phone: (301) 447-1000

Fax: (301) 447-1346

Admissions Fax: (301) 447-1441

<http://www.usfa.dhs.gov/nfa/index.shtm>

Community College Fire Science Programs

Most area community colleges offer courses in fire science technology. College of DuPage, Harper College, College of Lake County, Oakton Community College, and Elgin Community College all offer such programs. Before entering into any of these programs talk to both a counselor and the fire science program chair/coordinator. Insure that their program will meet your current and future needs. Some fire science programs may not fulfill Bachelor Degree requirements at four-year institutions. Also, insure that courses for fire officer or fire prevention officer training taught at any community college will be accepted by the state fire marshal's office. A two-year degree from a community college can be structured to fulfill all the requirements for either FO1 or FPO1.

It is fire district policy that only in-district tuition costs directly related to fire science courses be reimbursed. Books and similar fees are not reimbursed.



Bachelor’s degree programs through Colleges and Universities.

Southern Illinois University and Western Illinois University both offer Bachelor Degree programs specifically tailored to the fire service. For information contact:

Southern Illinois University
The SIU program is offered at two locations
http://www.siu.edu/~asaocap/fire_service/index.htm

Fire Service Management
Triton College
River Grove, IL
Program Advisor: Sarah Widegren
Phone: (708) 456-0300 ext 3639
Email: ocaptrit@siu.edu

Fire Service Management
University Center of Lake County: Grayslake, IL
Program Advisor: Mirella Gamino
Clerical Assistant: Josephine Bilancione
Phone: (847) 689-3055
Email: ocapgl@siu.edu

Western Illinois University
Non-Traditional Programs

Horrabin Hall 6
Macomb, IL 61445
309) 298-1929
FAX: (309) 298-2226
<http://www.wiu.edu/ses/distance/>

The WIU program is offered through the USFA.
More information is available at:
http://www.usfa.dhs.gov/nfa/higher_ed/index.shtm

In addition, other schools offer degree programs in public safety, fire science, and the like. Investigation into programs at institutes of higher learning can offer preparation for long term advancement and promotion within the entire organization.

Other area programs:

<p>Heena Jeelani University Representative, First Responder, Professional Development, and Weekend College Programs Benedictine University 5700 College Road Lisle, Illinois 60532 630-829-6307 Office 630-829-6301 Fax hjeelani@ben.edu http://www.ben.edu</p>	<p>Justice, Law, and Public Safety Studies Lewis University jlps@lewisu.edu</p>
<p>Eastern Kentucky University www.Firescience.eku.edu</p>	<p>University of Maryland University College www.umuc.edu http://www.umuc.edu/academic-programs/public-safety.cfm</p>

More information on bachelor and master degrees can be obtained at
http://www.usfa.fema.gov/nfa/higher_ed/



Helpful Web Sites

NIPSTA
Illinois Fire Service Institute
State Fire Marshal
NIST

www.nipsta.org
www.fsi.uiuc.edu
www.state.il.us/osfm/PSandE/Overview.htm
www.fire.gov

Discussions, Research, Etc.

www.firefighterclosecalls.com
www.vententerseach.com
www.brotherhoodinstructors.com
www.everyonegoeshome.com
www.tes2training.com
www.fireserviceslt.com
www.firenuggets.com
www.sageauthoring.com

Local Photographers

www.shapirophotography.net
www.olkee.smugmug.com
www.ksc711.smugmug.com
www.chicagoareafire.com

Magazines

www.fireengineering.com
www.firehouse.com
www.firechief.com
www.jems.com
www.emsworld.com

Other Academies

www.romeoville.org/Fire/fireAcademy/fireacademy.aspx

Organizations

www.iafc.com
www.mabas-il.org
www.illinoisfirechiefs.org
www.ill-fireinstructors.org



Prospect Heights Fire Protection District REQUEST FOR TRAINING FORM

NAME OF MEMBER WHO REQUESTING TRAINING:			
Date Request Submitted:			
Title of course or seminar:			
Sponsoring Agency:			
Location of Activity:			
Date(s) of Activity:			
Time Activity Begins and Ends:	A.M.	until	A.M. P.M.
	P.M.		
<i>Attach copy of class/course notice/brochure to this form when submitting</i>			

FOR FULL-TIME MEMBERS

Time off needed?	Date(s) need off	Time period	Will shift need coverage?
Yes <input type="checkbox"/> No <input type="checkbox"/>		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>
		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, complete table to right		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>
		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>
		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>
		From Until	Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR OFFICE USE

PRE-REQUISITES MET?	<input type="checkbox"/> FF3	<input type="checkbox"/> HMFR	<input type="checkbox"/> FAE
HAS THIS MEMBER ATTENDED THE NECESSARY PRELIMINARY TRAINING?			
TRAINING OFFICER APPROVAL: _____		DATE: _____	
BUDGETARY APPROVAL: _____		DATE: _____	



Prospect Heights Fire Protection District **TRAINING CONFIRMATION**

DATE:	Wednesday, June 12, 2013		
TO:			
FROM:			
SUBJECT:	Your participation in the following training activity is approved as follows		
Title of course or seminar:			
Sponsoring Agency:			
Location of Activity:			
Date(s) of Activity:			
Time Activity Begins and Ends:	A.M.	until	P.M.
	P.		A.M.

This training is classified as:

Type 1	Training is required by the fire district and is not voluntary. Course fees, tuition and training charges will be paid directly by the fire district. The fire district will pay wages and expenses. <i>The maximum course fees, tuition and training charges you will be paid are \$</i> <i>The maximum number of hours at your hourly wage will be paid are</i>
Type 2	Training is <u>NOT</u> required by the fire district. Course fees, tuition and training charges will be paid directly by the fire district. The fire district will pay wages and expenses. <i>The maximum course fees, tuition and training charges you will be paid are \$</i> <i>The maximum number of hours at your hourly wage will be paid are</i>
In order to complete this approval you need to sign the attached Training Agreement form and return the form to the Training Officer.	
Type 3	Training is <u>NOT</u> required by the fire district and is voluntary. Course fees, tuition and training charges will be paid directly by the fire district. The fire district <u>WILL NOT</u> pay wages and expenses. <i>The maximum course fees, tuition and training charges you will be paid are \$</i>
In order to complete this approval you need to sign the attached Training Agreement form and return the form to the Training Officer.	
Type 4	Training is <u>NOT</u> required by the fire district and is voluntary. You must pay all Course fees, tuition and training charges yourself. The fire district upon successful completion, and certification/licensing (if applicable) of the training will reimburse tuition and training charges course fees, to you. The fire district <u>WILL NOT</u> pay wages and expenses. <i>The maximum course fees, tuition and training charges you will be paid are \$</i>
In order to receive reimbursement for tuition submit a copy of a cashier's check or check or a receipt along with your certificate or license and a signed Training Agreement form to the Training Officer.	
Type 5	Training is <u>NOT</u> required by the fire district and is voluntary. The fire district <u>WILL NOT</u> pay tuition and training charges course fees. The fire district <u>WILL NOT</u> pay wages and expenses.

Registration with the sponsoring agency is to be done by you. You need to contact the sponsoring agency and register. If there is a form that need to be filled out do so and forward it to me. Have all bills sent to my attention at the fire station.

During this course your scheduled shifts:



Will not be covered. You must arrange your own coverage.

Will be covered. Regularly scheduled days shifts (6 a.m. to 6 p.m.) at the PHFD will be paid; you will not lose any money. Evening (6 p.m. to 6 a.m.) shifts will not be paid.

Transportation for this course will be provided by:

Your personal vehicle at your expense.

Your personal vehicle. Submit gas receipt or mileage and any toll receipts on an Internal Correspondence form.

Department provided vehicle using department credit card. If the credit card is not available or honored, submit gas receipt or mileage and any toll receipts on an Internal Correspondence form.

Accommodations

The first district does not provide accommodations

Accommodations will be provided.

You need to make reservations at a motel.

Your daily room allowance is \$ _____ .00. You must submit an original receipt for the stay.

You must pay for the room yourself (using your cash or charge card) and the fire district will reimburse you at the next regular meeting of the Board of Trustees.

Ask if the motel/hotel will accept a purchase order from the fire district as payment for the room. If they will, ask when the purchase order should be submitted (before check in, at check in or at check out). If a P.O. is to be used you will need to see me so I can prepare it.

You may use the fire district's credit card to pay for the room.

Meals

Meals will not be provided

Meals will be provided. Please note: Your daily meal allowance is \$ _____ .00. Alcoholic beverages or cover charges will not be paid by the fire district. You must submit an original receipt for each meal.

You must purchase the meals yourself (using your cash or charge card) and the fire district will reimburse you at the next regular meeting of the Board of Trustees.

You may use the fire district's credit card to purchase meals.

Books and require materials

If required, will be reimbursed only with separate approval. In most cases we can supply the required textbooks, manuals and the like from our collection. If you desire reimbursement you must obtain written approval prior to purchase.

Required Training Report

Upon your return from this training please submit to me a Training Report that contains the following:

1. All receipts for meals, accommodations, fuel, etc.
2. Copy of any certificates you received. *Do not assume the school sent me a copy because they never do.*
3. Complete and sign a Training Report form for this class. *Forms are located in the office at each station.*
4. Type a short narrative on a department memo form/terminal report. This narrative needs to state the name of each seminar/class attended. For each class/seminar attended list the lessons learned and benefits both you and the department gained from it.

Submit these as a single package. Do not make multiple submissions.

Should there be any questions please see me.



Prospect Heights Fire Protection District

Training Agreement

In order to ensure that the Prospect Heights Fire Protection District does not invest time and money training persons for advanced certification without receiving the services for which the member was trained the following agreement is made by and between _____ (hereinafter referred to as the "Member" and the Prospect Heights Fire Protection District (hereinafter referred to as the "District").

1. The Member agrees to undertake and fully complete the training course beginning _____ from _____ A.M./P.M. until _____ A.M./P.M. each day and ending _____.
2. The Member will not be paid any wage by the District during the above training period.
3. The Member agrees to pay the tuition cost of \$ _____ for the training specified above. The Fire District agrees to reimburse the member for the _____ of the tuition as entered above once the course has been successfully completed including _____ related testing for certification or licensure.
4. The Fire District agrees to pay the tuition cost of \$ _____ for the training specified above. The Member agrees to reimburse the Fire District for the full cost of the tuition as entered should the Member not complete or unsuccessfully complete _____ or fail to obtain any related certification or licensure within 240 days of completion.
5. The Member agrees to repay the District the sum of _____ Member in item 3 or 4 above in the event that he or she terminates his or her membership with the District at any time during the twenty-four (24) months subsequent to completion of the training course specified in item 1 above.
6. No liquidated damages will be payable in the event that the Member is in the event that he or she is required to terminate his or her membership due to a discharge or injury.
7. In the event the Member is called to active military _____ is granted a leave of absence during the period covered by this Agreement, the period of the Agreement shall be extended accordingly.
8. This Agreement shall become effective upon signature below by both the Member and Fire Chief and shall remain in full force and effect for the twenty-four (24) month period specified in item 5 above, unless extended as provided in Paragraph 7 above.
9. This document embodies the whole agreement between _____ hereto, and there are no inducements, promises, terms, conditions or obligations made or entered into by the District other than contained herein.

The foregoing provisions are understood and agreed to by _____ signed. In witness whereof the parties have executed this Agreement on this day _____, 20____.
_____, Member

Accepted on this day _____ of _____, 20____.
_____, Fire Chief



History of the Prospect Heights Fire Protection District 1944-2012



Please Note: This history was compiled by Deputy Chief Drew Smith based on available records compiled by Nancy Olds, Robert Bremner, records and documents of the PHFD and oral histories from current and former firefighters. It is assumed that information is accurate but may be incomplete. Anyone who wishes to submit additional information or clarifications is encouraged to do so.

Fire protection districts are authorized under Illinois statutes. The Prospect Heights Fire Protection District was organized in 1944 pursuant to Illinois Compiled Statute 70 ILCS 705/ Fire Protection District Act as the Prospect Heights Rural Fire Protection District in order to provide the area that was then known as Prospect Heights with a better type of fire protection than had been previously available.

In 1938 a fire department had been formed informally by local businessmen. Prior to that time, fire protection was available from the Mt. Prospect Rural Fire Department. It was in 1944 under the leadership of then-Fire Chief Fran Foor that the fire district was formed. Chief Foor also served as the first president of the fire district. In 1950 the area surrounding the Prospect Heights Rural Fire Protection District that was not in the Villages of Mount Prospect or Arlington Heights was formed into the Wheeling Township Rural Fire Protection District. The Wheeling Township Rural Fire Protection District name would be changed in the early 1990s to the Palwaukee Area Fire Protection District.

An area bounded on the east and west by Wolf road and River Road and north and south by Old Willow Road and Central Road was organized at sometime into the Forest River Fire Protection District. This area would eventually be serviced by the Mount Prospect Fire Department.

Residents who owned property within the area bounded by Palatine Road, Wheeling Road, Euclid/Lake Road and Schoenbeck Road formed the fire district. They signed a petition that was presented to the County Court for a public hearing. Subsequently, the voters approved the formation of the district and it became a legal municipal corporation by a vote of 53- yes, 9- no, and 5 spoiled ballots. Funds to operate and maintain the fire district are collected from taxes levied against the properties within the district and are part of the general tax bill. Later, in 1960, the area west of Schoenbeck would be annexed into the fire district.

The first fire truck was a 1926 Chevrolet with two 40-gallon soda acid tanks. In 1945, the Businessmen's Association presented the truck to the department. Its first home was the Sinclair Gas Station at McDonald and Elmhurst Roads.

In 1948 the Lion's Club purchased an oxygen inhalator unit and donated it to the department. This was the first piece of first aid equipment to be owned by the department.

In August of 1948, construction started on the station at 8 ½ E. McDonald and was completed in April of 1949. At that time, the department consisted of 20 men on the roster and 1500 residents to protect in the fire district. These men built the station themselves from a single-page plan. Today, that same plan is framed and hangs in the current headquarters fire station on Camp McDonald Road. A dance was held that same year and billed as "a gay affair."

Annual carnivals (held from 1946 to 1956 by the Firemen's Association) made possible the original fire house and the partial cost of two fire trucks as well as the original radio equipment for six vehicles and 25 home monitors. These two pumpers were a 1946 Dodge/Darley, old



History of the Prospect Heights Fire Protection District 1944-2012



number 2, with a 300 gallon per minute pump and 500 gallon water tank, and a 1947 Ford/Darley pumper, old number 3, with a 750 gallon per minute pump and water tank

Chief Foor served as the president of the Illinois Fire Chiefs Association for the year of 1954.

For the year of 1956 the department responded to 30 calls.

It appears, based on the volume of newspaper clippings, that local press coverage of the fire department was extensive.

Early annual operating budgets of the fire district:

1950 – 1951	\$4,010
1951 – 1952	\$5,340
1960 – 1961	\$20,751
1961 – 1962	\$38,657

A fire at the Rolling Green Country Club in 1961 had a reported loss of \$50,000.

The roof siren was used to summon firefighters to a call until 1991. Currently it is used only for tornado and other warning purposes.

In April of 1962, after much discussion between the Trustees and members of the Firemen's Association, the Trustees transferred all firefighting duties to Mt. Prospect Fire Department. Based on newspaper articles, the firefighters went on "strike" and legal issues were brought before the court by the firefighters association. In August of 1962, the department reopened with William Andrew as Chief, succeeding Fran Foor.

In 1969, Don Gould, Sr. was appointed Fire Chief when Bill Andrew retired and moved from the area. Chief Gould, Sr. served until 1988. In 1988 Donald R. Gould, Jr. was appointed Fire Chief and continues to serve as the current fire chief.

During the mid 1960's, the fire district purchased three new fire-fighting vehicles, a 1964 equipment truck (old 175), a 1966 Ford/Darley pumper (old 172) with a 750 gallon per minute pump and 1000 gallon tank, and a 1968 Ford/Darley tanker (old 174) with a 750 gallon per minute pump and 1500 gallon tank. All three of these vehicles were retired in the early 1990s and sold as surplus property.

Beginning in 1963 and continuing for a number of years (available records indicate 6 years), an annual dance was held by the firefighters association to raise funds for fire department operations.

Sometime in the late 1960s or early 1970s the 1964 equipment truck was outfitted by the members with a three-bottle cascade for refilling breathing apparatus. This cascade used 2400 PSI cylinders and off-the-shelf hoses. At that time, cascades did not have a fill station or fragmentation chamber.

In 1971 the fire district held a referendum to issue \$275,000 in bonds for the purchase of new equipment, specifically an engine, ambulance, and car for the Chief, and to construct an addition to the current fire station. The vote passed with 711 Yes votes to 185 No votes. Construction occurred between 1975 and 1976. The new addition provided room for the volunteers' meetings and to hold additional vehicles. This bond was retired in the early 1980's.



History of the Prospect Heights Fire Protection District 1944-2012



In 1973 the fire district began to provide ambulance service using its new 1973 Dodge van ambulance. Prior to 1973, the fire district provided basic first aid and summoned a private ambulance company from a local funeral home to transport patients.

In 1981 the fire district joined with Niles, North Main, Morton Grove, and Glenview as a partner in the Regional Emergency Dispatch (RED) Center. Located at the Glenview Fire Department, RED Center provided two dispatchers on duty 24-hours a day improving dispatch at a nominal cost. With the move to RED Center, the original radio numbers of 170 through 180 were retired and the station numbered Station 9. All apparatus assigned to the station was now known by its vehicle type followed by the number 9, such as Engine 9. Chief officers were assigned a three-digit "hundred" series with Prospect Heights' chief known as 901.

Prior to the fire district's membership in RED Center, emergency calls were received over the traditional seven-digit phone number, 253-2161. Besides telephones in the fire station, the fire chief, deputy chief and several members had a "fire phone" which they could answer. Upon obtaining the nature and location of the emergency, the call was dispatch using a radio at the member's home or the member responded to the fire station and dispatched the call. At first, the roof siren was used for all calls and home monitoring radios were used. As technology developed, radio-activated pagers were issued to the members so they could go about their business with some mobility. This greatly improved response times and the number of members who could respond. Immediately prior to joining RED Center, the Arlington Heights Fire Department dispatchers would answer the phone and dispatch the call, but after dispatch a Prospect Heights firefighter would have to man the radio room at the station and handle all communications until the call was over.

In early 1984 the district purchased a new combination squad pumper vehicle, which replaced both the 1964 equipment truck and a 1966 pumper. This combination vehicle would be able to do two jobs, carry equipment and pump water. With this vehicle, Prospect Heights would become the first northwest suburban fire department to carry large diameter hose. This squad pumper would be retired and sold in 2002 after 18 years of faithful service.

Also in 1984 the fire district held a referendum to institute an ambulance service tax to pay for paramedics. With the passage by the voters of this rate increase, a new paramedic ambulance was purchased and equipped.

In July of 1985, the first paramedics were hired and began to service the community. A new, 1985 "modular" ambulance was purchased giving paramedics more room to work than the old van-type ambulance. Also, this ambulance had a Diesel motor to reduce heat buildup which at the time was causing numerous ambulance fires around the United States. For the first year the station was staffed 24-hours each day with a single paramedic who would rely on a second person, an EMT or paramedic, who would answer the paged call and report to the station to form a crew. Beginning in

1986 two paramedics would staff the station 24-hours a day and respond with either the ambulance or squad, depending on the call's nature.

In 1987 the fire district began its own Recruit Training Program that teaches new firefighters the State of Illinois Fire Fighter 2 curriculum as well as additional Prospect Heights-specific information. As of 2004, 13 classes have been held and more than 88 firefighters have been trained. The 14th class is preparing to begin in January of 2005 and will consist of more than 250 hours of



History of the Prospect Heights Fire Protection District 1944-2012



classroom and hands-on instruction and practice. Of the 88 persons who completed the Recruit Training Program, 30 (34%) remain active. Of the 22 persons who completed the Recruit Training Program in the last five year, 18 (82%) remain active.

At the September 20th, 1988 Board of Trustees meeting a motion was made and unanimously passed that removed Fire Chief Donald R. Gould, Sr. and Deputy Chief Ronald Olsen from their offices effective immediately and appointed Donald R. Gould, Jr. as the new fire chief. Following the passage of that motion both Gould, Sr. and Olsen resigned as members of the fire department.

In the early 1990s and again in the late 1990s the City of Prospect Heights formed Tax Increment Financing districts (TIFs) along Rand Road and on the east side. A TIF freezes property taxes collected by units of government, such as the fire district, for a period of up to 23 years. As property values in the TIF rise, the additional taxes are used to pay off improvements to infrastructure. When the TIF is retired the gain in taxes are then allocated to the various units of government. The Rand Road TIF was paid off in ten years and the fire district saw a modest gain in income for that property. The east side TIF remains in place and taxes received on that area remain the same as they were in the late 1990s even though service demands have risen over the past ten years.

In 1991 voters of the fire district approved the issuing by the fire district of a \$1,150,000 bond. This bond built additional living space and remodeled the fire station and also paid for the fire district's first aerial truck, a 1993 Pierce 100 foot aerial ladder platform. The bond was paid off in ten years. This addition to the fire station would mark the end of the use of the roof siren for alerting firefighter to respond to a reported fire.

In 1992 the Brighton Gardens Assisted Living Center opened on Euclid Avenue next to Rob Roy. Through a first-ever impact fee, the Marriott Corporation paid for a new ambulance.

In 1993 the fire district stopped contracting for personnel with the firefighters association and became the actual employer of the firefighters, a step deemed necessary based on the number of persons employed part-time and the task involved with performing the payroll accounting task twice each month.

1995 marked the provision of full fire and EMS service to the Palwaukee Area (formerly Wheeling Rural) fire district. On duty staffing rose from three firefighters to seven and a second, temporary station was opened at the City's Public Works building on the eastside. This temporary station would take on three versions and last for nearly seven years until the new station was opened on Wolf Road. Versions one and two were a single-wide then double-wide officer trailer behind the city's public works garage with the engine house in the garage. Version three was a light industrial building at 31 E. Palatine that was remodeled with a kitchen and living quarters and house an engine and ambulance.

In 1997 the Prospect Heights Rural Fire Protection District and the Palwaukee Area Fire Protection District consolidated and merged into the Prospect Heights Fire Protection District. On-duty station staffing using part-time firefighters would rise from seven to eight, four fire fighters at each station. Of the four at each station, they would be divided as one lieutenant, one driver, and two paramedics staffing an ambulance and a pumper.

In May of 2000, current Fire Chief Donald R. Gould, Jr. became the first full-time employee of the



History of the Prospect Heights Fire Protection District 1944-2012



fire district. The next year in September two Deputy Chiefs we hired as full-time employees of the fire district.

Beginning in 2000, the fire district has received more than \$900,000 in grants. The first grants were in 2000 from the State of Illinois. State Representative Krause awarded the district \$375,000.00 for the purchase of a new pumper. State Senator Sullivan awarded the district \$55,000.00 for the purchase of an Incident Command Van. In 2001 the Federal government began the Assistance to Firefighter Grant program and in 2002 the fire district was awarded a grant for \$96,469.00 to purchase 68 sets of turn-out gear, 18 Personal Alert Safety Systems (PASS) devices and a Thermal Imaging Camera which would allow firefighters to “see” through smoke.

Between April of 2002 and April of 2003 a series of three referendums were held in order to gain voter approval to hire nine full time firefighters. With the tax increases approved by voters and the additional taxes being collected by the end of 2004, the fire district prepares to hire its first full-time firefighter/paramedics in 2005. These full time members will supplement the existing part time members who currently staff both fire stations.

As of January 1, 2004 most unincorporated areas of Cook County (areas not part of the City of Prospect Heights) in the Prospect Heights Fire Protection District were annexed into the Village of Wheeling and removed from the fire district. This annexation is estimated to reduce the tax base by more than 41 million dollars, just over ten percent of the total tax base, and result in approximately 200 fewer calls each year.

Again in 2004 the fire district was awarded a second Assistance to Firefighters Grant (AFG) for \$377,553.00 to purchase all new cardiac monitor/defibrillators that also perform 12-lead EKG monitoring and automatic blood pressure measurement, an Automatic External Defibrillator (AED) for each of the six fire vehicles, 36 new Self-Contained Breathing Apparatus (SCBA), a heavy duty washing machine for decontaminating turn-out gear, fire sprinkler system and new emergency generator for the main fire station, and money to send every member of the department for a comprehensive medical exam to insure their health and safety to function as a firefighter.

In 2005, the fire district hired of its first three full-time Captains and first six full-time firefighter/paramedics. The captains began June 13, 2005 with a 40-hour a week orientation and began 24-hours shifts July 1, 2005. The six firefighter/paramedics began August 1, 2005 with a five-day, 40-hour orientation and began shift on August 6, 2005.

In September 2005, the fire district sent a captain and four firefighters with our command van and a pumper to Louisiana as part of the Hurricane Katrina response by MABAS. Members were deployed for 19 days.

On April 13, 2006 a spectacular, MABAS second-alarm fire with tanker box alarm destroyed the city hall. The 2006 Recruit Training Program graduated its 100th firefighter.

An AFG Program grant for Federal Fiscal Year 2006 was awarded to the PHFD for \$147,882 on February 16, 2007 for the purchase of new mobile and portable radios and pagers. On December 7, 2007 an AFG Program grant for Federal Fiscal Year 2007 was awarded \$36,100 for the purchase of a new breathing air compressor.

In 2008 the fire district received a SAFER (Staffing for Adequate Fire and Emergency Response) grant to add three additional firefighters, one per shift. \$316,275.00



History of the Prospect Heights Fire Protection District 1944-2012



In 2009 the three SAFER-funded full time firefighter positions were implemented and filled. Also, the three shift commanders with the rank of captain were reassigned from serving on a company to staffing the incident command vehicle, Battalion 9. In 2011 the captains were appointed to the rank of battalion chief by the fire chief.

The 21st Century

Since 1944 the Prospect Heights Fire Protection District has stood ready to answer any call for assistance. Today, the fire protection district is legally charged with the responsibility to deliver fire protection and emergency medical services to approximately 19,000 residents within its six square mile service area.

A five-member Board of Trustees governs the Prospect Heights Fire Protection District. The Wheeling Township Board of Trustees appoints the fire district trustees. Each trustee serves a three-year term with May 1st as anniversary date. The terms are staggered so that each year the term for one or two trustees expire. At each May meeting, the Board holds an election among them to determine which of the trustees will serve as Board President, Secretary, and Treasurer. The board appoints a fire chief and two deputy chiefs to administer the day-to-day operations of the fire protection district. The Board of Trustees also serves as the Board of Fire Commissioners who oversees the hiring of full-time personnel.

Currently the Board of Trustees holds monthly meetings for the purpose of conducting business of the fire protection district. These meetings are held on the third Tuesday of each month at the fire station. A quorum of at least three trustees is necessary to conduct the meeting. In addition to the quorum there are usually other ex-officio members in attendance. These include the fire chief and the fire protection district's attorney. Attendance by the general public and guests is usually nominal, even for meetings that might be construed as important.

The Mutual Aid Box Alarm System

Prospect Heights has been a member of the Mutual Aid Box Alarm System, or MABAS as it is commonly known, since it was formed in 1968 in the northwest suburbs of Chicago. Captain Donald Kuhn of the Elk Grove Village Fire Department proposed the system and managed its implementation. Structured on Chicago box alarm cards that preassign the engines, truck, squad, ambulances, and chiefs (and any other specialized equipment) to respond on a given level of alarm, MABAS adopted this simple model and still uses it today.

MABAS grew, and member departments were organized into divisions in the early 1970s. Chicago-area divisions serve a dense area; departments within the division serve a geographic portion of the metropolitan area without regard to county boundaries. These divisions usually consist of 12 to 20 departments. Typically, once outside the immediate Chicago area, divisions are comprised of one or more counties. The six-county Chicago metropolitan area has 18 of the total divisions. MABAS has 62 divisions in Illinois, eight in Wisconsin, and two in Indiana; there are more than 1,000 rostered fire departments, fire protection districts, and EMS agencies. Departments in Missouri, Iowa, and Michigan have expressed an interest in joining MABAS.

The Chicago Fire Department (CFD) is its own division. In the past few years, the CFD made a few requests for MABAS on extra alarm fires for change-of-quarters coverage, although



History of the Prospect Heights Fire Protection District 1944-2012



some suburban companies caught fires elsewhere in the city while deployed. Also, when there was a subway derailment and fire, Chicago made a MABAS request for ambulances.

BOX ALARM CARDS

A box alarm card template contains columns for engines, trucks, squads, chiefs, EMS, and special equipment and rows for the level of alarm (first, second, third, and so on.). In each square of this grid, the resources due on each alarm are listed. Typically, a department lists in the first one or two rows its usual and customary assignment dispatched to a reported fire or an upgrade to a working fire. Subsequent rows then detail the resources due on the first, second, third, and additional alarms. Most cards contain assignments through the fifth or seventh alarm level. In listing which companies respond when, the name of the fire department is placed in the column for the resource needed (rarely is an actual unit number/radio signature used). Some box alarm cards have a column for a rapid intervention team company. These columns may be modified for special incidents such as water rescue, technical rescue, haz mat, tanker/tenders, wildland, and EMS. Fire departments are free to determine the fire departments, the resources, and the number of resources per alarm level. Some departments have the same number of engines, trucks, and other equipment on each level. Others vary by alarm level. This is permissible. Usually, a single fire department sends only one company per card, although some fire departments will send more than one unit, but usually not on the same level. This practice ensures one community or area is not stripped of all its resources. These units come from surrounding departments, even if that means crossing over into another MABAS division. Draft cards are circulated to all departments listed on a card. If a department listed on the draft card does not indicate a problem with its planned assignment during the typical two-week to 30-day comment period, the draft cards are placed in service.

INTERDIVISIONAL BOX ALARMS

When a department that had requested a MABAS box alarm has been sent all units listed on all alarm levels of its card and is still in need of resources, that department may then request one or more interdivisional box alarms or a Division Task Force response. An Interdivision Box Alarm is similar to a standard box alarm, except that each division authors the box alarm card, not an individual department. When a stricken department has used all its planned resources (exhausted the box alarm card), an interdivisional box alarm can be requested. In this case, a division adjacent to the stricken department's division is asked to send companies. The Division dispatches the specified companies, which respond directly from their stations to the scene.

DIVISIONAL TASK FORCE

Unlike an interdivisional box alarm that can have varying resources responding to the scene from multiple fire stations, a Divisional Task Force (DTF) consists of two engine companies, one ladder company, one heavy rescue company, three ambulances (advanced life support or basic life support), and a chief officer with assistant, totaling 24 personnel. DTF units meet at a central location in their home division and then convoy to the incident. Typically, these DTFs are obtained from divisions that do not touch the affected division, usually resulting in skipping over the division next to the incident. This is done because most of the time when one division has an incident that exceeds its box alarm card, neighboring divisions already have sent some units. Pulling a DTF out of that division may deplete resources below an acceptable level. Also, DTFs are designed for a sustained, long-term (12+ hours) response vs. a speedy response. If you have already brought 100+ firefighters and dozens of apparatus to the incident, you're probably going to be there for a while.



History of the Prospect Heights Fire Protection District 1944-2012



HOW MABAS WORKS

MABAS is used daily for local incidents that exceed the capabilities of the local fire department. If a department has a fire, deploys all its companies, and perhaps had another one or two other departments send companies and then determines it needs more help, this would be the time it would request a MABAS box alarm. The majority of incidents are handled at the first or second MABAS box alarm level. Communications are handled by a single dispatch center for each division. The local fire department may have its own dispatch center, but the division dispatcher handles all further dispatches when that fire department requests a MABAS box alarm.

Communications are on VHF band simplex radios, using a main dispatch channel and several fireground frequencies. The nomenclature for these frequencies is standardized across the state.

From a legal perspective, a community's governing body passes an ordinance to participate and then signs the MABAS agreement, not the local fire department. If separate fire and EMS organizations exist, they are both covered. When the city/village/town/fire district signs the contract, it is voted into MABAS by the MABAS governing body. There is no need for the fire department to sign an individual agreement with each fire department or division. The one agreement does it all. However, the MABAS agreement does not cover automatic aid, only mutual aid.

MABAS operates under a single written agreement and has a single operating guideline that defines the basic standard operating procedures, definitions of vehicles, and staffing. A four-member company is standard; this may be modified in some divisions.

The MABAS executive board meets quarterly to assist the divisions. For the most part, each division governs itself and coordinates with neighboring divisions using the MABAS agreement and general operating guidelines for direction. Currently, MABAS is undergoing a reorganization that will have the original concepts remain in place while providing for the regional differences that occur when serving local communities in more than 100 Illinois counties and allow for further development in states other than Illinois.

Several MABAS divisions operate special teams, such as technical rescue, haz mat, water/scuba, and wildland. There are 37 MABAS-recognized technical rescue teams and a similar number of haz-mat teams in Illinois. Each specialty team has between 10 and 100+ trained members.

MABAS integrates into the Illinois Statewide Mutual Aid Plan (SWMAP) on declaration of disaster by the governor. With the declaration, the Illinois Emergency Management Agency (IEMA) calls RED Center (the primary point of contact for all fire department mutual-aid requests under the IL SWMAP). At the request, RED Center then contacts each division with its assignment. A second dispatch center (Orland Central) geographically separate from RED Center that backs up the system in case of a failure or threat.

MABAS was responsible for mobilizing more than 900 firefighters with apparatus to Katrina for six weeks. This was done after the Illinois Emergency Management Agency (IEMA) received a request from Louisiana Emergency Management Agency through an EMAC (Emergency Management Agency Compact) request, state-to-state mutual aid. This deployment represented only three percent of the resources within Illinois; the resources were drawn broadly, ensuring an even distribution of the remaining resources and satisfactory coverage of all stations.

In May 2004, MABAS conducted its first statewide deployment when a tornado struck Utica, Illinois (near I-39 and I-80 in north central Illinois), about a two-hour drive west of Chicago. Several technical rescue teams and division task forces were deployed for approximately six days.

In May 2006, MABAS participated with fire and EMS and special teams in the Chicago area and downstate disaster exercises, mobilizing hundreds of firefighters and EMS personnel in dozens



History of the Prospect Heights Fire Protection District 1944-2012



of vehicles for deployment to multiple locations.

Additional information on MABAS is available at www.mabas.org.

Emergency Incident Activity History

Year	# of calls	Year	# of calls
1991	513	2002	1810
1992	503	2003	1817
1993	512	2004**	1491
1994	605	2005	1621
1995*	1063	2006	1619
1996	1528	2007	1700
1997	1596	2008	1989
1998	1829	2009	1688
1999	1778	2010	1659
2000	1694	2011	1768
2001	1710	2012	1830

* *In mid-1995 the fire district expanded to provide service to the east side.*

** *On January 1, 2004 the Village of Wheeling annexed a large area of unincorporated land resulting that had been serviced by the fire district.*

In an average year, 55% of all incidents are for emergency medical services, 30% were for fire suppression, rescue, hazardous materials or investigation services, with 15% of all calls being assistance to other towns.

The Prospect Heights Fire Protection District service area consists of all areas within the City of Prospect Heights, except those areas east of Milwaukee Avenue and along Mandel lane, as well certain unincorporated areas within Wheeling Township. This is approximately 6 square miles.

The Prospect Heights Fire Protection District operates two stations located at 10 East Camp McDonald Road and 1275 South Wolf Road in Prospect Heights. Staffing of the stations 24-hours a day, 365 days a year is accomplished with a minimum duty crew of ten members; 1 battalion chief, 2 lieutenants, four paramedics and three emergency medical technicians -all of who are fire fighters - between both stations. Additionally, a chief officer is on duty in the station Monday through Friday during business hours and responds from home at night and on weekends.



History of the Prospect Heights Fire Protection District 1944-2012



Personnel for the fire district consists of 52 members:

- 1 Fire Chief
- 2 Deputy Chiefs (Both are Paramedics)
- 1 Administrative Assistant
- 3 Battalion Chiefs (All are Paramedics)
- 11 Lieutenants (All are Paramedics)
- 34 Fire Fighters (32 of which are Paramedics)

The fire chief, both deputy chiefs, all three battalion chiefs, three lieutenants, and six of the firefighter/paramedics are full-time employees of the fire protection district. All other members are part-time employees with most being employed full time by another fire department.

All members are trained to the level of Fire Fighter 2 before they are allowed to respond to any emergency call. During their probationary period members receive further training at the Emergency Medical Technician-Basic. Several members gone on to obtain the following advanced certifications:

- Fire Fighter 3
- Fire Apparatus Engineer
- Airport Fire Fighter
- Hazardous Materials First Responder
- Hazardous Materials Technician A
- Hazardous Materials Technician A
- Hazardous Materials Incident Command
- Instructor 1
- Instructor 2
- Instructor 3
- Instructor 4
- Fire Officer 1
- Fire Officer 2
- Fire Officer 3
- Fire Prevention Officer
- Fire and Arson Investigator
- Technical Rescue Specialists
 - Trench Collapse
 - Building Collapse
 - Confined Space
 - High-rise
 - Vehicle & Machinery
 - Swiftwater & SCUBA

Any time a need for emergency services exists help can be summoned within the city of Prospect Heights by dialing 9-1-1 or outside the city, or from any phone, dialing (847) 253-2161. As part of the RED (Regional Emergency Dispatch) Center system Prospect Heights is one of eleven fire departments that participate in a consolidated dispatch. This allows us to receive the services of two dispatchers 24 hours a day, 365 days a year, for less than the cost of one dispatcher on our own payroll. In this system we are known as station numbers 9 & 39.



History of the Prospect Heights Fire Protection District 1944-2012



When a request for emergency service is received the call is classified as either a Code 1, 2, 3, 4 or 13 and the following equipment sent:

Code 1 Medical emergency or auto accident-Ambulance and Squad or Engine.

Code 2 Non-structural fire or other emergency-Squad or Engine.

Code 3 Fire in a structure or hazardous materials incident-Three engines (one automatically from neighboring FD), two tankers (one automatically from neighboring FD) or a truck, an ambulance from a neighboring FD, our shift commander (battalion chief) and at least one off-duty Chief Officer.

Number of firefighters on scene totals 16-20.

Total available water in non-hydranted areas is 8000 gallons.

Code 4 Confirmed fire or hazardous materials incident- Three engines (one automatically from neighboring FD), two tankers (one automatically from neighboring FD) or a truck, an ambulance from a neighboring FD, our shift commander (battalion chief) and at least one off-duty Chief Officer PLUS a fourth engine, a second truck, second ambulance, a third tanker, and two mutual aid fire chiefs as well as a recall of all off-duty personnel.

Number of firefighters on scene totals 27-31.

Total available water in non-hydranted areas is 11,500 gallons.

Code 13 Mutual aid to another community-As requested by community in need. Maximum of one ambulance and two pumping units are sent.

Business office telephones of the fire protection district may be reached using (847) 253-8060 or for FAX/Modem communication (847) 253-4759. Information is available on the Internet at www.prospectheightsfire.com. Correspondence may be addressed to the Donald R. Gould, Jr., Fire Chief, Prospect Heights Fire Protection District, 10 East Camp McDonald Road, Prospect Heights, IL 60070.

The fire protection district operates a fleet of 15 vehicles:

- Ambulance 9
2009 Ford/Med Tec Type 3 Ambulance. Advanced Life Support (Paramedic) equipped.
- Ambulance 9R (reserve)
2007 Ford/Med Tec Type 3 Ambulance. Advanced Life Support (Paramedic) equipped.
- Ambulance 39
2006 Ford/Med Tec Type 3 Ambulance. Advanced Life Support (Paramedic) equipped.
- Engine 9
2008 Spartan/Alexis pumper. 2000 GPM pump/750 gallon tank & 1500 feet of 5-inch hose. Foam system, rescue equipment for auto accidents, and drowning. Also carries a full complement of Advanced Life Support (Paramedic) equipment.
- Engine 39
2002 American LaFrance/Alexis pumper. 2000 GPM pump/750 gallon tank & 1500 feet of 5-inch hose. Foam system, rescue equipment for auto accidents, and drowning. Also carries a full complement of Advanced Life Support (Paramedic) equipment.
- Squad 9
1996 Pierce pumper squad. 1500 GPM pump/750 gallon tank & 1000 feet of 5-inch hose. Carries: Foam system, Breathing air system, Generator and lighting tower, Hazardous materials supplies, rescue equipment for auto accidents, drowning, and industrial accidents. Also carries a full complement of Advanced Life Support (Paramedic) equipment.



History of the Prospect Heights Fire Protection District 1944-2012



- Tower 9
1993 Pierce aerial platform pumper. 1500 GPM pump/250 gallon tank. 500 feet of 5 inch hose & 100 foot aerial ladder with platform.
- Tanker 9
1994 Spartan/S&S tanker pumper. 1250 GPM pump/3000 gallon tank. 1000 feet of 5-inch hose.
- Crash Truck 39
1992 E-One Titan 4x4 aircraft rescue and fire fighting (ARFF) vehicle. 1250 GPM pump/1000 gallon tank. 120 gallons foam. 450 pounds of dry chemical fire extinguishing agent.
- Car 900
2012 Chevy Tahoe. Used by Fire Chief
- Car 901
2007 Ford Expedition. Used by Deputy Chief
- Car 3901
2006 Chevy pickup truck with snow plow. Used by Deputy Chief
- Battalion 9
2001 Ford Van modified a mobile command office with multiple radios and organizational supplies.
- Car 914
2008 Chevrolet Impala sedan. Fire Inspectors' vehicle
- Car 915
2009 Ford F-250 four-door four-wheel drive. Utility vehicle with snow plow.

In addition, the district, through MABAS Division 3, is a partner in the operation of

- HAZ MAT 3: Hazardous Materials Response Team Vehicle, a 20-foot heavy rescue squad body containing advanced equipment and supplies.
- DECON 3, a mobile shower truck used to decontaminate large numbers of responders or civilians contaminated with biological or chemical materials due to accident or terrorist event.
- RESCUE 3: Technical Rescue Team Vehicle, a 20-foot walk-in heavy rescue squad body carrying specialized tools, equipment, and shoring for confined space, trench and structural collapses.
- COMM 3: Command and communications van, a medium size bus containing multiple radios and planning supplies for large or prolonged incidents.
- AIR 3: Mobile breathing air compressor and cascade capable of filling multiple breathing air cylinders.
- LIGHT TOWER 3: Mobile 20kW generator and elevating flood light trailer.



History of the Prospect Heights Fire Protection District 1944-2012



Running History of All Recruit Training Program Graduates To Date		
Class	Name <i>Member whose names appear BOLD were active or on a leave of absence as of June 2012.</i>	Department
1987	1. Bill Kulinski 2. Randy Kemp 3. Kevin Sluga	Denver, Colorado Fort Sheridan/Great Lakes
1988	4. Guy Boliaux 5. Jon Weinert 6. Jim Bednarz 7. Noel Gaines 8. John Jason 9. Peter Gutzmer 10. Dan Loch	Evanston Deerfield Marengo Buffalo Grove Elk Grove Village
1989	11. Bill Wilson 12. Tom Cleveland 13. Peter Ahlman 14. Tom Price 15. Tim O’Gara 16. David Lipp 17. Keith Taylor 18. Tim Olk 19. Dan Fick 20. Mike Longabaugh 21. Tim Jacks 22. Doug Golonka 23. Steve Carlsen 24. Joe Clemens 25. Andy Wienckowski	Arlington Heights Palatine Rural (retired) Evanston Evanston Skokie Glenview Palatine Downers Grove Fort Sheridan/Great Lakes Gurnee
1990	No class	
1991	26. Tim O’Malley 27. David Sudis 28. Tim Smeltzer 29. Pat Murray 30. Jim Kobyleski 31. Mike Ahlman 32. Steve Zourkas 33. Cynthia Strnad 34. Tony Klennert 35. Mike Clarke 36. Julia Mudloff 37. Brian Smith 38. Ken Anthony	Bartlett Northbrook Schaumburg Franklin Park Rolling Meadows Niles Police – LODD 4-8-05 Bartlett
1992	39. Bob Barone 40. Michael Janney 41. Tom Jones 42. Mark Oeltgen 43. Bill Ortlund 44. John Bielik	Arlington Heights Prospect Heights (FT) Wheeling
1993	45. Mike Carnes 46. Kevin Quill 47. Randy Ridge 48. Dan Nelson 49. James Nieciecki 50. Dale Klos 51. Rob Schroder 52. Ted Papuga 53. Derek Selzer (AHFA)	Glenview Glenview Glenview



History of the Prospect Heights Fire Protection District 1944-2012



1994 / 1995	54. Bill Schlichtman 55. Kevin Piasecki 56. Jusdon Beckner 57. Mark Davis	Skokie Palatine
1996	No class	
1997	No class	
1998	58. Tony Roma 59. Mark Stachura 60. Bryan Szymczak 61. Mike Pyzyna 62. Heidi Arndorfer 63. Nick Asta 64. William Behrens 65. Ted Casper	Prospect Heights (FT) Huntley St. Charles Arlington Heights Barrington
1999	No class	
2000	66. Darrin Mailhack 67. Mark Pytlewicz 68. Derek Kwong 69. Joe Ceriale 70. Anthony Maentanis	Elk Grove Village Libertyville Evanston
2001	71. Randy Smith 72. Travis Wittmeyer 73. Vince Murphy 74. Larry Pezen 75. Dan Hemler 76. Matt Buzzard	Barrington Palatine
2002	77. Derek Swierczek 78. Joe Greiss 79. Sean Kelly 80. Josh Pluda 81. Jeff Bott	Elgin Wheeling Lincolnshire-Riverwood
2003	82. David Jeglum (AHFA)	Prospect Heights (FT)
2004	83. Jonathan T. Grossman 84. Ryan M. Petty 85. Andrej Plonski 86. Adam W. Rothenberg 87. Lukasz Szerlag 88. Gregory A. Zalewski	Arlington Heights Des Plaines Prospect Heights (FT) Palatine Des Plaines North Maine
2005	89. Kevin Chapman 90. Jaroslaw Gorecki 91. Christopher Herling 92. Jonathan Hilbert 93. Shane Koeneman 94. James Krueger 95. Paul Miller 96. Tim Murray 97. Ryan Schuster 98. Stewart Watkins	Bartlett Prospect Heights (FT) Park Ridge Palatine Highwood Schaumburg Wheeling
2006	99. Brian Bos 100. Patrick Goy 101. Robert Herrmann 102. Adam Johnson 103. James Stempien 104. Justin Ukleja 105. Jason Weglarz	Glenview Buffalo Grove <i>Non-LODD during class</i> Arlington Heights Wilmette



History of the Prospect Heights Fire Protection District 1944-2012



2007	106.Damian Bazan 107.David Hassler 108.Christopher Jannusch 109.Chris Weglarz 110.James Ryan Kelly 111.Dan Zurawski <i>All sent to Arlington Heights Academy</i>	Evanston Schiller Park Schaumburg
2008	112.Robert Beckman 113.Kevin Blum 114.Greg Grish 115.Kevin Hedman 116.Patrick Herling 117.Mike Liska 118.Robert Lampen 119.Jason Rothenberg 120.Charles Tragas	Buffalo Grove Lincolnwood Evanston Prospect Heights (FT) Elk Grove Village Bristol-Kendall (Yorkville)
2009 NIPSTA	121.Jessica Evans 122.Brian McDonald 123.Michael Pacocha	Rolling Meadows Highland Park



History of the Prospect Heights Fire Protection District 1944-2012



Historical Log of All Apparatus Owned by the PHFD

Units in **BOLD** are still in active service

Year	Type	Signature(s)	Make/Mfr.	Pump GPM	Tank	Other
26	Pumper	?	?	?	?	Purchased in 1945
46	Pumper	#2 172	Dodge/Darley	300	500	
48	Pumper	#3 173	Ford/Darley	750	500	
50	Car	#4 174	Ford			"Pie wagon"
?	Tanker	176	?	?	?	
57	Car		Ford			Red & white wagon
64	Squad	#5 175 Squad 9 909	Chevy			Utility body truck Breathing air cascade Generator
66	Car		Chevy			Chief's Station Wagon
66	Pumper	#2 172 Engine 9R	Ford/Darley	750	1000	Twin high-pressure booster reels
68	Tanker	#6 174 Tanker 9	Ford/Darley	750	1500	
73	Car	170 901	Dodge			Chief's Station Wagon
73	Ambulance	179 Amb 9 Amb 9R 912	Dodge/ Wayne			1 st ambulance
73	Pumper	171 Engine 9 Engine 39 Engine 9R	Ward LaFrance	1250	1000	
84	Pumper Squad	Squad 9 Squad 39	Ford/E-One	750	400	Combined old 172 and 175 into single unit
85	Ambulance	Amb 9 Amb 9R	Ford/Wheeled Coach			
85	Car	901	Dodge Monaco			Chief's car
89	Car	901, 900	Chevy			Chief's car
89	Tanker	174 Tanker 9	Ford/Darley	750	1500	'68 Ford/Darley tanker completely rebuilt by Darley, Monroe Truck and firefighters
91	Ambulance	Amb 9 Amb 39 Amb 9R	Ford/Road Rescue			Sold is 2007
92	Car	902	Ford Bronco			Command car
92	Pumper	Engine 9	Pierce	1250	1000	'73 WLF pumper completely rebuilt by Pierce



History of the Prospect Heights Fire Protection District 1944-2012



Year	Type	Signature(s)	Make/Mfr.	Pump GPM	Tank	Other
92	Aircraft Rescue and Fire Fighting vehicle	Crash Truck 39	E-One Titan 4x4	1250	1000	Purchase used in 2004 from Lake Charles LA Regional Airport
93	Tanker	Tanker 9	Spartan/S&S	1250	3000	
94	Car	901, 900 914	Ford Crown Victoria			Chief's car Reassigned in 1999 as FPB car
94	Aerial	Truck 9	Pierce	1500	300	100-foot ladder platform
96	Pumper Squad	Squad 9	Pierce	1500	750	Breathing air cascade 15KW generator 6000W light tower Refurbished in 2009
97	Ambulance	Amb 39 Amb 9R	International/ Road Rescue			
99	Car	901, 900 901	Ford Expedition			Chief's car Reassigned in 2005 as Deputy Chief's car
2000	Ambulance	Amb 9 Amb 39	International/ Road Rescue			
2000	Car	901 915	Ford Explorer			Deputy Chief's car Reassigned in 2005 as staff car
2000	Car	904, 3901 914	Ford Explorer			Deputy Chief's car
2001	Car	902, 912 Battalion 9	Ford Van/AEV conversion			Incident Command Post Vehicle
2002	Pumper	Engine 39	American LaFrance/ Alexis	2000	750	Improvement made in 2010
2006	Ambulance	Amb 9 Amb 39	Ford/Med Tec			
2006	Car	900	Ford Expedition			Chief's Car
2006	Pick Up	3901	Chevy 2500			Deputy Chief's car
2007	Car	901	Ford Expedition			Deputy Chief's car
2007	Ambulance	Amb 9 Amb 9R	Ford/Med Tec			
2008	Pumper	Engine 9	Spartan/Alexis	2000	750	
2008	Car	914	Chevy Impala			Fire inspector car
2009	Pick Up	915	Ford F-250 4WD			Snow plow equipped
2009	Ambulance	Amb 9	Ford/Med Tec			
2012	Car	900	Chevy Tahoe			Chief's car

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Policies and Procedures

Effective Date: April 14, 2003

INSTRUCTIONS:

REVIEW ENTIRE DOCUMENT FROM PAGE 1 THROUGH PAGE 12.

UPON COMPLETION, THE FORM ON THE LAST PAGE IS TO BE COMPLETED AND SIGNED BY EACH MEMBER ATTENDING TRAINING

The items in regular type can be briefly reviewed.

The items that are grayed out need not be reviewed.

The items boxed in should be reviewed in depth and many have **notes on bold** offering guidance or explanations.

THE FORMS ON THE LAST TWO PAGES ARE TO BE COMPLETED AND SIGNED BY EACH MEMBER

1. **Definitions**

- 1.1. PHI means Protected Health Information and includes the Patient Care Report (PCR), any other forms, notes, records or materials collected or produced by the PHFPD EMT-Basics or Paramedics and stored in the Designated Record Set. The Incident Report or NFIRS is not and does not contain any PHI. PHI also includes any Oral, Electronic or Written information that can identify a particular patient or their medical condition.
- 1.2. PHFPD means the Prospect Heights Fire Protection District.
- 1.3. Privacy Rule means the December 20, 2000 original Final Rule and April 14, 2002 modifications to the Final Privacy Rule.
- 1.4. DRS means Designated Records Set and is where all PHI is stored. Physical storage of paper PHI is in the designated records areas. The DRS does not include the Incident Report or NFIRS and dispatch record even though they are physically stored together.
- 1.5. PCR means the Patient Care Report and is the record of all medical care rendered by the PHFPD EMT-Basics or Paramedics and is produced using method/equipment/software as required by the Northwest Community EMS System.
- 1.6. Member means all employees, volunteers and officials of the PHFPD.
- 1.7. HIPAA means the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 1.8. Minimum Necessary means providing only that information that is required to treat the patient or carry out the task being performed. If Name and address is all that is required, providing the entire PCR would be in excess of the minimum necessary.

2. **References**

- 2.1. The Ambulance Service Guide to HIPAA Compliance, Second Edition. 2002. Page, Wolfberg & Wirth, LLC.
- 2.2. Confidentiality of Patient Records, April 14, 2003, Northwest Community EMS System Policy Manual.



Policies and Procedures

Effective Date: April 14, 2003

3. Privacy & Compliance Officer

3.1. Designation

3.1.1. Deputy Fire Chief Drew R. Smith, EMT-P is the designated Privacy Officer.

IMPORTANT:

Any and all questions from the public, attorneys, patients, anyone that deal with the patient care report or patient care activities are to be directed to D/ C Smith

3.2. Purpose and Summary: The Privacy Officer oversees all activities related to the development, implementation, and maintenance of PHFPD's policies and procedures covering the privacy of patient health information. This person serves as the key compliance officer for all federal and state laws that apply to the privacy of patient information, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

3.3. This individual is tasked with the responsibility of ensuring that all of the organization's patient information privacy policies and procedures related to the privacy of, and access to, patient health information is followed.

4. Job Responsibilities Related to Patient Privacy

4.1. All members are expected to protect the privacy of all patient information in accordance with the PHFPD's privacy policies, procedures, and practices, as required by federal and state law, and in accordance with general principles of professionalism as a health care provider. Failure to comply with the PHFPD's policies and procedures on patient privacy may result in disciplinary action up to and including termination of employment or of membership or association with PHFPD.

4.2. All members may access protected health information and other patient information only to the extent that is necessary to complete your job duties. Members may only share such information with those who have a need to know specific patient information you have in your possession to complete their job responsibilities related to treatment, payment or other PHFPD operations.

4.3. All members are encouraged and expected to report, without the threat of retaliation, any concerns regarding the PHFPD's policies and procedures on patient privacy and any observed practices in violation of that policy to the designated Privacy Officer.

4.4. All members are expected to actively participate in PHFPD privacy training and are required to communicate privacy policy information to coworkers, students, patients and others in accordance with PHFPD policy.

IMPORTANT:

This section is probably the single most important point in this document

5. Enforcement

5.1. Any staff members found to have violated this policy may be subject to disciplinary action, up to and including suspension and termination.

5.2. Federal penalties for violation of HIPAA:

5.2.1. Civil: \$100 per violation up to \$25,000 per person per year

5.2.2. Criminal: \$50,000-\$250,000 fines and one to 10 years imprisonment.



Policies and Procedures

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6. Policy on Patient Access to, Amendment of, Restriction on use and Accounting of Protected Health Information

WHAT DO PARAMEDICS & EMTS NEED TO KNOW ABOUT #6? – REFER ALL MATTERS TO D/C SMITH BECAUSE THE POLICY IS EXTENSIVE

- 6.1. Purpose:
 - 6.1.1. Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on the use of their protected health information, or PHI, and restrictions on its use that is maintained in “designated record sets,” or DRS.
 - 6.1.2. To ensure that PHFPD only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.
 - 6.1.3. This policy also establishes the procedure by which patients or appropriate requestors may access, request amendment to, and request a restriction on the use of PHI.
- 6.2. Policy:
 - 6.2.1. Only information contained in the 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 PHFPD.
 - 6.2.2. Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor is not permitted. Rather, copies of the records will be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated PHFPD staff member. UNDER NO CIRCUMSTANCES WILL ORIGINALS OF PHI LEAVE THE PREMISES.
 - 6.2.3. If the patient or requestor would like to retain copies of the DRS provided, then the PHFPD may invoice charges (consistent with our other records policies) for copying the PHI.
- 6.3. Procedure
 - 6.3.1. **Patient Access**
 - 6.3.1.1. Upon presentation to the PHFPD administrative offices, the patient or appropriate representative will complete a Request for Access Form.
 - 6.3.1.2. The PHFPD 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 or other form of government-issued identification is acceptable for this purpose.
 - 6.3.1.2.1. When a request is received via fax or U.S. Mail, PHFPD staff may take additional steps as it deems necessary to insure proper identification of the requestor.
 - 6.3.1.3. The completed form will be presented to the Privacy Officer for action. The Privacy Officer will act upon the request within 30 days.
 - 6.3.1.4. If the PHFPD is unable to respond to the request within 30 days, the requestor must be given a written notice no later than the initial due date for a response, explaining why the PHFPD could not respond within the time frame and in that case the PHFPD may extend the response time by an additional 30 days.
 - 6.3.1.5. Upon approval of access, 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 written request. The PHFPD should document what PHI is copied. The PHFPD may invoice charges (consistent with our other records policies) for copying PHI for the patient or appropriate representative.
 - 6.3.1.6. Patient access may be denied for the reasons listed below. In some cases the denial of access may be appealed to the PHFPD for review.
 - 6.3.1.6.1. 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:
 - 6.3.1.6.1.1. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
 - 6.3.1.6.1.2. 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.
 - 6.3.1.6.2. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
 - 6.3.1.6.2.1. 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;



Policies and Procedures

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- 6.3.1.6.2.2. 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;
- 6.3.1.6.2.3. 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.
- 6.3.1.7. If the denial of the request for access to PHI is for reasons above, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.
- 6.3.1.7.1. The PHFPD will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. The PHFPD 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. The PHFPD will provide the patient with written notice of the determination of the designated reviewing official.
- 6.3.1.7.2. 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 the PHFPD's determination.
- 6.3.1.7.3. Whenever a patient or requestor accesses a DRS, the request form should be kept in the DRS to indicate the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.
- 6.3.1.8. 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.
- 6.3.2. **Requests for Amendment to PHI**
- 6.3.2.1. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The Request for Amendment of PHI Form must be accompanied with any request for amendment.
- 6.3.2.2. The PHFPD must act upon a Request for Amendment within 60 days of the request. If the PHFPD 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.
- 6.3.2.3. **Granting Requests for Amendment**
- 6.3.2.3.1. All requests for amendment must be forwarded immediately to the Privacy Officer for review.
- 6.3.2.3.2. 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.
- 6.3.2.3.3. There must be written permission provided by the patient so that that the PHFPD may notify the persons with which the amendments need to be shared. The PHFPD 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.
- 6.3.2.3.4. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving the PHFPD permission to provide them with the updated PHI.
- 6.3.2.3.5. The PHFPD 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 the PHFPD to the designated record set.
- 6.3.2.4. **Denial of Requests for Amendment**
- 6.3.2.4.1. The PHFPD may deny a request to amend PHI for the following reasons: 1) If the PHFPD 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.
- 6.3.2.4.2. The PHFPD must provide a written denial, and the denial must be written in plain language and state 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.
- 6.3.2.4.3. 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



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will be appended to the PHI, or at the PHFPD's option, a summary of the disagreement will be appended, along with the rebuttal statement of the PHFPD.

6.3.2.5. If the PHFPD 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.

6.3.3. Requests for Restriction

6.3.3.1. The patient may request a restriction on the use and disclosure of their PHI.

6.3.3.2. The PHFPD is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.

6.3.3.3. All requests for restriction on use and disclosure of PHI must be submitted in writing on the approved PHFPD form. All requests will be reviewed and denied or approved by the privacy officer.

6.3.3.4. If the PHFPD 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, the PHFPD may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.

6.3.3.5. The agreement to restrict PHI will be documented to ensure that the restriction is followed.

6.3.3.6. 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 the PHFPD as long as the PHFPD notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to the PHFPD voiding the restriction must continue to be treated as restricted PHI.

6.4. Requests for Accounting

6.4.1. Any person who is the subject of PHI, or their legal representative, may make a request to the PHFPD for an accounting of all PHI disclosed by the PHFPD for purposes other than treatment, payment or operations for the six year period prior to the request.

6.4.1.1. Accountings are not required to include disclosures for treatment, payment or operations or when disclosure was made to the patient or pursuant to patient authorization.

6.4.1.2. PHI subject to accounting includes:

- Abuse reporting
- Audit reviews by health care plan or government
- Health and safety disclosures to avert the spread of disease or prevent injury to others
- Information given to licensing or certifying agency
- Legal proceedings/court orders/law enforcement activities
- Medical examiner/Coroner
- Media
- Public record
- Research (however, all personal identification will be blinded prior to disclosure).

6.4.2. All requests must be made on the form provided by the PHFPD. Any required fees must be paid prior to the PHFPD acting upon the request.

6.4.3. Upon receipt of the request, the Privacy Officer will compile the accounting and provide it to the requestor within 60 days.

6.4.4. PHI that has been disclosed or used for purposes of treatment, payment or operations or was authorized by patient permission is not subject to the accounting rule under HIPAA.



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7. Internal Procedure for Request for Amendment to Protected Health Information

WHAT DO PARAMEDICS & EMTS NEED TO KNOW ABOUT #7? – REFER ALL MATTERS TO D/C SMITH BECAUSE THE POLICY IS EXTENSIVE

- 7.1. Purpose: To provide consistent guidelines for PHFPD staff so that they may assist a patient in amending the PHI of their patient care record in accordance with their rights under the federal Privacy Regulations.
- 7.2. Policy: An individual has the right to amend his/her patient care records, as long as their protected health information is maintained by PHFPD, except in the following circumstances:
 - 7.2.1. The originator of the record is no longer available.
 - 7.2.2. The information the patient is requesting to amend was not created by PHFPD
 - 7.2.3. The information is not part of the patient care record
 - 7.2.4. The information is accurate and complete
 - 7.2.5. The information would not be available for inspection as provided by law, and therefore PHFPD is not required to consider an amendment. This exception applies to information compiled in anticipation of a legal proceeding
 - 7.2.6. Information received from someone else under a promise of confidentiality
- 7.3. Procedure
 - 7.3.1. Confirm the identity of requestor or legal representative. If the requestor is legal representative, ask for legal proof of their representative status;
 - 7.3.2. The patient must fill out the Request for Amendment of Health Information form completely;
 - 7.3.3. The PHFPD Privacy Officer will act on the request for amendment within 60 days of the request;
 - 7.3.4. If the PHFPD Privacy Officer agrees with the amendment, then the record will be amended;
 - 7.3.5. The PHFPD Privacy Officer will then notify the individual of the agreement to amend the record;
 - 7.3.6. Copies of the amended record will be provided to our business associates, facilities to or from which we have transported the patient, and others involved in the patient's treatment.
 - 7.3.7. If the PHFPD denies the request for amendment, then the individual that requested the amendment will be notified of the denial, and the reason for the denial in writing;
 - 7.3.8. A statement will be given to the individual that he/she may submit a short written statement disagreeing with the denial, and how the individual may file such a statement;
 - 7.3.9. A statement will be given to that individual that he/she may, if they do not wish to submit a statement of disagreement, that they may request that the Request for Amendment and the denial become a permanent part of their medical record;
 - 7.3.10. A statement that the individual may complain to the Privacy Officer of the PHFPD or to the federal agency that oversees enforcement of the federal Privacy Rule, the Department of Health and Human Services;
 - 7.3.11. All documentation pertaining to the request for amendment will be kept in the medical record.

8. Policy on Designated Record Sets (DRS)

- 8.1. Purpose
 - 8.1.1. To ensure that PHFPD releases PHI in accordance with the Privacy Rule, this policy establishes a definition of what information should be accessible to patients as part of the DRS, and outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.
 - 8.1.2. Under the Privacy Rule, the DRS includes medical records that are created or used by the PHFPD to make decisions about the patient. See DRS under definitions.
- 8.2. Policy: The DRS should only include HIPAA covered PHI, and should not include information used for the operational purposes of the organization, such as quality assurance data, accident reports, and incident reports. The type of information that should be included in the DRS are medical records and billing records. Generally, billing records are possessed by the PHFPD's billing agent, not the PHFPD and therefore not accessible.
- 8.3. Procedure

- 8.3.1. The DRS for any requests for access to PHI includes the following records:
 - 8.3.1.1. The patient care report or PCR created by EMS field personnel (this includes any photographs, monitor strips, Refusal of Care forms, or other source data that is incorporated and/or attached to the PCR.

- 8.3.1.2. Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.



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8.3.1.3. The DRS also include copies of records created by other service providers and other health care providers such as mutual aid ambulances, air medical services, nursing homes, hospitals, police departments, medical examiner or coroner's office, etc., that are used by the PHFPD as part of treatment and payment purposes related to the patient.

9. **Policy on Security, Levels of Access and Limiting Disclosure and Use of PHI**

9.1. Purpose: To outline levels of access to Protected Health Information (PHI) of various staff members of PHFPD and to provide a policy and procedure on limiting access, disclosure, and use of PHI.

9.2. Policy

9.2.1. **Security of PHI is every member's responsibility.**

9.2.2. ***What you see here,
What you hear here,
When you leave here,
Let it stay here!***

9.2.3. PHFPD 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.

9.2.4. 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.

9.3. Procedure

9.3.1. Role Based Access: 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.

JOB TITLE	DESCRIPTION OF PHI TO BE ACCESSED	CONDITIONS OF ACCESS TO PHI
Firefighter who is not an EMT-B or Paramedic	None	Not applicable
EMT-B and Paramedic	Patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Lieutenants	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
Administrative Secretary	Patient care reports	May access only to the extent necessary to monitor compliance and to accomplish appropriate management of operations.
Training Coordinator	Patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be blinded prior to use in training and quality assurance activities
Department Managers (Chief Officers)	Patient care reports	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel and operations.

9.3.1.1. Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on the PHFPD'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.

9.3.2. Disclosures to and Authorizations From the Patient

You are not required to limit the amount of information necessary required to perform your job function, or your disclosures of PHI to patients who are the subject of the 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 PHFPD.



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9.3.3. PHFPD Requests for PHI

- 9.3.3.1. If the PHFPD needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the minimum necessary information needed for the intended purpose.
- 9.3.3.2. Requests for PCRs from mutual aid providers for patients treated in our fire district are considered the minimum necessary information needed for our operations.
- 9.3.3.3. Other such requests will be made only upon the direction of the privacy officer.

9.3.4. Incidental Disclosures

- 9.3.4.1. The PHFPD 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.
- 9.3.4.2. The fundamental principle is that all staff need 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 should not have access to information that is not necessary for the staff member to complete his or her job.
- 9.3.4.3. 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:

9.3.5.

9.3.6. Verbal Security

- 9.3.6.1. Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have questions answered, make sure that there are no other persons in the same area, or if so, bring the patient into a screened area before engaging in discussion.
- 9.3.6.2. Apparatus Bay Areas: Staff members should be sensitive to that fact that members of the public and other agencies may be present in the apparatus bay/garage area 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.
- 9.3.6.3. 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.
- 9.3.6.4. General discussions of an unprofessional nature regarding specific incidents or patients are usually a violation of this section.
- 9.3.6.5. Providing information to neighbors or friends at the scene or over the phone is generally not acceptable.
- 9.3.6.6. Providing information to immediate family member following the minimum necessary rule is generally acceptable.

9.3.7. Physical Security

- 9.3.7.1. 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.
 - 9.3.7.1.1. EMT-Bs and Paramedics should place the records into an envelope and store them in a drawer until they are submitted to PHFPD administration. Only those with a need to have the information for the completion of their job duties should have access to any paper records.
 - 9.3.7.1.2. PHFPD administration should store the PCRs in a locked file drawer. The drawer should only be unlocked when necessary. The room housing the file drawer should be locked when offices are closed for business.



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9.3.7.2. Billing records, including all notes, remittance invoices, 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.

9.3.7.3. Faxing of PHI/DRS/PCRs should occur with a phone call to the receiver who will insure the security of the information as it is received. All faxes should be accompanied by a cover sheet that includes a confidentiality statement (this is not the HIPAA Privacy Notice). Upon completion of the fax, a FAX transmission report should be printed and it along with the FAX cover sheet should be stored with the DRS. **Faxing should generally be performed by the administrative staff.**

IF ANOTHER FD REQUESTS A COPY OF THE PCR LET THE SECRETARY KNOW AND THE SECRETARY WILL SEND THE FAX. THIS IS SO WE KEEP TRACK OF WHAT IS FAXED. GENERALLY, PARAMEDICS SHOULD NOT DO THE FAXING. IF NECESSARY, THE SHIFT COMMANDER MAY SEND THE PCR VIA FAX TO THE REQUESTING FD.

WHEN IT IS NECESSARY TO FAX THE PCR TO THE HOSPITAL ER 9.3.6.3 DOES NOT APPLY

9.3.7.4. Confidentiality Statement:

This e-mail and any files transmitted with it are intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material, including Protected Health Information protected under Federal and State law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, contact the sender and delete the material from any computer. If any printed version of the material exists it is required that it be destroyed.

9.3.7.5. All printed PHI that need to be disposed of should be shredded not simply put in trash containers. For example, drafts or distorted copies of the PCR that is to be discarded.

9.3.7.6. Computers and Entry Devices:

9.3.7.6.1. Computer displays and keyboards and other remote entry devices such as PDAs and laptops should be kept secure. 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.

9.3.7.6.2. Screens should not be left open or on when not in use or when members must leave their computer for any reason.

9.3.8. Personal use of PHI by members of the PHFPD.

9.3.8.1. Blinded PHI may be retained as part of the necessary paperwork used by paramedic students in the course of their training and licensure.

9.3.8.2. Unless given express written permission by the Privacy Officer, no members may possess any PHI from the DRS, including the PCR, for personal use, for personal records, the building of a "case," any version of a "special need," or to "get" another employee. These examples are not all inclusive any employees should not possess or remove from PHFPD property any PHI.

9.3.8.3. The possession of PHI described above may constitute a violation of this policy and HIPAA. Additionally, any such violation may also be a violation of the PHFPD Rules and Regulations. In either case, discipline may be severe including termination.

9.3.9. Interaction with police/law enforcement

9.3.9.1. Providing information to the police should be limited to the minimum necessary rule and only disclosed when it relates to an imminent law enforcement purpose. For example, indicating whether or not a patient may be intoxicated is not such a function.

9.3.9.2. Police or law enforcement should not be given any copy of or information from the PHI/PCR/DRS. All such requests should be directed to and handle by the privacy officer.

9.3.9.3. **When the situation is a death investigation involving the coroner/medical examiner, information related to the patient may be disclosed following the minimum necessary rule.**

IT IS OK TO GIVE THE POLICE A COPY OF THE PCR WHEN IT IS A DEATH INVESTIGATION. IT IS GENERALLY NOT OK TO GIVE THE POLICE A COPY OF THE PCR WHEN THE PATIENT IS ALIVE, EVEN IF THE PATIENT IS A PRISONER



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9.3.9.4. Any such disclosures made to law enforcement should be documented on in the DRS or PCR.

10. Policy on Use of Computer and Information Systems and Equipment

10.1. Purpose

10.1.1. PHFPD is committed to protecting our staff members, the patients we serve and the PHFPD from illegal or damaging actions by individuals and the improper release of protected health information and other confidential or proprietary information.

10.1.2. The purpose of this policy is to outline the acceptable use of computer equipment at PHFPD. These rules are in place to protect the employee and patients of PHFPD. Inappropriate use exposes PHFPD to risks including virus attacks, compromise of network systems and services, breach of patient confidentiality and other legal claims.

10.2. Scope: This policy applies to members, employees, volunteers, contractors, consultants, temporary employees, students, and others at PHFPD who have access to computer equipment, including all personnel affiliated with third parties. This policy applies to all equipment that is owned or leased by PHFPD.

10.3. Procedure

10.3.1. Use and Ownership of Computer Equipment

10.3.1.1. All data created or recorded using any computer equipment owned, controlled or used for the benefit of PHFPD is at all times the property of PHFPD. Because of the need to protect the PHFPD computer network, the PHFPD cannot guarantee the confidentiality of information stored on any network device belonging to PHFPD, except that it will take all steps necessary to secure the privacy of all protected health information in accordance with all applicable laws.

10.3.1.2. Staff members are responsible for exercising good judgment regarding the reasonableness of personal use and must follow PHFPD Policy and Procedure for personal use of Internet/Intranet/Extranet systems and any computer equipment.

10.3.2. Security and Proprietary Information

10.3.2.1. Confidential information should be protected at all times, regardless of the medium by which it is stored. Examples of confidential information include but are not limited to: individually identifiable health information concerning patients, PHFPD financial and business information, patient lists and reports, and research data. Staff members should take all necessary steps to prevent unauthorized access to this information.

10.3.2.2. Unacceptable use includes but it not limited to providing information about, or lists of, PHFPD staff members, patients, or incidents to parties outside PHFPD.

10.3.3. Incident reporting guidelines

10.3.3.1. The Incident Report (NFIRS) is not part of the DRS and therefore should not contain any PHI.

10.3.3.2. The Incident Report should be not contain any patient-specific information other than:

- Name, address and/or phone number in appropriate fields
- Coding under Action Taken
- General action taken by crews. For example, "assisted ambulance," "transported to HFH" or "checked for and controlled hazards."

10.3.3.3. Statements such as "treated woman for MI," " or "possible Psych patient" should not be included.

11. Policy and Procedure on De-Identification of PHI

11.1. When disclosing PHI outside the PHFPD and identification of the patient is not required the following information should be removed or blinded out unless necessary:

- Patient's name
- Patient's address
- Address of incident
- Names and addresses of relatives/family members
- Telephone/fax/cell phone/work phone numbers
- Date of birth
- Date of service
- Social security number
- Other identifiable information



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12. Policy on Privacy Training

12.1. Purpose: To ensure that all members of PHFPD who have access to patient information understand the organization's concern for the respect of patient privacy and are trained in the PHFPD's policies and procedures regarding PHI.

12.2. Policy

12.2.1. All new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time upon association with the organization.

12.2.2. All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a material change to the PHFPD's policies and procedures on privacy practices.

12.3. Procedure

12.3.1. The Privacy Training will be conducted by the Privacy Officer or his or her designee.

12.3.2. All attendees will receive copies of the PHFPD's policies and procedures regarding privacy.

12.3.3. All attendees must attend the training in person and verify attendance and agreement to adhere to the PHFPD's policies and procedures on privacy practices.

12.3.4. Topics of the training will include a complete review of the PHFPD's Policy on Privacy Practices and will include other information concerning the HIPAA Privacy Rule, such as, but not limited to the following topic areas:

12.3.4.1. Overview of the federal and state laws concerning patient privacy including the Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

12.3.4.2. Description of protected health information (PHI)

12.3.4.3. Patient rights under the HIPAA Privacy Rule

12.3.4.4. Role of the Privacy Officer and reporting employee and patient concerns regarding privacy issues

12.3.4.5. PHFPD and NWC EMSS patient confidentiality policies

12.3.4.6. PHFPD HIPAA compliance policies and procedures

12.3.4.7. The "minimum necessary" rule

12.3.4.8. Staff member responsibilities under the Privacy Rule

12.3.4.9. Importance of and benefits of privacy compliance

12.3.4.10. Consequences of failure to follow established privacy policies

12.3.4.11. Use of the PHFPD's specific privacy forms

13. Policy on Medical Records of Employees

13.1. Policy: To provide guidance to management and staff concerning the privacy of medical records which involve staff members of PHFPD.

13.2. Procedure:

13.2.1. PHFPD 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, they will only have access to as much information as is minimally necessary for the legitimate use of the medical records.

13.2.2. In accordance 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.

13.2.3. In accordance with the Privacy Rule of the Health Insurance Portability and Accountabilities Act, 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.

13.2.4. 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.

13.2.4.1. With respect to staff members of PHFPD, 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 PHFPD provides ambulance service to an employee, the protections typically given to such information to our ambulance service patients applies to the employee. These



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- protections are subject to HIPAA exceptions, such as in the situation in which the staff member used PHFPD Service involved in a work-related injury while on duty.
- 13.2.4.2. 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 PHFPD 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, PHFPD 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 PHFPD 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.

14. Policy and Procedure on Dealing With Patient Complaints

- 14.1. Any complain must be made within 180 days of the act or omission that is the subject of the complaint. Complaints made after 180 days do not require action by the PHFPD.
- 14.2. The procedure for a patient to file a complaint is contained on the Notice of Privacy Practices.
- 14.3. Complaint received by the PHFPD will be forwarded to the Privacy Officer who will investigate and follow up in a reasonable period of time.

SEND ALL COMPLAINTS TO D/C SMITH

15. Policy and Procedure on Patient Authorized Disclosure of PHI

- 15.1. If disclosure for purposes other than treatment, payment or operations (TPO) is required, the member of the PHFPD who needs to make the disclosure should contact the Privacy Officer before taking any action on the request.
- 15.2. Except in certain circumstances, any disclosure other than for TPO requires authorization from the patient. When such authorization is required it will be made using a form supplied by the PHFPD.
- 15.2.1. Examples of disclosures for other than TPO that do not require patient authorization include, but are not limited to:
- 15.2.1.1. Request for PHI as part of a subpoena.
 - 15.2.1.2. Public health activities required by law.
 - 15.2.1.3. Domestic, elder or child abuse reporting.
 - 15.2.1.4. Reporting to Medicare

16. Policy and Procedure on Providing Notice of Privacy Practices

- 16.1. Each patient seen, cared for, treated or transported by the PHFPD should be given a Notice of Privacy Practices. Notice need only be given once to each patient regardless of how many times the patient is seen or transported y the PHFPD.
- 16.2. Provision of the Notice is not required at time of service for true emergency patients. The administrative staff of the PHFPD will insure delivery of this notice in these cases.
- 16.2.1. Examples of true emergency patients
- All minors
 - All patients with impaired mental function
 - Patients in significant cardiac, medical or trauma events (cardiac arrest, Level 1 traumas)
- 16.2.2. Examples on non-emergency patients
- All releases or refusals
 - BLS patients
 - Most ALS patients
- 16.2.3. With each Notice given, the member should obtain a patient signature on the acknowledgement of receipt form. Such acknowledgement is not required for true emergency patients.
- 16.2.4. Upon receipt back of the form by the PHFPD it will be stored with the DRS. The administrative staff should note in the DRS that the patient was given a Notice.
- 16.3. Procedure on provision of Notice.
- 16.3.1. Form, Notice and Acknowledgment: All are contained on the standard RELEASE OF LIABILITY (Refusal) form. This form will be used in all cases.
- 16.3.2. Refusal of services: Complete standard release form and issue to patient. No extra steps needed as all information is contained on the form.



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- 16.3.3. Routine patient transport: Using a standard release form, draw and "X" through the form above the acknowledgement line. Ask the patient to sign acknowledging receipt of the Notice. Issue patient Notice same as with a refusal of service.
- 16.3.3.1. Patient physically unable to sign: Follow procedure above but write on signature line statement "Patient unable to sign because (give brief reason such as on backboard, broken arm, in pain, etc.)."
- 16.3.4. True emergency, such as full cardiac arrest or Level 1 trauma: Complete top of release form and submit both parts unseparated with paperwork. Administrative staff will mail to patient.
- 16.3.5. Minors: Follow same procedure as true emergency.

PARAMEDICS AND EMTS ARE TO GIVE EACH TRANSPORTED PERSON ONE OF THE GREEN CARDS WITH THE PRIVACY PRACTICES NOTICE. THE PATIENT IS NOT REQUIRED TO READ IT OR ACCEPT IT-YOU CAN LEAVE IT ON THE ER CART WITH THE PATIENT.

Northwest Community EMS System			POLICY MANUAL
Policy Title: CONFIDENTIALITY OF PATIENT RECORDS (HIPAA)		No. C - 7	
Board approval:	Effective: 7/1/05	Supersedes: 4/14/03	Page: 13 of 8

I. **DEFINITIONS**

- A. **Individually identifiable (protected) health information (PHI):** Information that is a subset of health information, including demographic information collected from an individual and;
 - 1. Is created or received by a health care provider, health plan, employer, or health care clearing house; and
 - 2. Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - a. That identifies the individual; or
 - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- B. The patient's **right of privacy** is the right to be free from intrusion upon the patient's physical solitude or seclusion; and the right to keep secret some or all details of his or her personal life and health status.
- C. **Confidentiality** is the right of the patient to expect that the information he or she chooses to reveal will not be inappropriately shared with others. Patients have a right not to have sensitive, private information made public despite the fact that it may be true information.
- D. A **breach of confidentiality** is concerned with the *redisclosure* of previously revealed private matters, usually to others who have no legitimate or pressing need to know the information.

II. Patient privacy information is protected under the Department of Health and Human Services standards for privacy of individually identifiable health information; Final Rule for the Health Insurance Portability and Accountability Act (**HIPAA**) (Effective April 14, 2003).

III. **POLICY**

- A. "Each physician, health care provider, health services corporation and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to the patient, the party making treatment decisions if the patient is incapable of making decisions regarding the health services provided, those parties directly



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involved with providing treatment to the patient or processing the payment for that treatment, those parties responsible for peer review, utilization review and quality assurance, and those parties required to be notified under the Abused and Neglected Child Reporting Act, the Illinois Sexually Transmissible Disease Control Act or where otherwise required by law¹.

- B. Medical records in the NWC EMSS shall be confidential, secure, current, authenticated, legible and complete. The information contained in an EMS patient care report or Communications Log is privileged from disclosure (Illinois Code of Civil Procedure, Section 8-802). Any written or electronic copy of the patient care report kept at the provider agency is considered a copy of the hospital's record of communications given by the patient to technicians that are acting as agents of the physician. Patients have a reasonable expectation of privacy in communications made to health care professionals, including EMTs. A patient has a right to expect that all communications and records pertaining to his or her care should be treated as confidential.
- C. Unless otherwise permitted or required by HIPAA, a covered entity may not use or disclose PHI without an authorization that is valid. The patient privilege outlined above can only be waived if one of the listed exemptions applies.
1. Upon **written request**, the following may be given information about the evaluation and/or treatment of a patient by EMS personnel:
 - a. Any competent patient.
 - b. The parents or guardian of a minor.
 - c. The administrator or executor of the estate of a deceased patient.
 - d. The committee for an incompetent patient.
 2. Upon **written authorization** from the patient, the following may request information about the evaluation and/or treatment of a patient by EMS personnel:
 - a. The patient's attorney.
 - b. The patient's spouse or other relatives.
 - c. The patient's third party payor.
 3. Uses and disclosures to carry out treatment, payment, or health care operations
 - a. A covered entity may use or disclose protected health information for treatment, payment, or health care operations provided that such use or disclosure is consistent with other applicable requirements (Section 165.506)
 - (1) A covered entity may use or disclose protected health information for its own treatment, payment or health care operations.
 - (2) A covered entity may disclose protected health information for treatment activities of a health care provider.
 - (3) A covered entity may disclose protected health information to another covered entity or a health care provider for the payment activities of the entity that receives the information.
 - (4) A covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for the purpose listed above or for the purpose of health care fraud and abuse detection or compliance.
 4. Patient records and information about their evaluation and/or treatment may be revealed to other health-care providers involved in the care of the patient without the patient's consent. However, the information **must** be needed to insure proper treatment for the patient in later stages of care.
 5. The EMT/PHRN/ECRN shall exercise discrete clinical judgment in discussing patient information over the radio enroute to the hospital. Unprofessional communications are never appropriate over the radio.
 6. In the case of third-party payment plans (insurance, Medicaid or Medicare), EMS providers who charge for services may release the medical information about a patient when it is necessary for billing purposes.
 7. In certain incidents, the law may demand the release of information about a patient without the patient's approval. Examples: gunshot wounds, dog bites, certain communicable



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diseases and child abuse. See System Policies I-2 relative to Communicable Disease reporting and V-2 Violence: Child Abuse and Neglect.

8. **Release of PHI to law enforcement officials:** When considering the release of medical information about the evaluation and/or treatment of a patient to the police or other law enforcement agents, it is recommended that an EMS provider check with their local government, risk manager, or attorney to seek legal advice before disclosing any information gathered from a patient in the course of treatment. The Privacy Rule permits covered entities to disclose PHI to law enforcement officials without the individual's written authorization, under specific circumstances summarized below.
 - a. To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena. The Rule recognizes that the legal process in obtaining a court order and the secrecy of the grand jury process provides protections for the individual's private information (45 CFR 164.512 (f)(1)(ii)(A)-(B)).
 - b. To respond to an administrative request, such as an administrative subpoena or investigative demand or other written request from a law enforcement official. Because an administrative request may be made without judicial involvement, the Rule requires all administrative requests to include or be accompanied by a written statement that the information is requested is relevant and material, specific and limited in scope, and de-identified information cannot be used (45 CFR 164.512 (f)(1)(ii)(C)).
 - c. To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person; but the covered entity must limit disclosures or PHI to name and address, date and place of birth, social security number, ABO blood type and Rh factor, type of injury, date and time of treatment, date and time of death, and a description of distinguishing physical characteristics. Other information related to the individual's DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request (45 CFR 164.512 (f)(2)).
 - d. This same limited information may be reported to law enforcement
 - (1) About a suspected perpetrator of a crime when the report is made by the victim who is a member of the covered entity's workforce (45 CFR 164.502 (j)(2));
 - (2) To identify or apprehend an individual who has admitted participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on the individuals' request for therapy, counseling, or treatment related to the propensity to commit this type of violent act (45 CFR 164.512 (j)(1)(ii)(A), (j)(2)-(3)).
 - e. To respond to a request for PHI about a victim of a crime, and the victim agrees. If, because of an emergency or the person's incapacity, the individual cannot agree, the covered entity may disclose the PHI if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the covered entity believes in its professional judgment that doing so is in the best interests of the individual whose information is requested (45 CFR 164.512 (f)(3)).
 - f. Where child abuse victims or adult victims of abuse, neglect or domestic violence are concerned, other provisions of the Rule apply:
 - (1) Child abuse or neglect may be reported to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512 (b)(1)(ii)).



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- (2) **Adult abuse, neglect, or domestic violence may be reported to a law enforcement official authorized by law to receive such reports (45 CFR.512 (c)):**
 - (a) If the individual agrees;
 - (b) If the report is required by law; or
 - (c) If expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations (see 45 CFR 164.512(c)(1)(iii)(B)).
 - (d) Notice to the individual of the report may be required (see 45 CFR 164.512(c)(2)).
- (3) **To report PHI to law enforcement when required by law to do so (45 CFR 164.512(f)(1)(i)). For example, state laws commonly require health care providers to report incidents of gunshot or stab wounds, or other violent injuries; and the Rule permits disclosures of PHI as necessary to comply with these laws.**
- (4) **To alert law enforcement to the death of the individual, when there is suspicion that death resulted from criminal conduct (45 CFR 164.512(f)(4)).**
Information about a decedent may also be shared with medical examiners or coroners to assist them in identifying the decedent, determining the cause of death, or to carry out their other authorized duties (45 CFR 164.512 (g)(1)).
- (5) **To report PHI that the covered entity in good faith believes to be evidence of a crime that occurred on the covered entity's premises (45 CFR 164.512(f)(5)).**
- (6) **When responding to an off-site medical emergency, as necessary to alert law enforcement about criminal activity, specifically, the commission and nature of the crime, the location of the crime or any victims, and the identity, description, and the location of the perpetrator of the crime (45 CFR 164.512(f)(6)). This provision does not apply if the covered health care provider believes that the individual in need of the emergency medical care is the victim of abuse, neglect or domestic violence; see above Adult abuse, neglect or domestic violence for when reports to law enforcement are allowed under 45 CFR 164.512(c).**
- (7) **When consistent with applicable law and ethical standards:**
 - (a) **To a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public (45 CFR 164.512(j)(1)(i); or**
 - (b) **To identify or apprehend an individual who appears to have escaped from lawful custody (45 CFR 164.512(j)(1)(ii)(B)).**
- (8) **For certain other specialized governmental law enforcement purposes, such as:**
 - (a) **To federal officials authorized to conduct intelligence, counter-intelligence, and other national security activities under the National Security Act (45 CFR 164.512(k)(2)) or to provide protective services to the President and others and conduct related investigations (45 CFR 164.512(k)(3));**
 - (b) **To respond to a request for PHI by a correctional institution or a law enforcement official having lawful custody of an inmate or others if they represent such PHI is needed to provide health care to the individual; for the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution, or responsible for the transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of**



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the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5)).

- (9) Except when required by law, the disclosures to law enforcement summarized above are subject to minimum necessary determination by the covered entity (45 CFR 164.502(b), 164.514(d)). When reasonable to do so, the covered entity may rely upon the representations of the law enforcement official (as a public officer) as to what information is the minimum necessary for their lawful purpose (45 CFR 164.514(d)(3)(iii)(A)). Moreover, if the law enforcement officer making the request for information is not known to the covered entity, the covered entity must verify the identity and authority of such person prior to disclosing the information (45 CFR 164.514(h)). [HHS, 7/26/04]

9. **Release of information to the news media:** The term "public record" is used to justify the review of the run sheets by the press. While the Freedom of Information Act's definition of public records would apply to EMS patient care reports, section 207(b)(i) of the Act specifically exempts information obtained by public bodies concerning medical care given by the public body from inspection and copying. Many EMS agencies allow the press to review patient care reports after the names and addresses of the patients have been concealed. According to one legal opinion, this is not proper in light of a ruling in the case of Parkinson, 435 N.E. 2d at 142. In light of this ruling, EMS providers are obligated by law to refuse requests by the press to examine EMS patient care reports. Providers should consult their own legal counsel for direction.

- IV. **General guidelines:** When considering releasing information about the evaluation and/or treatment of a patient by an EMS provider, the safe path to follow is not to voluntarily provide the records, or any information from the records without either the patient's written consent or a valid subpoena. If a person could not properly obtain a copy of their medical record, including the run sheet, from the hospital's medical records department, the provider should not provide a copy.

V. **Privacy practices under HIPAA**

A. **Protecting privacy**

1. No PHI shall be placed on countertops or left out on workers' desks in public access areas where an unauthorized person could easily read or see the information.
2. Patients must sign in when they arrive at an agency to seek copies of medical reports.
3. Recycling bins containing PHI must not be kept in a public area like a copy room or open office.
4. When documents containing PHI that is no longer needed are destroyed, they must be shredded or disposed of in a secure manner.
5. Fax machines that receive or send PHI must be located in a secure area so that others workers and visitors will not have access to the PHI that is being communicated.
6. The filing system for written copies of medical records must be secure.

B. **Modes of communication**

1. Faxes containing PHI must include a cover sheet with a confidentiality statement.
2. All pre-set numbers on a fax machine to which PHI is sent must be validated as accurate.
3. All EMS agencies must have a confidentiality policy and concrete procedures addressing privacy related to oral (spoken) conversations or discussions about PHI.
4. E-mails containing PHI must contain a confidentiality statement.

C. **Use and disclosure of PHI**

1. All copies of patient care reports that are sent out must be logged or tracked.
2. No PHI is to be given over the phone unless the identity of the caller can be verified.
3. Before any PHI can be released, the agency must obtain the patient's consent or authorization.
4. Releases that do not require authorization
 - a. Public health activities
 - b. Victims of abuse, neglect, or domestic violence
 - c. Health oversight activities



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- d. Judicial and administrative proceedings
 - e. Law enforcement purposes (see above)
 - f. Information about decedents
 - g. Cadaveric organ, eye or tissue donations
 - h. Disclosure to avert a serious threat to health or safety
 - i. Specialized government functions
 - j. Worker's compensation
 - k. Disaster relief efforts
5. Disclosure of any PHI must be limited to the amount of information necessary to accomplish the goal of the request. Each request for disclosure must be reviewed on an individual basis in accordance with disclosure criteria.
 6. If possible, de-identify information prior to disclosing it. Example: PBPI screens.
 7. If patient care reports are faxed, you must verify that the correct person received it.
 8. Reports containing confidential information may not be put in the regular trash. They must be shredded or disposed of in a secure waste container.
- D. **Privacy education and training**
1. All persons who handle PHI must receive privacy training.
 2. There must be measures in place to safeguard PHI when an EMT leaves the system (removal from the CARS database, frequent changes of pass codes etc.).
- E. **Physical security** (Final security rules published 2/20/03 address procedural security, personal security, disaster recovery, business resumption planning, physical security, environmental security, media security, software security, networks and hospital (system) security. The compliance deadline for these rules was April 2005.)
1. All patient care reports containing PHI must always be kept in a secure, locked area to prevent the information from being accessed/viewed by unauthorized persons.
 2. All areas that have PHI-containing electronic databases must have policies in place to keep PHI out of view at work stations and on computer screens, such as having the computers set to automatically log off users after a few minutes of inactivity.
 3. All work stations for staff that handle PHI must be set up so passers by cannot easily view computer monitors.
 4. There must be a log for how computer equipment, backup tapes and storage devices containing PHI are accounted for when they are removed from the department (i.e., when they are out for repairs or when backup tapes are taken to off-site repositories).
 5. Precautions must be taken so it is difficult for people passing by to view documents containing PHI that are being faxed, printed or copied.
- F. **Technical security**
1. Computers containing PHI must require log-ins.
 2. Screen savers should kick in if there is even a short period of inactivity.
 3. Program managers must be able to tell if an unauthorized user has accessed PHI through a computer or network. Safeguards must be in place to prevent unauthorized access.
 4. Technology should be in place to verify the true identity of users.
 5. Passwords and/or IDs should be used to access PHI.
 6. Safeguards must be in place to prevent interception or unauthorized access of PHI by use of wide area networks or the internet.
- G. **Administrative requirements:** A covered entity must reasonably safeguard protected health information to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure (Section 164.530).

John M. Ortinau, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N.
EMS Administrative Director

References: P.A. 86-902 Privacy and Confidentiality in Health Care Act, effective September 11, 1989.
HIPAA Final Privacy Rule



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Effective Date: December 1, 2009

HIPAA Breach Training Program

45 CFR Part 164

Subpart D – Notification in the case of breach of unsecured PHI

Effective: 23 September 2009

HHS enforcement begins: 22 February 2010

These new rules place great risk upon the fire district should a breach occur. Should a breach occur the fire district will be required by law to go to great lengths to ensure harm, as defined by the law, does not come to the patient’s financial situation, mental or physical health, or reputation.

PART 1:

Q: What is a breach?

A: A breach occurs when a non-permitted use of PHI (Protected Health Information) occurs that may cause harm to the patient’s financial situation, mental or physical health, or reputation.

Q: What is a permitted use?

A: Same as before. Any use for treatment, payment or operations.

Q: What is not a breach?

A: Any of the following:

- Any unintentional acquisition, access or use by a member when done in good faith.
- Any inadvertent disclosure by a member provided it is corrected.
- A disclosure to an unauthorized person when a member believes in good faith that the unauthorized person cannot retain the information.
- A violation of HIPAA that is not a breach

PART 2:

Q: What is unprotected PHI?

A: Any PHI that is not encrypted in an electronic data base.

Q: What PHI of the PHFD is protected?

A: All information that is part of the ImageTrend Patient Care Report when it is stored electronically. Once printed or downloaded the PHI is no longer secure.

Q: What PHI of the PHFD is unprotected at all times?

A: All of the following without exception:

- FireHouse reports if it contains any PHI, even one element.
- All printed PCRs:
 - Printed at the hospital
 - Printed in the ambulance
 - Printed at the station
 - Printed to the wrong printer
 - Collected by a paramedic student
- Any faxed PCRs



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HIPAA Breach Training Program

- Tables of data used for quality assurance (PBPI) if they contain PATIENT information.

Q: What makes it PHI?

A: Same as before. Any document that contains information that identifies the patient and any form of medical information.

- Any part of the name including initials
- Any part of the address including the Zip Code
- Phone number
- Date of birth
- Social Security number even just the last four numbers
- Location or address of incident
- Dates and times
- Any other element that can identify the patient

Q: Can I just cross-out the above info?

A: In short, NO! It's more complicated than that.

Q: What do I do with copies I do not need?

A: SHRED THEM. Tearing in half is not shredding. Each station has a shredder and the hospitals have shredding cabinets.

Q: How do I secure copies I need?

A: Same as before but perhaps you have not been as vigilant as required:

- Do not set down any reports at the hospital. Only place hospital copies in secured locations.
- Upon return to fire station, immediately place in drawer in captains office. Do not leave on desks. Do not leave in secretary's in-basket.
- If you print a report and it does not appear where you think it should check all the other printers.

Q: What else do I need to do?

A: Many of the same things as before:

- Don't talk about patients to anyone except those who need to know and only do so where others cannot hear you. Do not worry about RED's radio traffic but do not leave the notes screen on the MDC visible to others (media).
- Do not complete PCRs on a computer where others who do not need to know cannot see the screen. Log off if you must get up from the computer before you are done.



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HIPAA Breach Training Program

PART 3:

Q: What occurs if a breach occurs?

A: The fire district must notify each individual whose PHI has been disclosed or accessed.

Q: What information must be disclosed?

A: All of the following:

- A brief description of what happened.
- A description of the PHI involved (all the details such as name, address, SSN, etc.)
- Any steps the individual should take to protect themselves from harm.
- What steps the PHFD is taking to protect the individual from harm.
- Contact procedures for individuals to ask questions. This SHALL include one or more:
 - A toll-free phone number
 - An email address
 - A web site
 - Postal address

Q: How is this notice give?

A: By First-Class U.S. Mail.

Q: Is there a fine or penalty?

A: Yes. Both civil and possibly criminal.

Q: Substitute notice required when?

A: If insufficient or out-of-date contact info for 10 or more individuals

- Posting on web page OR
- Conspicuous notice in print or broadcast media
- PLUS toll free number

Q: What is more 500 patient’s PHI is breached?

A: Then the PHFD must contact the prominent media outlets in the Chicago area. These include:

- For TV-

→ ABS	→ NBC	→ WGN
→ CBS	→ Fox	→ PBS
- For radio-

→ WGN	→ WBBM	→ WLS
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- For print-

→ Chicago Tribune	→ Chicago Sun-Times	→ Daily Herald
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HIPAA Breach Training Program

PART 4:

Q: What is an individual wants to complain about a breach?

A: Send them to D/C Smith, the Privacy & Security Office for HIPAA

Q: What happens to the person who created the breach?

A: Per 45 CFR Part 164 there must be sanctions. This means discipline.

Q: What happens to the person complaining about a breach or informing fire district management of the breach?

A: Whether a civilian or a member of the PHFD, no retaliation may occur.

PROCEDURES FOR PARAMEDICS AND FIREFIGHTERS:

1. All paramedics and firefighters are required to be vigilant in securing PHI and preventing breaches
2. All paramedics and firefighters are required to inform D/C Smith of any disclosure of PHI due to a breach or inadvertent or unintentional disclosure. Only D/C Smith will determine if a breach has occurred.

PROCEDURES FOR ADMINISTRATIVE STAFF:

1. Subpoenas:
2. Ambulance billing:
3. Other fire departments:



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**THE REMAINDER OF THIS DOCUMENT NEED NOT BE REVIEWED BY SHIFT PERSONNEL.
THE FORMS ARE USED BY THE ADMINISTRATIVE STAFF**

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Program Summary Table

Privacy Rule (PR) Requirement	Method of compliance
§ 164.502(a) Policy on Privacy Practices involving protected health information	Notice of Privacy Practices
§ 164.502(a) Must disclose PHI to patient when requested	Section 6 and Form
§ 164.502(b) Make reasonable efforts to limit PHI used or disclosed to the minimum necessary to accomplish purpose of the use or disclosure with certain exceptions such as treatment, disclosure to patient, required by law, or required for compliance	Section 9
§ 164.502 Patients may request a restriction on use of PH but PHFPD does not have to agree to any restrictions	Section 6.3.3
§ 164.502 Must obtain satisfactory assurances from "business associates" that the BA will safeguard PHI before any PHI may be shared with the BA with certain exceptions, including treatment, to a health plan, and government programs (like Medicare and Medicaid) that provide public benefits	Have BAA with Andres Medical Billing. Will institute BAA with any other Business Associate that develops.
§ 164.502(i); § 164.520 Must provide a notice of privacy practices	Notice of Privacy Practices Section 16
§ 164.520 Must obtain acknowledgement of receipt of notice except in emergency situations	Section 16
§ 164.502; 164.520 Need to document effort to provide patient with notice and obtain acknowledgement	Section 16 Form
§ 164.508 Must obtain patient authorization for certain uses and disclosures of PHI other than treatment, payment and operations	Section 15 Form
§ 164.526 Must provide a process for patient to request amendment to PHI and procedure for dealing with approval or denial of requests	Sections 6 & 7 Form
§ 164.530(d) Must have a procedure to deal with patient complaints about privacy practices and documenting complaints	Section 14
§ 164.530(b) Must develop a procedure on training employees on policies and procedures	Section 12
§ 164.530(a) Privacy Officer must be designated for development and implementation of privacy policies and procedures	Section 3
§ 164.528(a) Must develop a procedure for providing patients an accounting of disclosures of PHI upon request	Section 6.4 Form
§ 164.530(c) Must have in place administrative, technical and physical safeguard to protect privacy of PHI	Section 9
§ 164.530(a) Must identify contact persons responsible for receiving complaints and providing further information on privacy practices	Notice of Privacy Practices



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Prospect Heights Fire Protection District

Notice of Privacy Practices

Effective Date of this Notice: April 14, 2003

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT DEPUTY CHIEF DREW SMITH, OUR PRIVACY OFFICER, AT 847-253-8060.

Purpose of this Notice: Prospect Heights Fire Protection District (PHFPD) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. PHFPD is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: PHFPD may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- For treatment. This includes such things as verbal and written information about your medical condition and treatment provided by you and doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care personnel involved in your treatment.
- For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies and collection of outstanding accounts.
- For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, and certain other management functions.

Use and Disclosure of PHI Without Your Authorization. PHFPD is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations (unless prohibited by State law), including:

- For treatment, payment or operations activities of another health care provider who treats you;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of objecting we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest.
- To a public health authority in certain situations such as reporting abuse, neglect or domestic violence;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

- The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your written request on our form. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights.
- The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request on our form and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct.
- The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility to which we have transported you. We



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are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization.

- *The right to request that we restrict the uses and disclosures of your PHI.* You have the right to request that we restrict how we use and disclose your medical information that we have about you. PHFPD is not required to agree to any restrictions you request, but any restrictions agreed to by PHFPD are binding on PHFPD.
- *Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.* If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.
- *Revisions to the Notice:* PHFPD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one.
- *Your Legal Rights and Complaints:* You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

Procedure for Filing Complaints About Privacy Practices

You may make a complaint directly to us

You have the right to make a complaint directly to the Privacy Officer of PHFPD concerning our policies and procedures with respect to the use and disclosure of protected health information (PHI) about you. You may also make a complaint about concerns you have regarding our compliance with any of our established policies and procedures concerning the confidentiality and use or disclosure of your PHI, or about the requirements of the federal Privacy Rule. All complaints should be directed to our Privacy Officer.

You may also make a complaint to the government

If you believe PHFPD is not complying with the applicable requirements of the Federal Privacy Rule you may file a complaint with the Secretary of the U.S. Department of Health and Human Services., requirements, and implementation specifications of subpart E of part 164 of the Federal Privacy Rule.

**If you have any questions, need to make a request or if you wish to file a complaint or exercise any rights listed in this Notice, please contact: Deputy Chief Drew Smith, HIPAA Privacy Officer, Prospect Heights Fire Protection District, 10 East Camp McDonald Road, Prospect Heights, Illinois 60070, Phone 847-253-8060, FAX 847-253-4759, E-mail: dsmith@prospectheightsfire.com
www.prospectheightsfire.com**



Policies and Procedures

Effective Date: April 14, 2003

Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been provided with a copy of Prospect Heights Fire Protection District's Notice of Privacy Practices on this date.

Date Signature

Incident # PRINT NAME OF PATIENT

Relation to Patient

Street Address

City, State and Zip Code

As a general rule, this information will be included in some form on our Notice of Privacy Practices and this specific form not used.



Policies and Procedures

Effective Date: April 14, 2003

Patient Request Form for Access, Inspection or Copying of PHI

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Date of Service: _____

NOTICE: A separate Patient Request for Access Form MUST be completed for each record set being requested.

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

- Access to simply review my health information.
- Access to obtain copies of my health information. I understand there may be a fee for copies. Fee information is available upon request.
- Access to review and potentially request amendment of my health information.
- Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.
- Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature _____ Request Date _____

Relationship to patient _____

For Office Use	
ID verified	Date of access
Staff member	Time of access
Action/Access <input type="radio"/> Copy provided <input type="radio"/> Information reviewed <input type="radio"/> Other:	



Policies and Procedures

Effective Date: April 14, 2003

Request for Amendment of Protected Health Information

All requests using this form shall be accompanied by a copy of the document that the request applies to.

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Service: _____ Incident Number: _____

Information to Amend:

Please check the field that represents the type of information you would like to amend.

- Name, Billing Address, Mailing Address, Current Medical Condition, Past Medical History, Current Medications, Allergies, Marital Status, Surrogate Decision Maker, Other: Please describe

Please specifically describe what information you wanted amended. Please ONLY list the new information. Attach a separate sheet if necessary.

Three horizontal lines for describing the information to be amended.

Prospect Heights Fire Protection District, in its capacity as a health care provider, is entitled to perform and bill for services based on all protected health information in its current form or upon which it has already relied until such time as the amended information becomes effective.

Your signature below indicates that you have agreed to accept these terms as they have been listed and to provide payment, if required, to Prospect Heights Fire Protection District based on existing protected information until such time that the amendments you have made are effective.

Patient Signature: _____ Date: _____

Relationship to patient _____

Table with 2 columns: Staff member, Date of Amendment, Action, Time of Amendment



Policies and Procedures

Effective Date: April 14, 2003

Patient Accounting Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, amend your PHI, request an accounting of certain uses and disclosures of PHI for the last six (6) years, prior to the date of the request, from Prospect Heights Fire Protection District.

NOTE: Prospect Heights Fire Protection District is not required to provide you with an accounting of uses and disclosures associated with your treatment and transport, or for billing, payment or health care operations.

Signature _____ Request Date _____

Relationship to patient if not patient _____

List of Uses and Disclosures

Date of Disclosure	Name/Address of Recipient	Purpose and Brief Description of Disclosure	PHI Disclosed



Policies and Procedures

Effective Date: April 14, 2003

Patient Request for Restriction Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. **Prospect Heights Fire Protection District is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Prospect Heights Fire Protection District are binding on Prospect Heights Fire Protection District.**

Please indicate your request for restricted uses and disclosures of your PHI.

Signature _____

Date _____

For Office Use	
Staff member	Date of Receipt
Action <input type="radio"/> Accepted <input type="radio"/> Rejected	Date of Action
Comments	



Policies and Procedures

Effective Date: April 14, 2003

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I hereby direct the use or disclosure by Prospect Heights Fire Protection District of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me:

(List date and location of service)

NOTICE: An individual form is required for each separate incident and patient care report.

This information may be used or disclosed by Prospect Heights Fire Protection District and may be disclosed to:

(List full name of person or organization who you wish to make disclosure to)

- I understand that I have the right to revoke this Authorization at any time except to the extent that Prospect Heights Fire Protection District has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Prospect Heights Fire Protection District Privacy Officer.
- I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.
- I understand that my written authorization is not required for Prospect Heights Fire Protection District to use my protected health information for treatment, payment and health care operations.
- I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by Prospect Heights Fire Protection District for the following purpose(s):

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

[Name]

[Date]

[Signature]

[Social Security #]

[Address, City, State]

[Description of the authority of personal representative, if applicable]

This authorization expires on: _____ (date or event).

For Office Use	
Staff member	Date of Receipt
	Date of Action



Policies and Procedures

Effective Date: April 14, 2003

Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Prospect Heights Fire Protection District prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Prospect Heights Fire Protection District provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Prospect Heights Fire Protection District's patients. I understand that it is necessary, in the rendering of Prospect Heights Fire Protection District services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Prospect Heights Fire Protection District during my entire employment or association with Prospect Heights Fire Protection District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Prospect Heights Fire Protection District immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with Prospect Heights Fire Protection District. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by Prospect Heights Fire Protection District. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with Prospect Heights Fire Protection District. This is not a contract of employment and does not alter the nature of the existing relationship between Prospect Heights Fire Protection District and me.

Signature: _____ Date: _____

Print Name: _____

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Policies and Procedures

Effective Date: December 1, 2009

**HIPAA Breach Training Program
Member Verification**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Prospect Heights Fire Protection District prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Prospect Heights Fire Protection District provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Prospect Heights Fire Protection District's patients. I understand that it is necessary, in the rendering of Prospect Heights Fire Protection District services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Prospect Heights Fire Protection District during my entire employment or association with Prospect Heights Fire Protection District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Prospect Heights Fire Protection District immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with Prospect Heights Fire Protection District. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by Prospect Heights Fire Protection District. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with Prospect Heights Fire Protection District. This is not a contract of employment and does not alter the nature of the existing relationship between Prospect Heights Fire Protection District and me.

FURTHER, I understand I will:

- I understand what constitutes a breach of unprotected PHI.
- I understand that once the ImageTrend Patient Care Report is printed or downloaded the PHI is no longer secure.
- I understand that any printed PCR is unprotected and must be guarded and cannot be set down or given to another person who is not part of our fire district or the treating hospital.
- I understand that paramedics are not to fax PCRs to other fire departments. This is done by administration so records are maintained.
- I understand that I cannot enter any PHI in the NFIRS report.
- I understand that any document that contains information that identifies the patient and any form of medical information contains PHI and that I just cannot cross-out the info to make it free of PHI.
- I understand that to destroy the printed PHI it must be shredded not just torn.
- I understand how to secure the PHI by not setting a printed PCR down, only storing the PCRs in the fire station office drawer, and by knowing who is or may be listening or viewing my computer.
- I understand that I must notify D/C Smith if there is a possible disclosure or breach and that any person complaining is referred to D/C Smith.

Signature: _____ Date: _____

Print Name: _____

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Prospect Heights Fire Protection District Internal Correspondence

DATE:	11-21-2013
TO:	All members
FROM:	Drew Smith, Deputy Chief.
SUBJECT:	Invalid Assists

NWCEMSS has adopted a new policy on Invalid Assists. This policy requires an assessment on each and every patient. Dr. Ortinau is very concerned that these patients may not be assessed adequately and that some patients may be avoiding medical care when they need it.

If the patient is:

- without complaint
- is without an acute medical condition or a change in their chronic medical condition
- had no symptoms whatsoever of dizziness, lightheadedness, fainting, stroke, or discomfort
- is decisional
- did not fall, slip or SLIDE regardless of whether or not they were assisted to the floor, etc.,
- is on blood thinners but does not feel differently (even just tired) or have dark stools
- has not been assisted by us within the past 24 hours

Then they can be considered an invalid. A true invalid assist can then be documented on a new form which is paper.

HERE IS THE PROBLEM

1. You will have to complete this documentation no matter what. No longer can you just use FireHouse alone.
2. We (the PHFD) do not have a way to store these forms as we no longer keep paper records. They cannot be attached to FireHouse and to be attached to Imager Trend there has to be an Image Trend report.
3. Further, NWCEMSS wants us to check up the next day on these people.

Therefore, effective December 1, 2012 we will do the following for every such call.

1. We will refrain from coding these calls in FireHouse as invalid assists.
2. Each of these patients will be assessed fully including vital signs.
3. We will complete an Image Trend report on each of these patients.
4. Each patient will be asked to sign a refusal and that refusal will be called in.
5. Even if a fire company handled the call we will do this.

We are going to do the right thing. We will ensure we meet the need that our medical control feels exists. During nearly three-year period of 1/1/2010 until 11/21/2012 there were 237 invalid assists or one every 4.45 days. This requirement should not be a burden.

Should there be any questions please contact me.

I have read the above, asked for clarification on any areas not understood, and understand the requirements for these EMS incidents.

Print Name

Signed

Date

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Prospect Heights Fire Protection District

MEMBER MANUAL

NOTICE

The MEMBER MANUAL of the Prospect Heights Fire Protection District is located on the fire district's computer server and is accessible to all members. The latest version of all policies, procedures and guidelines are posted on this server once approved by the fire chief.

This manual is not intended to create, nor should it be understood to constitute, any type of employment contract, promise, or guarantee between the Prospect Heights Fire Protection District and its members, including officers and fire fighters.

This manual is created to describe the rules and regulations, general order, personnel order, special order, directive, memorandum, policies and procedures, standard operating procedures, operational guidelines of the Prospect Heights Fire Protection District and, from time to time will be modified, amended, replaced or new material added.

In addition, the manual is not intended to create or provide any assurance of continued employment or membership with the Prospect Heights Fire Protection District. Members employment and compensation may be terminated at any time, for any reason, without cause or notice, at the discretion of the Fire Protection District.

No member or officer of the Fire Protection District has authority to enter into any agreement establishing or acknowledging terms or conditions of employment contrary to those previously stated in this document.

I have read the above statement and understand its content. At any time I have questions regarding any of the content of the Prospect Heights Fire Protection District Member Manual I am able to follow the chain of command and inquire about my question.

SIGNED

NAME

DATE

WITNESS:

RANK:

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Prospect Heights Fire Protection District NEW MEMBER DRIVER TRAINING WORK BOOK

For use to qualify for non-emergency and emergency driving of Class D vehicles

Name	Date
------	------

INSTRUCTIONS: Answer each question by either filling in the blank or providing a short narrative.

1. Under the Illinois Vehicle Code, an authorized emergency vehicle is defined as a vehicle with two pieces of equipment in operation. These two pieces of equipment are:
 - 1
 - 2

2. When operating as an emergency vehicle the driver may disregard certain laws that regulate traffic. However, the driver must operate how?

3. Whenever a vehicle is driven all occupants must be _____ and have their _____ fastened.

4. The only time personnel may ride on the exterior of moving fire apparatus is:

5. A driver will insure four items are checked before attempting to start any vehicle these four items are:
 - 1
 - 2
 - 3
 - 4

6. If a vehicle does not start after three attempts what action should be taken or not taken?

7. When are fuel tanks to absolutely be refilled?

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Prospect Heights Fire Protection District NEW MEMBER DRIVER TRAINING WORK BOOK

For use to qualify for non-emergency and emergency driving of Class D vehicles

17. When driving with warning lights and siren activated down a road with two or more lanes in the same direction the driver will occupy which lane?

18. When should the driver of an emergency vehicle not pass on the left side of a stopped auto?

19. Describe the procedure to be followed if a driver must cross a railroad crossing where the gates appear to be stuck in the down and flashing position:

20. Describe the procedure to be followed if a driver must cross a railroad crossing where there are no gates at all:

21. When may a driver pass a school bus that has its red lights flashing and stop sign extended outward?

22. What aspect of safety may be sacrificed in order to speed up a response?

23. You have returned to the station alone with your engine because the other crew members went to the hospital with the ambulance. How will you back the vehicle into the station?

24. If parked at an emergency scene, you are to turn your headlights off when:

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Prospect Heights Fire Protection District NEW MEMBER DRIVER TRAINING WORK BOOK

For use to qualify for non-emergency and emergency driving of Class D vehicles

25. List at least three situations in which response should generally be without the use of lights and siren:
- 1
 - 2
 - 3
26. Which patients may be transported with the use of warning lights and siren? Circle each patient that qualifies.
- Possible closed fracture of ankle with no loss of circulation or sensation
 - Mental health patient who is not threatening the safety of anyone other than himself
 - Asthma patient receiving Albuterol
 - Multiple trauma patient
 - Victim of an auto accident complaining of back pain
27. While responding to an emergency call as driver of a fire district vehicle with its lights and siren activated you are involved in a collision with a car. What action are you required to take regardless of whether or not you are at fault?
28. If you are involved in an incident resulting in damage to a fire district vehicle, what are your four responsibilities?
- 1
 - 2
 - 3
 - 4
29. When are you required to obtain a police report for an accident involving a fire district vehicle you were driving?
30. When a vehicle is inoperable, even if repairs are being attempted, what notifications need to be made to whom?

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Prospect Heights Fire Protection District NEW MEMBER DRIVER TRAINING WORK BOOK

For use to qualify for non-emergency and emergency driving of Class D vehicles

31. At the scene of a motor vehicle accident on a roadway, the rear doors of the ambulance should face which direction?

When are each of the following radio frequencies to be used?

32. Repeater	
33. IFERN	
34. Fireground Red	

35. What is Level 1 staging and when is it used?

36. What is Level 2 staging and when is it used?

-
37. What legal principle is applied by a court when determining if the driver of an emergency vehicle using lights and siren was within the scope of the law allowing him or her to disregard traffic laws?

38. Are all motions, including acceleration, deceleration, velocity, directional control and tacking governed by the laws of physics?

39. Total stopping distance is a sum of three separate distances which are:

- 1
- 2
- 3

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Prospect Heights Fire Protection District NEW MEMBER DRIVER TRAINING WORK BOOK

For use to qualify for non-emergency and emergency driving of Class D vehicles

40. When should the tone on the siren be changed during a response?

41. Most collisions involving emergency vehicle responding to an incident occur where?

42. Does the Opticom emitter signal travel through objects or around corners?

43. It is the _____ from the Opticom emitter that signals the detector.
44. When flashing in your direction of travel, the white light atop the traffic control signal indicates:

45. When steady-burning in your direction of travel, the white light atop the traffic control signal indicates:

46. Depending on the installation, the Opticom signal can be detected within a range of _____ to _____ feet.
47. Each intersection's traffic control equipped with Opticom traffic pre-emption equipment serves vehicles equipped with an emitter on a _____ basis.
48. The typical time delay from detection to the traffic signal changing is _____ seconds.

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Prospect Heights Fire Protection District FIREFIGHTER PERFORMANCE REVIEW FORM

Name of Member being reviewed	
Rank	
Review Type: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly (during probation) <input type="checkbox"/> Other (explain):	
Period of Review: <i>From</i> _____ <i>To</i> _____	
Criteria for Evaluation: Member Manual	Rating: 1=Never/Poor/Far below standards of particular Member Manual document in most or all areas. 2=Sometimes/Below expectation/Certain areas of particular Member Manual document need improvement. 3=Regularly/Meets expectation/Meets standard(s) of particular Member Manual document but rarely if ever exceeds standard(s). 4=Above expectation/Exceeds standards or expectation on regular basis and in more than one area. 5=Exceptional or Excellent performance; Best practice and ideal behavior that other members should imitate. N/A= not applicable or not able Any rating other than a 3 or N/A requires an explanation
General knowledge of fire district operations as outlined in Section #1	
Compliance with Section #2, Rules and Regulations	
3-1: Does the member correspond using the proper format?	
3-2: Does the member keep his personal information, as required, up to date using the proper form?	
3-6: Does the member maintain proper personal appearance, hygiene and grooming?	
3-7: Does the member possess the proper driver's license?	
3-8: Does the member possess proper uniforms, maintain them, & wear the proper uniform when required?	
3-20: Is the member in compliance with the scheduling policy?	
3-21: Has the member been late for duty or not reported for duty at all during this evaluation period?	
3-22: Is the member in compliance with the Tour of Duty procedures? Here at 0600 or 1800? Ready at 0700 or 1800, in uniform? Performs assigned duties?	
3-23: Does the member comply with the Use of Fire Station policy (phone use, car washing, kitchen, smoking, computer use, etc.)?	
3-29: Does the member complete at least 10 hours of training each month?	
In the column to the right, list the date(s) and number hours for each date for all absences listed in Staff Activity records since the last performance review.	
In the column to the right, list the date(s) and a brief description of any discipline issued since the last performance review.	

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Prospect Heights Fire Protection District FIREFIGHTER PERFORMANCE REVIEW FORM

<p>4-1-1: Does the member know and follow the emergency response assignments for various calls?</p> <p>4-1-2: Does the member know what to do when there is a walk-in patient at the fire station?</p> <p>4-2-1: Does the member perform his or her public education duty professionally and competently?</p> <p>4-3-1: Does the member display a proper attitude and behavior towards general safety practices (wears safety glasses, lifts with legs not back, etc.)?</p> <p>4-3-2: Does the member comply with the Exposure Control policy requirements (glove wearing, hand washing, rig cleaning, etc.)?</p> <p>4-4-1: Are the member's EMS reports legible, neat, orderly, and complete?</p> <p>4-4-2: Does the member take proper care of EMS equipment, including cleaning, restocking, inventorying, etc.?</p> <p>4-5-6: Does the member use fire district vehicle consistent with fire district policy?</p> <p>4-6-1: Does the member properly document damaged equipment, facilities, and the like?</p> <p>4-7-3: Does the member follow the proper procedure when requesting advance training (such as smoke divers, fire officer classes, etc.)?</p>	
<p>5-1-1: Does the member demonstrate an appropriate level of knowledge and skill in using the incident command system on calls?</p> <p>5-2-1: Does the member demonstrate proper use of radios and effectively transmit messages over the radio?</p> <p>5-2-4 & 5-2-5: Does the member properly communicate over the radio when responding on mutual or automatic aid calls to another town?</p> <p>5-3-1: Does the member properly don and use personal protective gear as required?</p> <p>5-3-4: Does the member follow the Passport Accountability System during duty shifts or call backs?</p> <p>5-3-6: In general, is the member a safe driver under both emergency and non-emergency conditions?</p> <p>5-4-1: Is the member able to proficiently place each pump into gear and charge appropriate line to the proper pressures using various water supplies?</p> <p>5-4-3: Is the member able to proficiently set-up and operate the aerial platform?</p> <p>5-4-4 & 5-4-5: Is the member able to proficiently start, stop & operate all gas-powered equipment & tools?</p> <p>5-5-1: On emergency calls, and in training, does the member demonstrate knowledge of what tools are to be carried at a scene based on his or her riding assignment?</p> <p>5-6-1: Does the member demonstrate knowledge of apparatus placement and initial company duties at a structure fire?</p> <p>5-6-2 through 5-6-6: Does the member demonstrate knowledge of apparatus placement and initial company duties for specific structure types?</p> <p>5-7-3: Does the member demonstrate knowledge of the proper action to be taken at a suspected natural gas leak incident?</p> <p>5-7-4: Does the member demonstrate knowledge of the proper action to be taken at a suspected carbon monoxide incident?</p> <p>5-8-3: Does the member demonstrate knowledge of the proper action to be taken at a car fire?</p> <p>5-9-1: Does the member demonstrate knowledge of the proper action to be taken at an auto accident?</p> <p>5-1-1: Does the member deliver EMS consistent with the fire district's philosophy and NWC EMS SOP and policy?</p> <p>5-1-2: Does the member follow the fire district policy on closest hospital determination?</p>	
<p>7 Minimum Standards: Does the member have a problem with specific task performance?</p>	
<p>8 Respiratory Protection Program: Does the member have an understanding of the requirements and comply appropriately?</p>	

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Prospect Heights Fire Protection District FIREFIGHTER PERFORMANCE REVIEW FORM

Page 3

Non-Member Manual Dimensions observed	Rating:
	1=Never/Poor/Far below standards of particular Member Manual document in most or all areas. 2=Sometimes/Below expectation/Certain areas of particular Member Manual document need improvement. 3=Regularly/Meets expectation/Meets standard(s) of particular Member Manual document but rarely if ever exceeds standard(s). 4=Above expectation/Exceeds standards or expectation on regular basis and in more than one area. 5=Exceptional or Excellent performance; Best practice and ideal behavior that other members should imitate. N/A= not applicable or not able Any rating other than a 3 or N/A requires an explanation
Knowledge of fire district: Ability to use map book/street guide; Ability to use pre-plan information; Previous call knowledge	
Knowledge of fire district apparatus and equipment: Vehicle capabilities; Equipment locations; Equipment operation	
Ability to interact with residents, outside contacts, other agencies and non-fire district persons	
Ability to work with other fire district members as a team both in station and on calls	
Ability to convey ideas, thoughts, opinions and information verbally to others	
Ability to convey ideas, thoughts, opinions and information in writing to others	
Ability to follow orders and take direction	
Ability to work in company versus free-lance	
Ability to reason, think, use logic and interpret information in carrying out duties and assignments	
Degree of willingness of member to accept and carry out work assignments	
Ability to plan, manage and use time effectively to meet work assignments	
Ability to proceed with task or assignment with little or no supervision	
Thoroughness of daily duties, both housekeeping and vehicle and equipment maintenance and inspections	
Self-Motivation: Ability and desire to seek out and accept additional work	
Ability to accept direction or criticism from others	
Effectiveness under stressful situations: Emergency call situations; Training situations; Station situations	
Attitude towards safety supports a safe working environment, general principle of workplace and incident scene safety.	
Ability to have confidence in the member	
General, overall attitude towards organization	

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	Prospect Heights Fire District Respiratory Protection Program	Effective: 01 JAN 13	Supersedes: 01 AUG 05 01 SEP 10 01 JAN 03 01 APR 07
	Compliance document for 29 CFR 1910.134	Page # 1 of 31	

INTRODUCTION (a) (c)

Firefighters respond to a variety of emergencies. Fires involving structures, vehicles and chemicals, as well as rescues involving confined spaces or hazardous atmospheres present respiratory hazards. When human life is threatened, firefighters generally do not have extended periods of time in which engineering controls can be placed to eliminate or reduce hazards. Following the same practices as general industry, such as evaluating each worksite and its individual hazards, is not practical. In fact, it is probably the lack of such work practices by the victim or his co-worker that has contributed to the emergency situation the firefighter has responded to. (a)(1)

The Fire District is required by OSHA/IDOL to provide to each firefighter all equipment, training, and other related services required under this plan, at no cost to the firefighter. All expenses related to this program are being paid by the Fire District. (a)(2)

This program will detail the general requirements as well as the detailed requirements and specific actions taken for compliance in the areas of respirator selection, medical evaluation, fit testing, procedures for proper use in routine and reasonably foreseeable emergencies, procedures for respirator cleaning, disinfecting, storing, inspecting, repairing, and maintenance, procedures for air quality assurance, training in hazards, use, wear, and maintenance, and program evaluation. (c)(1)

The Fire District will maintain and update periodically this written respirator protection program that contains specific procedures for respirator use. (c)(1)

While not required or prohibited, nothing in this program prohibits firefighters from utilizing dust type masks during.

Nothing in this program shall prohibit an employee from using a HEPA respirator when not required during simple chores, routine station or equipment maintenance tasks, or on the scene of non-structural fire suppression or non-confined space rescue where dust may be a nuisance. When doing so, the employee is reminded to be aware of the material and commentary contained in Appendix D of 29 CFR 1910.134. (c)(2)

The Respiratory Protection Program (RPP) manager is Deputy Chief Drew Smith. (c)(3)

The RPP manager is responsible for implementation, coordination, evaluation and revision of the program, including developing compliance programs for all OSHA requirements. The initial and annual training of employees will be achieved through the RPP manager.

Medical evaluation for the Fire District is implemented, coordinated, evaluated and revised by the Fire Districts Fitness and Health Officer.


Supervisors (Deputy Chiefs and Lieutenants) are responsible for insuring the program is carried out and that all members comply. Other specific responsibilities (such as incident scene operations, feedback to RPP manager and maintenance procedures) are enumerated throughout the program. To this end, supervisors need to insure problems or potential problems are communicated to the RPP manager.

All members, including fire fighters and paramedics, are responsible for following and implementing this program and using the several pages as a reference source during routine and non-emergency activities such as training and maintenance. To this end, members need to care for their issued face piece and assigned SCBA.

When any member has a question regarding the respirator protection program, respirator (SCBA) maintenance or use he or she should contact the RPP manager.

As mentioned above, the Fire District is required by OSHA/IDOL to provide to each firefighter all equipment, training, and other related services required under this plan, at no cost to the firefighter. All expenses related to this program are being paid by the Fire District. (c)(4)

All printed materials (such as owner's manuals, instructions, and repair procedures) and instructional videotapes produced by MSA, Inc. for the 4500-PSI MMR SCBA are hereby incorporated by reference into this program.

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DEFINITIONS (b)

- Atmosphere-supplying respirator Means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes SARs and SCBA.
- Emergency situation Means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.
- End Of Service Time Indicator (EOSTI) Means a bell, whistle or other device which is an integral part of the SCBA intended to notify the user and all other persons in the immediate work area of the user that the particular SCBA has approximately 1000 PSI or less of breathable air in its cylinder.
- Fit test Means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.
- High Efficiency Particulate Air (HEPA) filter Means a NIOSH N100, R100 or P100 filter. *N95 TB masks are not the same as HEPA filter masks.*
- Immediately Dangerous to Life or Health (IDLH) Means an atmosphere that poses an immediate threat to life, would cause irreversible health effects, or would impair an individual's ability to escape from a dangerous atmosphere unaided.
- Incipient stage fire Means a fire which is in the initial or beginning stage and which can be controlled or extinguished by portable fire extinguishers, Class II standpipe (house line) or small hose systems (less than 1.5 inch in diameter) without the need for protective clothing or breathing apparatus.
- Interior structural fire fighting Means the physical activity of fire suppression, rescue or both, inside of building or enclosed structures which are involved in a fire situation beyond the incipient stage.
- Loose fitting facepiece Means a respiratory inlet covering that is designed to form a partial seal with the face.
- Low Air Alarm *See End Of Service Time Indicator*
- Oxygen deficient atmosphere Means an atmosphere with an oxygen content below 19.5 percent by volume.
- Physician or other licensed health care provider (PLHCP) Means an individual whose legally permitted scope of practice (i.e.: license, registration or certification) allows him or here to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by OSHA under this respiratory protection program.
- Positive pressure respirator Means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.
- Pressure demand respirator Means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.
- Qualitative fit test (QLFT) Means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- Quantitative fit test (QNFT) Means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- Respiratory inlet covering Means that portion of the respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.
- Self-contained breathing apparatus (SCBA) Means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user. All SCBA are NIOSH-approved and meet NFPA 1981 & ANSI requirements.
- Supplied air respirator (SAR) Means an atmosphere-supplying respirator for which the source of the breathing air is not designed to be carried by the user.
- Tight-fitting facepiece Means a respiratory inlet covering that forms a complete seal with the face.
- User seal check Means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

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RESPIRATOR SELECTION (d)

Each incident scene is different and unique. All incidents pose a hazard. If there were not a hazard the firefighter would not have been summoned in the first place. Since time will not allow for a detailed analysis of each and every hazard these atmospheres must be assumed to be immediately dangerous to life or health. Interior Structural Fire Fighting is deemed IDLH (immediately dangerous to life or health) by OSHA/IDOL and therefore certain procedures and equipment become automatically required for the firefighter.(d)(1)

Hazards the fire fighter may face include, but are not limited to:

- Smoke
- Carbon monoxide
- Oxygen deficiency
- Super-heated gases
- Chemical fumes and/or vapors
- Particles and/or dust from chemicals

The Fire District supplies only pressure demand SCBA manufactured by MSA (Mine Safety Appliance). Facepieces for SCBA are available to firefighters in all sizes manufactured by MSA. All SCBA and facepieces are NIOSH-approved. (d)(2)

While Confined Space Rescue and Hazardous Materials incidents may not be IDLH, the use of a respirator may be required by the site-specific incident commander, based on known, unknown or suspected hazards. In these cases, SCBA will be worn as it is readily available, since it offers the highest level of protection and the employee is most familiar with its operation. (d)(3)

Firefighters who are also a member of a regional special operations team (Haz-Mat or Special Rescue) may utilize SAR provided they are trained and fit tested for that equipment by the special operations team. (d)(2)

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MEDICAL EVALUATION (e)

Prior to fit testing, training involving the wearing of a respirator or required use, an employee must undergo a medical evaluation. A medical evaluation is not necessarily a true medical examination. (1)

A Physician or other Licensed Health Care Professional (PLHCP) shall perform all medical evaluations and subsequent testing or examinations. The PLHCP shall use the questionnaire contained in this program. The questionnaire shall contain all elements in Appendix C, Part A, Sections 1 & 2 of the Final Rule. (2)


The results on the initial medical evaluation will determine if any further examination or testing is required before medical clearance is granted. Positive answers to any of questions 1 through 8 of Appendix C, Part A, Section 2 shall require further examination. If the initial exam demonstrates to the PLHCP a need for further examination or testing such shall occur. Whatever tests, consultations or procedures are deemed necessary by the PLHCP to make a final determination. (3)

The medical questionnaire contained in this program, or a similar version containing all of the required elements under Appendix C, Part A, Sections 1 & 2 of the Final Rule, shall be completed by each employee prior meeting with the PLHCP. The questionnaire may be completed during working hours when other activities are not scheduled, at the employee's home or other location of choice (although these hours will not be compensated) or at the location of the PLHCP immediately prior to the evaluation meeting. In any case, the questionnaire shall be retained by the employee to insure confidentiality and submitted to the PLHCP at the evaluation session. (4)(i)

Upon completion of the medical evaluation session, review of the questionnaire by the PLHCP, any follow-up exam, tests, consultations and procedures, and a final determination the PLHCP, the employee shall have the opportunity to discuss the same with the PLHCP. This may be done at the closure of the session, provided a final determination has been made, at another session in which the PLHC presents the final determination, or by making an appointment with the PLHCH to discuss the above items. In any case, the employer will only provide at the employer's expense a single opportunity for the employee to discuss the results. Nothing in this program shall prohibit the employee from contacting the PLHCP on his or her own time and at his or her own expense and discussing the evaluation and final determination. (4)(ii)

Additional medical evaluations shall only be provided if:

1. An employee reports medical signs or symptoms that are related to the ability to use a respirator. *A report by an employee may be explicit or implicit. An explicit report is one in which the employee makes written notification of his or her signs or symptoms to the Respirator Program Administrator. An implicit report is one in which comments or behaviors of the employee are observed, overheard or obtained. If the employee desires medical reevaluation he or she must make written notification otherwise the employer may not understand the report.*
2. A PLHCP, supervisor (any officer), or the Respirator Program Administrator informs the employer that an employee needs to be reevaluated.
3. Information from the Respiratory Protection Program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
4. A change occurs in the workplace conditions (such as physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on the employee. *Since fire suppression and rescue work is already performed in full protective clothing, under unknown temperature conditions and may involve maximal physical effort, it is not likely that this condition would warrant or dictate any additional medical evaluation. (7)*

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Medical evaluation for the Prospect Heights Fire District is provided by the PLHCP of Health Endeavors

To: Physician or other Licensed Health Care Professional performing a medical evaluation for respirator use.

Subject: Required Supplemental Information (5)

Type or respirator: *MSA Self-Contained Breathing Apparatus (SCBA).*
Weight of respirator: *Approximately 25 pounds*
Duration & frequency of use: *Varies. Approximately once every 14 days for 30-60 minutes.*
Expected physical work effort: *From minimal (walking with SCBA on back) to maximal (performing rescue of victim under heat and smoke)*
Additional protective clothing and equipment to be worn: *Full fire fighting clothing (fire coat, fire pants, fire boots, fire gloves, fire helmet, and fire hood)*
Temperature and humidity extremes to be encountered: *Minus 30 degrees F to 400+ degrees F with up to 100% humidity.*

The Fire Fighter Position (Job) Description of the Fire District provides extensive detail of job requirements including the Essential Job Functions.

Each PLHCP used by the Fire District to evaluate employees shall be provided with the above information, a new copy of this information after each update or change, a copy of this program and a copy of the OSHA regulation 29 CFR 1910.134. (5)(ii),(iii)

If the Fire District changes PLHCP, employees will not be reevaluated unless there is another reason to do so. (Note to Paragraph (e)(5)(iii))

Upon completion of the medical evaluation the PLHCP shall provide to the Fire District written recommendation regarding the employee's ability to use a respirator. The recommendation shall provide only the following information:

1. Any limitations on respirator use related to a medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
2. The need, if any, for follow-up medical evaluations.
3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.(6)(i)

The written recommendation shall be on the form contained in this program on a form or letterhead of the PLHCP that contains only the information stated above.



Respirator Medical Evaluation Questionnaire

To the employee: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

Employee's Name:

To the employee: Can you read? (Circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1.	Today's date:
2.	Your name:
3.	Your age (to nearest year):
4.	Sex (circle one): <input type="checkbox"/> Male / <input type="checkbox"/> Female
5.	Your height: <input type="text"/> ft. <input type="text"/> in.
6.	Your weight: <input type="text"/> lbs.
7.	Your job title:
8.	A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):
9.	The best time to phone you at this number:
10.	Has your employer told you how to contact by the health care professional who will review this questionnaire (circle one): <input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>All employees are required to use both disposable respirators (filter-mask, non-cartridge type) and self-contained breathing apparatus.</i>	
11.	Have you worn a respirator (circle one): <input type="checkbox"/> No / <input type="checkbox"/> Yes If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
1.	Have you <i>ever</i> had any of the following conditions? a. Seizures (fits): <input type="checkbox"/> Yes <input type="checkbox"/> No b. Diabetes (sugar disease): <input type="checkbox"/> Yes <input type="checkbox"/> No c. Allergic reactions that interfere with you breathing: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Claustrophobia (fear of closed-in places): <input type="checkbox"/> Yes <input type="checkbox"/> No e. Trouble smelling odors: <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you <i>ever</i> had any of the following pulmonary or lung problems? a. Asbestosis: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Chronic bronchitis: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Emphysema: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Pneumonia: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Tuberculosis: <input type="checkbox"/> Yes <input type="checkbox"/> No g. Silicosis: <input type="checkbox"/> Yes <input type="checkbox"/> No h. Pneumothorax (collapse lung): <input type="checkbox"/> Yes <input type="checkbox"/> No i. Lung cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No j. Broken ribs: <input type="checkbox"/> Yes <input type="checkbox"/> No k. Any chest injuries or surgeries: <input type="checkbox"/> Yes <input type="checkbox"/> No l. Any other lung problem that you have been told about: <input type="checkbox"/> Yes <input type="checkbox"/> No



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3.	Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Shortness of breath when walking with other people at an ordinary pace on level ground: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Have to stop for breath when walking at your own pace on level ground: <input type="checkbox"/> Yes / <input type="checkbox"/> No e. Shortness of breath when washing or dressing yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Shortness of breath that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No g. Cough that produces phlegm (thick sputum): <input type="checkbox"/> Yes <input type="checkbox"/> No h. Coughing that wakes you early in the morning: <input type="checkbox"/> Yes <input type="checkbox"/> No i. Coughing that occurs mostly when you are lying down: <input type="checkbox"/> Yes <input type="checkbox"/> No j. Coughing up blood in the last month: <input type="checkbox"/> Yes <input type="checkbox"/> No k. Wheezing: <input type="checkbox"/> Yes <input type="checkbox"/> No l. Wheezing that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No m. Chest pain when you breath deeply: <input type="checkbox"/> Yes <input type="checkbox"/> No n. Any other symptoms that you think may be related to lung problems: Yes / <input type="checkbox"/> No
4.	Have you <i>ever</i> had any of the following cardiovascular or heart problems? a. Heart attack: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Stroke: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Angina: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Heart failure: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Swelling in your legs or feet (no caused by walking): <input type="checkbox"/> Yes <input type="checkbox"/> No f. Heart arrhythmia (heart beating irregularly): <input type="checkbox"/> Yes <input type="checkbox"/> No g. High blood pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No h. Any other heart problem that you've been told about: <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you <i>ever</i> had any of the following cardiovascular or heart symptoms? a. Frequent pain or tightness in your chest: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Pain or tightness in your chest during physical activity: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Pain or tightness in your chest that interferes with your job: <input type="checkbox"/> Yes <input type="checkbox"/> No d. In the past two years, have you noticed your heart skipping or missing a beat: Yes / <input type="checkbox"/> No e. Heartburn or indigestion that is not related to eating: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Any other symptoms that you think may be related to heart or circulatory problems: <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you <i>currently</i> take medication for any of the following problems? a. Breathing or lung problems: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Heart trouble: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Blood pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Seizures (fits): <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space o and go to question 9 :) a. Eye irritation: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Skin allergies or rashes: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Anxiety: <input type="checkbox"/> Yes <input type="checkbox"/> No d. General weakness or fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Any other problems that interferes with your use of a respirator: <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you <i>ever</i> lost vision in either eye (temporarily or permanently):



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10. Do you *currently* have any of the following vision problems?
- a. Wear contact lenses: Yes No
 - b. Wear glasses: Yes No
 - c. Color blind: Yes No
 - d. Any other eye or vision problem: Yes No
11. Have you *ever had* an injury to your ears, including a broken ear drum: Yes No
12. Do you *currently* have any of the following hearing problems?
- a. Difficulty hearing: Yes No
 - b. Wearing a hearing aid: Yes No
 - c. Any other hearing or ear problem: Yes No
13. Have you *ever had* a back injury: Yes No
14. Do you *currently* have any of the following musculoskeletal problems?
- a. Weakness in any or your arms, hands, legs, or feet: Yes No
 - b. Back pain: Yes No
 - c. Difficulty moving your arms and legs: Yes No
 - d. Pain or stiffness when you lean forward or backward at the waist: Yes No
 - e. Difficulty fully moving your head up or down: Yes No
 - f. Difficulty fully moving your head side to side: Yes No
 - g. Difficulty bending at your knees: Yes No
 - h. Difficulty squatting to the ground: Yes No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.: Yes No
 - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

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Written Recommendation by PLHCP Regarding the Employee's Ability To Use A Respirator.

Name of Employee
Date of Medical Evaluation
<input type="checkbox"/> This employee is NOT medically able to use a respirator. <input type="checkbox"/> This employee IS medically able to use a respirator.
Limitations on respirator use related to a medical condition of the employee.
Limitations on respirator use relating to the workplace conditions in which the respirator will be used.
<input type="checkbox"/> There is NO NEED for any follow-up medical evaluations at this time. <input type="checkbox"/> There is a NEED for a follow-up medical evaluation(s) at this time.
<i>I have provided the employee with a copy of my written recommendation.</i>
Signed _____ Date _____
Printed Name _____
<input type="checkbox"/> Physician
<input type="checkbox"/> Licensed Health Care Professional (state type): _____
Address _____
City, State, ZIP _____
Phone number _____

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FIT TESTING (f)

Once medical evaluation has been completed, but prior to any training in or the actual use of respiratory protection, each employee shall have a facepiece fit test. (2)

Testing shall be done using the facepiece style to be issued.

Fit testing shall also occur:

- On an annual basis (2)
- Whenever there is a change in facepiece size or style. (2)
- Whenever an employee, supervisor, the employer, the respiratory protection program administrator or the PLCHP visually observes a physical change in the employee that could affect facepiece fit. Such changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, and obvious changes in body weight. (3)
- Whenever an employee has passed a fit test but finds the fit unacceptable. When this occurs retesting shall occur until an acceptable fit test is obtained by the employee.

The Prospect Heights Fire District may use the quantitative fit testing (QNFT) method. (1) The specific QNFT used shall be the PORTACOUNT® PLUS apparatus using the FitPlus™ for Windows® software. (Appendix A, Part I, A & C 1 & 3)

When using Portacount, all fit testing shall be administered by PHFPD using facepieces modified for fit testing. The fit testing results shall be supplied to the respirator protection program administrator in a computer generated format and signed by the employee tested and the test administrator.

All fit testing shall be performed following the General Requirements contains in the standard's Appendix A, Part 1.A.

General requirements

1. The test subject being tested shall be able to pick the size face piece (from those available for the SCBA used by the department) which provides the most acceptable fit for the user.
2. Prior to the selection process the test subject shall be shown how to put on the facepiece, how it should be positioned, how to set strap tension and how to determine acceptable fit. A mirror shall be available to assist the test subject in evaluation fit and positioning of the facepiece. This instruction cannot constitute the subject's formal training because it is only a review.
3. The test subject shall be informed that he/she is being asked to select a facepiece that provides the most acceptable fit.
4. Assessment of comfort shall include a review with the test subject and allowing the test subject an adequate time to determine the comfort of the facepiece position on the face and cheeks
5. The following criteria shall be used to help determine the adequacy of the respirator fit:
 - (a) Chin properly placed
 - (b) Adequate strap tension, not overly tightened
 - (c) Tendency of facepiece to slip
 - (d) Self-observation in mirror to evaluate facepiece fit and position
6. The test subject shall conduct a user seal check, either the negative or positive pressure seal checks described in the OSHA regulation or those recommended by the respirator manufacturer which provide equivalent protection. Before conducting the user seal check the subject shall be told to seat the facepiece by slowly moving his/her head from side to side and up and down while taking a few slow deep breaths. If the user seal check fails another facepiece shall be selected and tested until a successful user seal check is obtained.
7. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the facepiece sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.
8. If a test subject exhibits difficulty in breathing during the tests, he/she shall be referred to the PLHCP to determine whether the test subject can wear a respirator while performing his/her duties.



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9. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test, the test subject's responsibilities during the test procedure and a description of the test exercises.
 10. The facepiece shall be worn for at least five minutes before the start of the fit test.
 11. Test exercises. The following test exercises are performed for the QLFT only. QNFT using the Portacount method have their own exercise regimen.
 - (a) Normal breathing. Done in a normal standing position without talking.
 - (b) Deep breathing. Done in a normal standing position without talking using slow and deep breaths but to avoid hyperventilation.
 - (c) Turning head side to side. Done in a normal standing position. Head is moved side to side from one extreme to another slowly with a momentary pause at each extreme so the subject can inhale slowly.
 - (d) Moving head up and down. Done in a normal standing position. Head is moved up and down slowly. With head pointed up (looking at ceiling) subject is asked to inhale.
 - (e) Talking. The subject shall talk out loud so the tester can hear the test subject. The test subject shall read a prepared test or count backwards from 100.
 - (f) Bending over or jogging in place.
 - (g) Normal breathing. Done in a normal standing position without talking.
- Note:
- Each exercise shall be performed for at least one minute.
 - The tester shall question the subject regarding fit comfort after each exercise.
 - No adjustment shall be made to facepiece once the test is begun.
 - If the user seal check fails another facepiece shall be selected and tested until a successful user seal check is obtained.

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USE OF RESPIRATORS (g)

OSHA requires the employer must survey and evaluate workplace for stress and other conditions that may affect respirator effectiveness (i). Since the workplace where respirator use will occur is either an actual emergency (fire suppression or rescue) or a training evolution designed to duplicate an actual emergency, the stress and other conditions that may affect respirator effectiveness are extreme and mandate the use of SCBA in all situations.

This program applies equally to both training sessions as well as actual incidents. Under no circumstance will safety of fire personnel be sacrificed to speed up operations.

Definitions

- Wearing SCBA means having an SCBA donned correctly and having the face piece on as intended with the wearer breathing air from the cylinder through the regulator via the face piece.
- Hazard area or respirator use area means any place on the incident scene where there is smoke, flame, and/or toxic gases present or the possibility that these items may become present. All Interior Structural Fire Fighting occurs within the hazard area.

General Guidelines

All fire fighters and officers, when riding is a position equipped with SCBA will don SCBA either before responding to or upon arrival at any incident which involves fire suppression or hazardous materials. Exception: Personnel will not drive and operate a vehicle with a SCBA donned.

The protective knit hood will be worn on the member's head when engaged in fire suppression, rescue, or hazard control activities. When responding to an alarm the hood should be kept around one's neck ready to be used. When used in conjunction with an SCBA face piece, the hood covers the face piece straps.

No fire fighter or officer will engage in fire suppression of any fire no matter how small (except yard waste and the like), rescue in a confined space, or hazardous materials control activities unless wearing SCBA and breathing air from the cylinder via the face piece. The following scenarios usually requires the use of SCBA:

- Extinguishment of any fire where the fire fighter or officer is exposed to products of combustion. This includes all Dumpster, vehicle, and appliance fires.
- Entering any structure that has smoke in it or a known fire. This includes overhaul activities.
- All Interior Structural Fire Fighting beyond the incipient stage.
- Ventilation or forcible entry of a fire building from its interior or exterior when products of combustion are or are likely to be encountered. This includes rooftops.
- Operation inside the hot zone of a hazardous materials incident where there is no need for encapsulated chemical protective clothing.
- Entry into any confined space even if it is being monitored with a multi-gas analyzer.
- Any incident involving detected natural gas inside a building, using either smell or a meter, until the level is below 10 percent of the LEL.
- A large-scale fire where winds can shift and heavy smoke can suddenly be exposed to a fire fighter/officer.
- Any time an elevator is used in a fire building.



In the event of a catastrophic event (such as an explosion, building collapse, or backdraft) it is highly suggested that all members of the original team leave the hazard area, account for each other, reorganize (if necessary) then reenter the hazard area, no matter how large the original team was or well-organized the plan may be.

All Fire District personnel in the hazard area, including any mutual aid personnel, are to remain wearing their SCBA until the sector officer, with incident command's approval, authorizes a lesser level of personal protection.

Employees must leave respirator use area if they detect vapor or gas breakthrough, changes to breathing resistance or facepiece leakage (B)

SCBA ~~should~~ are to be worn during overhaul activities. Carbon Monoxide and Hydrogen Cyanide levels are still considered dangerous when above their permissible exposure limit (PEL). Other chemical compounds and carcinogens may be present especially when materials are smoldering. To this end a gas analyzer detector or meter ~~should~~ needs to be used to determine that any Carbon Monoxide or Hydrogen Cyanide present in the air does not exceed the ~~acceptable limits which generally has a PEL of 35—50 PPM~~ NIOSH PELs of 35 PPM for CO and 4.7 PPM for HCN.

No fire fighter or officer should consume more than two (2) full cylinders of compressed breathing air without an adequate rest period and rehabilitation.

Employees leaving the respirator use area must wash their face and facepiece to prevent skin or eye irritation (ii)(A). At the scene of an incident or during training this may not be possible. However, prior to food or beverage consumption hand and face washing needs to occur. Waterless hand cleaner carried on Fire District vehicles may be used. Upon return to the fire station members should wash their hands and face (even if they did so at the scene) shower, change clothes and care for their facepiece and SCBA.

Air Management

The Rule of Air Management (ROAM): KNOW how much air you have in your SCBA and manage the amount of air you have so that you leave the hazardous environment before your SCBA low-air warning alarm activate!

Air management is each firefighter's responsibility and is closely related to situational awareness.

Company officers, acting or appointed, bear additional responsibility to maintain this situational awareness. Situational awareness in the hazard zone can be performed using the acronym LCES:

Lookouts: Look for changing fire behavior and structural hazard conditions.

Communications: Communicate face to face and/or via radio, to both supervisors and subordinates, the observed conditions and progress (or lack of).

Escape Routes: Have two or more ways out of your work area.

Safety Zones: Work between the fire and your exit. Do not let the fire get between you and your exit.

Firefighters must make sure that they have a full cylinder before they enter the hazardous atmosphere. Once inside the hazardous atmosphere, firefighters must look at their pressure gauges at intervals and inform their officer/team leader what their air situation is.

To ensure a member does not exceed the point of no return, it is necessary that all members practice personal air management. This practice requires that members check their own air and their team members air:

- With each entry into the hot zone/IDLH atmosphere.
- Every ten (10) minutes while within the hot zone/IDLH atmosphere. To meet this, the IC should repeat the 10 minute benchmarks announced by RED Center.
- At non-single family dwelling fires when moving from floor to floor or area to area (such as from one end of a school to the other).

When the first member of any team has their 50% capacity (2250 PSI) Heads-Up Display (HUD) light activate (two flashing amber lights), the officer/team leader shall radio to the proper ICS functionary (Command, Division, etc.) that the team is at 50% air. This allows the ICS functionary to pre-plan for replacing that team in the hazardous atmosphere.

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Point of no return

Prior to entry members should calculate the “point-of-no-return”. During operations they should monitor the amount of being air used and when the “point-of-no-return” has been reached begin to exit the area to safety. The “point-of-no-return” may be calculated as follows:

Method 1

1. Obtain the current cylinder pressure prior to entry.
2. Subtract the SCBA’s low air alarm/EOSTI activation pressure from the cylinder’s pressure.
3. Divided that sum by 2.
4. Add this sum to the low air alarm/EOSTI activation pressure.

This sum is the “point-of-no-return.”

For example, a SCBA with a 4500-PSI cylinder is full and its low air alarm/EOSTI is set to activate at 1000 PSI. $4500 - 1000 = 3500$. 3500 divided by $2 = 1750$. $1750 + 1000 = 2750$. When only 2750 PSI remains in the cylinder the “point-of-no-return” has been reached.

Method 2

Use the 10-10-10 rule-of-thumb: 10 minutes entry time, 10 minutes work time and 10 minutes retreat/exit time.

Method 3

Utilize heads-up display (HUD) to begin exiting once one half of available air has been used.

Rational: At the “point-of-no-return” the member has used that amount of air to get to where he or she is. He or she will need an equal amount of air to exit. Exit should occur prior to activation of low air alarm/EOSTI. If the alarm sounds prior to exiting there will be no reserve supply in case of emergency.

From a practical standpoint, the “point-of-no-return” occurs when the yellow heads up display activates. When the yellow heads up display activates the entire company should exit to safety regardless of how many company members are or are not at their point of no return.

The “point-of-no-return” concept applies only to situations where access to the rescue, fire suppression or haz-mat work area requires some amount of travel. Situations in which egress to the safe zone is via a short, level, unobstructed path may negate the need to this planning.

Upon the sounding of their low air alarm/EOSTI members shall exit the IDLH area immediately. When one member of a team must exit all team members will exit. No team member will leave the team and exit alone. *If the team consists of four or more members, the team may split in to two (2) smaller teams as long as:*

1. *Each smaller team still has two or more member; and.*
2. *Accountability of both teams with the incident commander or appropriate sector officer is maintained using the Passport Accountability System; and*
3. *There is a predetermined plan for doing this within the original team. In other words, if four firefighters enter with the intention to eventually split up all four know who will be part of each smaller two-member team.*

Ideally, each member should be out of the IDLH atmosphere before the low air alarm/EOSTI activates.

Any time any member hears or is alerted a sounding low air alarm/EOSTI or PASS device, that member must investigate his immediate area to locate the member with the SCBA EOSTI or PASS device and determine that member’s immediate status:

- Member is OK and activation was unintentional (air supply is above 1100 PSI)
- Member is OK but must exit due to low air
- Member is not OK and needs assistance

If the above determination is not made within a matter of seconds, then the member who heard or is alerted to the sounding EOSTI/PASS must broadcast an URGENT message or EMERGENCY TRAFFIC describing the situation. Following this broadcast, the IC must conduct a roll call and focus efforts on locating the sounding EOSTI/PASS and determining the member(s) status.



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If the sounding member is found to be OK, then either the affected or investigating member must notify their supervisor that the member is OK. If the supervisor is not the IC, then the supervisor must notify the IC using the chain of command and ICS. This is done by stating the member's name, unit, condition, and actions being taken.

If the sounding member is found to not be OK and needs assistance an URGENT message, EMERGENCY TRAFFIC, or MAYDAY must be broadcast by either the stricken or aiding member.

Facepiece seal protection

The establishment of a proper and complete face piece seal is vital to member safety. To insure a proper and complete seal is established and maintained certain conditions are prohibited:

1. Facial hair that comes between mask seal surface and face or interferes with valve function is not allowed.(i)(A)
2. Any condition that interferes with face-to-facepiece seal or valve function is not allowed (i)(B).
3. Eyeglasses, goggles or other PPE that interfere with face-to-facepiece seal are not allowed (ii).

Members requiring eyeglasses when wearing a SCBA facepiece shall use those with frames affixed to the facepiece, as permitted by the manufacturer, or hard contact lenses. The wearing of soft contact lenses is permitted once the member has demonstrated long-term use of the lenses without a problem.

Upon each donning of the facepiece the member must perform user seal check contained in Appendix B-1 of the OSHA regulation or as prescribed by MSA (iii). This technique is taught as part of the member's SCBA use training program.

PASS Devices

PASS means Personal Alert Safety System as specified by NFPA 1982. Each SCBA is equipped with an Integrated PASS device. The PASS device will turn on automatically when fire fighters turn on the air cylinder of their SCBA.

PASS Operation:

- The unit turns on and "arms" when the cylinder air valve is opened.
- Pushing and holding the alarm button for a few seconds will manually activate the PASS alarm. The alarm should activate within a few seconds.
- To shut the PASS off or store the PASS close the air cylinder valve, bled off air in the regulator and push the reset button twice in rapid succession.
- During wear should the PASS device become still and motionless for more than approximately 18 seconds the unit will pre-alarm. Shaking will reset the pre-alarm. Should the unit reach full alarm it is necessary to press the rest button twice in rapid succession.



Emergency Procedures

Should any member notice or observe a sounding PASS or low air alarm/EOSTI but does not observe firefighters exiting the hazard area or has not heard EMERGENT TRAFFIC or MAYDAY over the radio, the member shall report the sounding PASS or low air alarm/EOSTI to Command who shall conduct a PAR then activate the RIT for companies that do not respond to the PAR

In an emergency members are not to remove their face pieces and offer air to civilians or fellow fire fighters. When faced with a hazardous environment, a fire fighter with a functioning SCBA should:

- Direct, assist or carry/drag the victim to safety;
- Go to safety and get help; or
- Call for help and wait with the victim.

Calling for help for yourself or another firefighter should be done using the MAYDAY and URGENT/EMERGENCY TRAFFIC guidelines.

Whenever a member using SCBA experiences a failure of the SCBA or becomes trapped, lost, incapacitated or otherwise threatened the STANDARD RESPONSE should be to:

1. Stay calm: Stop your activity, control your breathing, think about your situation and act
2. Call a MAYDAY
3. Activate your PASS device
4. Attempt self-rescue

SCBA MALFUNCTION

Should a member's SCBA malfunction the following procedure should be followed:

1. Perform Standard Response
2. Start at face piece. Run hand down mask, hose, regulator, and low air alarm/EOSTI to cylinder valve insuring each is tight, connected and fully open. As soon as the by-pass is reached insure air will flow.
3. If problem is not immediately resolved:
 - Notify team leader of problem.
 - Notify IC of problem (either yourself or have team leader do so).
 - Exit hazardous area ASAP with rest of team.

SUBMERSION IN WATER

Should a member become submersed in water unexpectedly he or she should:

1. Perform Standard Response
2. ~~Remain calm and operate the SCBA as usual, following past training and instruction.~~
3. Do not remove the SCBA or turn out gear unless entangled.
4. ~~Call MAYDAY~~
5. ~~Activate PASS~~
6. Exit the water as soon as possible.

Should water begin to enter the face piece crack open the by-pass valve slightly. SCBA is not designed for underwater use. With practice the SCBA may be used underwater for a short duration. Also, turn-out gear does provide more buoyancy than expected.


ENTANGLEMENT/ENTRAPMENT

Should a member become entangled or entrapped in wires, cables or the like he or she should:

1. Perform Standard Response
 - a) Stay calm and do not panic.
 - b) Call a MAYDAY
 - c) Activate PASS
 - d) Attempt self-rescue

OTHER MEMBER WITH SCBA MALFUNCTION/ENTANGLEMENT/ENTRAPMENT/UNCONSCIOUS

2. Perform Standard Response
 - e) Stay calm and do not panic.
 - f) Call a MAYDAY
 - g) Activate PASS
 - h) Attempt self-rescue

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MSA UNIVERSAL AIR CONNECTION (UAC) AND QUICK FILL

The PHFD does not carry or use short, 3-foot hoses that allow one SCBA to be connected to another SCBA via the *UAC*. The PHFD does carry a RIT air supply unit that does have a hose that connects a designated 60-minute 4500 PSI breathing air cylinder to the *UAC* of a stricken member's SCBA.

Transfiling from the RIT air source can be an effective tactic. Transfiling from one member's SCBA to another can prove dangerous and is discouraged. When using the *UAC* connection, insure that:

- The stricken member's SCBA is intact and will not leak out the RIT-supplied air.
- That the IC is given a status report on the situation.
- That the stricken member is removed from the IDLH atmosphere ASAP.

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Procedures for IDLH atmospheres

An IDLH atmosphere (other than during Interior Structural Fire Fighting) may include, but not be limited to:

- A confined space
- An excavation where an inhalation hazard is present
- A hazardous materials incident with inhalation hazard

Since Interior Structural Fire Fighting has additional requirements and an IDLH atmosphere does not automatically possess an ignition hazard, full protective gear of a turn-out coat and pant may not be required. In fact, the weight and insulative qualities of such gear may cause thermal stress and/or mobility issues that not using such gear may prevent. At minimum, the protective gear that needs to be worn includes SCBA, a helmet (fire fighter, hard hat, or other style), appropriate gloves (work, fire fighter or haz-mat type), appropriate boots (leather or rubber) and appropriate suit (shirt and long pants, coveralls, turn-out gear, or haz-mat suit).

A single member wearing SCBA may enter an IDLH atmosphere unless the incident is a hazardous materials incident. In the case of hazardous materials incident members must enter in teams of two or more. When possible and space permits members should enter in teams of two or more as "buddies". When entering in teams of two or more members should maintain voice or visual communication between each other and know each others whereabouts at all times.

When entry is made, a minimum of one member is required to stand-by outside the IDLH atmosphere, be in full protective gear and SCBA, and know the whereabouts of the entrant. More than one stand-by person may be required (3)(i). Examples of situations when more than one standby person may be required may include, but not be limited to:

- Full-scale haz-mat incidents pass the initial rescue stage.
- When more than two members have entered the IDLH atmosphere.

While the initial Company may only be able to supply one member for stand-by, an additional company or box alarm may have to be requested in order to supply a two or more member stand-by team.

Stand-by members need to be trained to effect rescue of members in IDLH atmosphere. For example, as long as special skills are not needed at a haz-mat incident, fire fighters may serve on the stand-by team. If however a stand-by team would need to make entry in a Level A suit then the stand-by team members need to be trained as haz-mat technicians.

Visual, voice or signal line communication must be maintained between members in IDLH atmosphere and members outside (ii)

- Any visual communication method requires both parties to clearly see each other and understand what the other is doing or needs done. Hand signals may be used.
- Voice communication includes any method in which there can be conversation between both parties. The use of face-to-face discussion, shouting, two-way radios and hard-wired systems all may be employed. When using radios, call signs for both parties must be understood and consistently used. In addition, Emergency Traffic and Evacuation procedures should be known and available.
- Signal line methods employ tugs on the rope which signal certain requests. Standard signals for this Fire District are the OATH system:

OATH signal line technique	O	OK	1 tug
	A	Advance the line	2 tugs
	T	Take up slack	3 tugs
	H	HELP!	4 tugs

Prior to the stand-by person(s) entry of IDLH atmosphere for rescue the following notification procedure needs to be implemented (iv):

1. Radio transmission to dispatch using emergency traffic procedures.
2. Upgrade of incident to next level, either a full response or a box alarm. If at the box alarm level, upgrade to next level in order to obtain more personnel who will either assist in rescue or replace companies who were the original RIT.
3. Request of a command officer to the scene if none present.

The three above actions satisfy the OSHA employer notification requirement and are designed to provide the necessary assistance.



The stand-by members located outside IDLH atmosphere must be trained and equipped for effective rescue. (iii) Employees outside IDLH atmosphere on stand-by must be equipped with:

- Pressure demand SCBA or SAR with escape bottle (Special Teams may use SARs).
- Retrieval equipment when it will aid in removal
- Equivalent means of rescue when retrieval equipment is not required as above.

The minimum other equipment required for the stand-by team may include, but is not limited to:

- Life safety rope
- Stokes litter (unless a tight confined space)

For a vertical IDLH atmosphere, such as a silo or tank, there are these following additional requirements:

- All members on entry and stand-by teams inside and outside wear Class 3 harness
- A high point for the retrieval system (such as an aerial ladder or platform, structure or tripod) (vi)(A)-(C)

Procedures for Interior Structural Firefighting In Addition to the Previous IDLH Requirements (4)

OSHA regulations requires that unless there is a rescue of a known victim (civilian or firefighter) fire fighters must enter the structure in teams of two or more persons in full protective gear and SCBA and that there must be at least one crew of two or more persons in full protective gear and SCBA who remain outside the structure and maintain communication with the interior crew. The exact details of doing this are enumerated within the regulation. The following details how this Fire District will comply with the regulation.

1. Members entering the IDLH atmosphere must do so in teams of two or more and remain in visual or voice contact with each other at all times (i). If a team has three members, all three must stay together. They must enter together and leave together. One member may not leave the other two, either to stay inside alone or exit the structure. Teams of four or more may split into groups which each have two or more members. In these cases the Passport Accountability System must be accommodated.
2. Members *must* monitor each other's whereabouts and working conditions. As stated above, this is done using visual or voice contact.
3. At least two *other* members are located outside the IDLH atmosphere (ii). These members must be in full protective gear with SCBA present and ready for use.
4. Only one two-person outside team is required, regardless of the number of teams inside. This team may perform any other function as long as that function is outside the structure and does not interfere with their ability to maintain contact and accountability with the interior team(s).
5. All members involved in interior structural firefighting must use SCBA (iii).

OSHA NOTE 1: One of the two outside persons may be the IC or some other role so long as they can perform the role of rescuer without jeopardizing any other personnel.

OSHA NOTE 2: Emergency rescues may be performed before the entire four-person team is assembled. An emergency rescue is entry for a known victim, either civilian or fire fighter. Standard search and rescue tactics (a complete primary search) do not constitute an emergency rescue and thus allow deviation from the OSHA regulation.

Definition of Interior Structural Fire Fighting (ISFF)

OSHA: 29 CFR 1910.155(c)(28) ...the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire beyond the incipient stage.

29CFR1910.155(c)(26) "Incipient stage fire" means a fire which is in the initial or beginning state and which can be controlled or extinguished by portable fire extinguisher, Class II standpipes or small hose systems without the need for protective clothing or breathing apparatus. The IDOL definition of ISFF references the OSHA CPL document.



Q - Which fires require a RIT?

A - Fires beyond the incipient stage that require the use of SCBA and a 1½-inch or larger hose line for extinguishment.

Q - Does donning turn-out gear and SCBA make a fire an Interior Structural Fire Fight?

A - No. Simply donning the gear “in case” or as SOP does not cause a default application of the regulation. The same can be said for a 1½ or 1¾-inch hose line.

Rapid Intervention Team (RIT) Levels - “Two-In / Two-Out”

This Fire District utilizes a tiered approach to RIT. While all life is of equal value, the degree of hazard and risk, extent of activity, and resource availability all combine into determining how the requirement will be met. The below matrix explains this approach.

Stage of Incident	RIT	Comment
Initial investigation	None	Until such time as a fire fighter has determined a fire to be beyond the incipient stage, a RIT is not required.
Rescue of <i>known</i> victim (either civilian or fire fighter)	None	Regulation provides an exemption in Paragraph (g)(4) under Note 2. Implied victims (assume all structures are occupied until proven otherwise) does not meet the criteria for an exemption. Rescuers need to see or be told a victim exists.
First-due unit(s) on scene and single hose line in operation	Driver of first arriving pumping vehicle and driver of second arriving fire department vehicle. Upon its arrival on scene the first-due ambulance assumes the two-out role.	The initial IC need not be outside. One of the outside persons needs to maintain communication with and accountability for entry team. This person may position himself at the entry door and assist with hose advancement so long as this person does not enter. At a high-rise fire he or she may position themselves in a similar fashion.
All units on scene and working. Incident upgraded to Code 4. More than one hose line possible	RIT composed of 2 or more members. Accountability by RIT, IC or FAE. If separate Safety Officer is available, assign accountability to him. Plan A: Auto aid unit due on Code 4 Plan B: A PH unit due on the Code 4	May be assigned another outside task such as assist with advancement of attack line up to entry door, horizontal ventilation, utility control, etc. One outside person needs to maintain communication with and accountability for entry team. If this is someone other than RIT, then RIT can move about. But if RIT is also accountability, they must stay in contact with entry crew.
MABAS alarm	Full crew (3-4 persons) from Engine, Truck or Squad assigned as RIT and positioned at Command Post. A Chief Officer should be assigned as accountability sector and liaison to RIT & IC.	In the MABAS mode, manpower should be plentiful. The desired RIT consists of an Engine Company, a Truck or Squad Company and a Chief Officer as assigned on the Box Alarm card. An ALS ambulance is also assigned on the box alarm card but it is not for the exclusive use of the RIT. Should a rescue situation develop (of a firefighter or civilian) the RIT may be used and replace with a new crew from staging.



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General guideline for the RIT


When functioning as the initial RIT, members need to be in full protective gear and have SCBA ready for use and within arm's reach. At all other RIT levels, all persons functioning as RIT need to be in full protective gear with SCBA on but facepiece not donned and a compliment of tools appropriate for incident level and type. When functioning

There is nothing in the OSHA regulation prohibiting the IC from being part of the early RIT, that the RIT cannot exceed two members, that all members of the RIT must enter the building, or that the RIT cannot perform any other functions. In fact, the RIT can perform *any* function on the exterior that will not compromise their ability to quickly attempt a rescue.

Only one RIT is needed even if there are multiple teams operating on the interior. If the teams are scattered about the incident scene over a large area, or the operation posses unusual (to firefighting) risks, then more than one RIT may need to be activated by the IC.

When transitioning from one level of RIT to another, there needs to be continuity and accountability.

RIT size	Recommended tools
Any size	Portable radio Flashlight Rope Pry tool Striking tool
Initial RIT of two persons from different crews	Identify whereabouts of ladders, back-up hose line and forcible entry tools.
A single company of at least two members dedicated to RIT	Stage/place ladders, back-up hose line and forcible entry tools.
MABAS alarm company of at least four members dedicated to RIT	Use RIT Tool Card Stage/place ladders, back-up hose line

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Implementing the RIT into the fire structure

The RIT may be implemented by order of the Incident Commander or the RIT itself.

Prior to the RIT's entry into the structure for rescue the following notification procedure needs to be implemented (iv):

1. Radio transmission to dispatch using emergency traffic procedures.
2. Upgrade of incident to next level, either a full response or a box alarm. If at box alarm level, upgrade to next level in order to obtain more personnel who will either assist in rescue or replace companies whom.
3. Request of a command officer to the scene if none present.

The three above actions satisfy the OSHA employer notification requirement and are designed to provide the necessary assistance.

The RIT may only enter the structure to effect rescue without an order from the IC if:

1. The RIT has determined there is a bonafide rescue to be made. This means the RIT received a May Day call from an interior team or observes an interior team in distress; *and*
2. The RIT notifies the employer using the same procedure as the IC is required to use.

If there is a need for the RIT to take action and they have not been directed to do so by the IC the RIT needs to attempt to notify the IC of their plan prior to taking action. If the IC cannot be contacted the RIT shall then notify dispatch of the situation and the action being undertaken.

Fireground activity when requirements cannot be met

Whenever the initial arriving company(s) determines that a structure has a fire beyond the incipient stage but has not assembled a minimum of four member on the scene so that two member remain outside the structure for RIT the structure will not be entered until the RIT function is satisfied unless there is a known victim (civilian or fire fighter) requiring rescue.

If there is *not* a minimum of four members on the scene or the RIT function cannot be satisfied and there is not need for rescue of a known victim Interior Structural Fire Fighting cannot begin. However, certain tasks can be performed while awaiting a RIT:

- Laying of supply hose line
- Securing of a water supply
- Completion of a size-up (360-degree walk-around. Observation of interior conditions prior to knowing fire is beyond incipient stage)
- Advancing and charging hose lines
- Prepare (but not initiate) ventilation (PPV, horizontal or vertical)
- Raise ladders to second story window(s) for secondary means of egress

Finally, in certain situations, fire attack may be initiated from the exterior. While the rule is "attack from the unburned side," not all offensive attacks need be made from the interior nor from the unburned side.

When properly performed, fire fighters simply needs to follow the principle of not directing the hose stream in such a manner as to cause fire to be spread into uninvolved portions of the structure.



MAINTENANCE OF RESPIRATORS (h)

This section of the program follows the intent of the OSHA, the SCBA manufacturer, MSA, and NFPA 1404. SCBA and face pieces are to be inspected monthly and checked before and after each use. (B)

Periodic inspection of all SCBA and face pieces will be made by officers and fire fighters to insure the adequacy of it to meet applicable safety standards. To meet this goal, all personnel will receive training on the field maintenance of the SCBA.

Any defective, sub-standard, or missing SCBA component will be reported to the next ranking officer, a work order completed, a repair/out of service tag affixed to the item and the given to the SCBA officer.

DAILY INSPECTIONS: This inspection is to be performed by each daily crew member using the SCBA he is most likely to use. The inspection should contain:

- Check cylinder level
- Turn on cylinder FULLY
- Listen for:
 - Low air alarm bell to ring briefly*
 - PASS device to sound briefly*
- Compare cylinder pressure to regulator pressure
Are both within 200 PSI of each other?
- Turn off cylinder and bleed off air using by-pass
Does low air alarm bell ring at 1000 PSI?
- Turn off PASS by double-clicking both reset buttons
- Insure cylinder remains above 4000 PSI
- Check all straps are fully extended and return SCBA to holder
- User Seal Check
 - Don mask
 - With palm of hand blocking breathing connection inhale
Mask should suck in without any leakage
 - With palm of hand still blocking breathing connection exhale
All air should exit exhalation valve
Mask should not push off face
 - Take off mask
 - Make sure all straps are fully extended*
 - Make sure nose cup is in place and has both disks*
 - Make sure mask is clean and stored properly*

WEEKLY INSPECTIONS: This inspection is performed on all SCBA of the apparatus receiving a weekly inspection of its small tools and equipment (3)(A). This inspection follows the manufacturer's (MSA) recommendations. Every SCBA unit will have a complete weekly inspection. (iii) Cylinders that will expire within the next sixty days will be sent out for hydrostatic testing as well as receive their annual internal visual inspection. A form describing the procedure will also be used to document each inspection. (ii)(A)-(B),(iv)(A) Maintain above info on form and keep form on file until next inspection. (B)

Note: Effective with the 01 MAY 10 revision of this document the monthly inspection form becomes the weekly inspection form.

ANNUAL MAINTENANCE: On an annual basis each SCBA shall be inspected and maintained by a MSA trained Level III technician. This inspection will be performed following MSA guidelines and documented in writing. This testing will incorporate the MSA regulator testing equipment. In addition, all annual maintenance procedures as described in NFPA 1404(1989) 6-1.3 will be conducted. The Annual Maintenance is usually performed by Air One, Inc.



CYLINDER MAINTENANCE

Prior to refilling:

Each cylinder shall be inspected to insure its hydrostatic test date is current.

- All-aluminum, all-steel and MSA carbon fiber cylinders need to be hydrostatically tested at least every five years.
- Fiberglass composite or hoop-wrapped cylinders need to be hydrostatically tested at least every three years.
- Any cylinder with a test date in excess of three or five years, respectively, will not be filled until tested.

All cylinders will have their threads and gauge inspected for damage. Use the work order to report any deficiency. Any cylinder with physical damage such as signs of heating, fiberglass wraps cut through, dents, and the like, will not be filled until tested.

Definitions:

- Breathing air system: The entire frame mounted assembly of storage vessels, electric motor, pump, filters, and control panel which is used for storing compressed air for filling SCBA cylinders.
- Cascade: That portion of the unit that is used to fill SCBA cylinders. Consists of the four storage vessels and controls on the right side of the control panel.
- Compressor: That portion of the unit that develops the volume and pressure of air delivered for storage in the four vessels. Consists of the electric motor, pump, and filters along with the controls on the left side of the control panel.

Every member of this department shall be trained to operate the *cascade*. Only designated members shall operate the *compressor*. The compressor will not be operated unless a designated member is monitoring it. When the cascade is low and requires filling it shall be done by one of the designated compressor operators. The compressor need not run to fill SCBA cylinders from the cascade.

Cascade operation


NOTE: Only cylinders that have current hydrostatic test dates shall be filled.

1. Insure all valves and bleeders are closed.
2. Place cylinder to be filled in chute, connect appropriate fill line, and open the cylinder valve.
3. Open vessel valve of the cylinder to be filled.
4. Adjust the regulator to the pressure labeled on the control panel.
 - 4800 PSI for SCBA cylinders. The regulator should remain set at this pressure when not in use.
 - Do not bleed the regulator down to zero.
 - 3300 PSI for SCUBA cylinders
 - 2700 PSI for the TRUCK 9 cascade cylinders
5. Open the fill valve quickly. The system will automatically fill the cylinders.
6. Once full, shut off the SCBA cylinder valves.
7. Bleed off all hoses. Bleed hose off between storage vessels and cylinder fill valve as well as between cylinder fill valve and cylinder.
8. Disconnect hose and remove from chute.

MSA Universal Air Connection (UAC) and Quick Fill

NOTE: Only cylinders that have current hydrostatic test dates shall be filled.

1. Shall be used following MSA procedures.
2. Insure all valves and bleeders are closed.
3. Connect quick fill line and open the cylinder valve.
4. Open vessel valve that has the lowest pressure greater than the pressure in cylinder to be filled.
5. Open the appropriate regulator supply valve. Adjust the regulator, if necessary, to the pressure labeled on the control panel.
6. Open the appropriate fill hose valve.
7. Fill the cylinder(s) using the vessel valves. Start with the already open vessel valve. Work the vessel valves from lowest pressure to highest pressure.
8. Do not fill a cylinder past its rated pressure.
9. Once full, shut off all valves –SCBA cylinder and cascade.
10. Bleed off all hoses.
11. Disconnect hose and remove Quick Fill fitting.

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Compressor operation

Prior to turning on the compressor the oil shall be checked to insure that it is full.

NOTE:

- The only panel a member should open is the bottom front panel and the only reason to open it is to check the oil level. DO NOT add any oil without first checking with a battalion chief. Do not open any other panels without first checking with a captain.
- Only MAKO oil is used to fill the compressor. Only designated members fill the compressor with oil.
- The SCBA division shall maintain a log of all compressor maintenance and repairs.
- The Carbon Monoxide detection system needs 30 minutes to warm up before it properly operates. While the compressor will turn on immediately if power is turned on, the CO alarm will activate unless it has had its 30 minute warm up.

Before reconnecting the SCBA high-pressure connection to the cylinder the O-ring will be inspected to insure its presence and suitability. Any member may replace deficient O-rings.

Only cylinders that have been refilled to 4500 PSI will be placed in compartments or on SCBA for storage.

At the scene of an emergency, cylinders awaiting refilling will be kept separate from cylinders that are full and ready to use.

REPAIRS: In the event of a discrepancy or unacceptable weekly or monthly inspection, the air pack will be removed from service immediately (4) and the spare SCBA will be placed in service. The repair will be written up on a work order form and the unit will be tagged as out of service. The next ranking officer will be notified and that officer will initiate follow-up on the work order. Repairs will only be made by MSA trained and approved Level II technicians. Level II technicians will forward Level III work to the appropriate MSA authorized service center. All repairs are by qualified persons using NIOSH-approved parts designed for the respirator. (i) All repairs are to be made using manufacturer's procedures, recommendations, and specifications. (ii) Reducing and admission valves, regulators, and alarms are to be adjusted or repaired only by manufacturer-trained technicians. (iii)



CLEANING: (1)

Face piece:

- Issued facepiece cleaned & disinfected “as often as necessary” to be sanitary (I). All fire fighters and officers should clean and disinfect their SCBA face piece after each use.
- Respirators issued to more than one person, used in emergencies, used for fit testing, shall be cleaned after each use and before being used by another person. (ii)-(iv)
- When possible use MSA Confidence Plus™ and follow labeled directions for preparation.
- When MSA Confidence Plus™ is not available use dish soap to wash the face piece.
- Alcohol should not be used, per MSA, to clean rubber. To this end, do not use Cavicide on any face piece component.
- Thoroughly wash face piece then rinse thoroughly in plain warm water not exceeding 120 degrees F. Wash nosecup separately. Reassemble and hang to air dry. Do not towel dry or forcibly dry.

Harnesses: Wash with soap and water, rinse, and air dry.

Cylinders: Wash same as harnesses, dry with towel, paint only as described in manufacturer's manual.

Regulators: If there is dirt visible inside the second stage regulator (breathing connection) take the SCBA out of service, tag it, complete a work order and notify the SCBA division.

STORAGE: (2)

Store respirators to protect them from damage, dust, contamination, sunlight, extreme temperatures, excessive moisture and damaging chemicals. Facepieces are to be stored to prevent deformation of it and the exhalation valve. (i) All SCBA are kept accessible jump seat brackets or designated compartments and in accordance with manufacture instructions. (ii)(A)-(C)

PASS DEVICE:

All PASS devices shall be inspected and tested for proper function:

- As part of the weekly SCBA inspection and operational check using a checklist.
- After each incident where the PASS was used. For example, a bona fide emergency situation.
- Whenever batteries are replaced.
- Whenever a repair has been made to the device.

Test Procedures: Follow steps on weekly SCBA inspection form.

During the test procedure all personnel performing the test will wear their issued hearing protection.

WEEKLY SCBA INSPECTION FORM: See appendix.

AIR QUALITY ASSURANCE (i)

The breathing air compressor is equipped with a high temperature alarm.(7)

Compressor air quality shall be tested quarterly as described in NFPA 1404 and 1500. On a quarterly basis, the SCBA compressor will have an air sample obtained and shipped for testing following the testing laboratories procedure. Air obtained from the compressor must be CGA grade E or better. If a test sample fails, the compressor will be immediately taken from service and not placed back in service until such time as the air from the compressor is rated to be CGA grade E or better by means of a follow-up sample test.

When an air sample fails all SCBA cylinders shall be emptied and refilled from another source.

A copy of the quarterly air quality certificate shall be displayed on the compressor frame.

Breathing air shall only be stored in DOT cylinders or ASME vessels that are marked in compliance with NIOSH regulations. (9)

- All-aluminum, all-steel or composite carbon fiber cylinders need to be hydrostatically tested at least every five years.
- Fiberglass composite or hoop-wrapped cylinders need to be hydrostatically tested at least every five years.
- ASME vessels do not require hydrostatic testing.



TRAINING PROGRAM FOR RESPIRATOR USE (k)

The training program for the respiratory protection program (RPP) and SCBA use is divided into two types: initial and refresher.

Initial training is applicable to all new employees and is provided prior to respirator use in the workplace (3). The usual and customary practice for providing this training is the Office of the State Fire Marshall's Fire Fighter 2 curriculum and certification program supplemented by Fire District specific information and practice with the SCBA. New employees trained within past 12 months may proficiency test out of required training (4). This proficiency testing consists of the in-house training program written and practical skill examinations.

Refresher training is applicable to all employees who have received initial training. Refresher training is conducted at least once annually and sooner if needed. The RPP administrator, the employer, or a supervisor can require refresher training other than on an annual basis. The need can be based on changes in workplace make old respirators obsolete, employee demonstrates inadequate knowledge or skill in use, or any other situation dictating the need for more training (5)(i)-(iii).

The initial and refresher training program shall include, but not be limited to, the following components that each employee has to demonstrate knowledge of (1)(i)-(vii):


- 1) Why respirator is necessary
- 2) How improper fit, use or maintenance can compromise protection
- 3) What are limitations and capabilities
- 4) How to
 - a) use in emergency situations, including malfunctions
 - b) inspect
 - c) don
 - d) doff
 - e) use
 - f) perform user seal check
- 5) Maintenance and storage procedures
- 6) How to recognize medical signs and symptoms that limit or prevent effective use
- 7) General requirements of OSHA (this section)

Both initial and refresher training shall be conducted so employees understand it (2).

As part of the initial and refresher training programs, firefighters shall participate in and successfully complete the following skills:

- Donning and doffing
- Care and maintenance
- Emergency skills
- Consumption exercises
- Simulated work, including basic tasks and strenuous activities.

For training program details please refer to the Training Divisions most recent version of the Respiratory Protection Program "Self-Contained Breathing Apparatus" lesson plan and student workbook.

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PROGRAM EVALUATION (l)

In order for the RPP to be comprehensive and effective the RPP shall conduct workplace evaluations as necessary to insure the current written plan is effective (1). Part of these evaluations shall be regularly consulting employees to assess views and ID problems. Any problems found shall be corrected.

Assessment factors include:

- Respirator fit, proper and unimpaired
- Respirator proper for hazard
- Respirator use by employee proper

Additionally, the RPP shall evaluate SCBA maintenance procedures and practices to insure that this plan, the OSHA regulations and manufacture's instructions and recommendations are complied with (2).

When the need for improvement or corrective action is required it shall be taken as soon as possible. Changes in policy or procedure will be preceded by the appropriate changes to this program, which are then communicated to all employees, and any necessary training conducted.

RECORD KEEPING (m)

Medical records are kept in accordance with OSHA regulation 29 CFR 1910.1020 (1).


Minimal medical records are maintained by the Fire District. The issued report on ability or inability to use a respirator does not contain medical condition, medication, physical findings or the like, regarding the employee. All medical records detailing any medical evaluation are held in confidentiality by the PLHCP. In addition, any copies released to the employer are done with the consent of the employee and held in a sealed security envelope for use in an emergency. Employees who desire a copy of their medical record should contact the PLHCP for such.

The most current fit test form shall be retained until next fit test is performed (ii). Older versions may be maintained but are not required to be.

The monthly inspection form is kept on file until next inspection.

A copy of current written program is also retained (3). Older versions may be maintained but are not required to be.

All records (including medical records detailing medical examinations or evaluations) must be presented to OSHA upon request (4).

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MSA Millennium Air Purifying Respirators

The following details the RPP of the PHFD for use of MSA Millennium Air Purifying Respirators (APR) with CBRN approval. All previous section of this RPP applies to the use of APRs unless specifically contradicted in this section.

General information

These APRs of the PHFD are not supplied with the Butyl Hood.

This APR is effective is effective against:

- Chemical warfare agents including
Nerve agents – GA, GB (Sarin), GD and VX
Blister agents – Mustard and Lewisite
Blood agents – HCN (Hydrogen Cyanide)
- Biological warfare agents including Anthrax
- Tear gases including CN, CS and OC

CBRN Canisters are approved for 15 minutes of use on the CBRN atmosphere.

The APR is not to be used past 8 hours in a CBRN atmosphere.

The APR is not to be used past 2 hours in a CBRN atmosphere that contains any liquid or mist.

HEPA canisters may be used until either an end-of-service-life indicator or breathing resistance is encountered.

The APR does not supply oxygen and therefore is not to be used in an oxygen-deficient atmosphere.

Training in the proper donning, doffing, use and maintenance shall be per the MSA training program for the Millennium Air Purifying Respirators.

Use

APRs with CBRN canister are to be used when inhalation hazard is not due to oxygen deficiency and hazard is CBRN-related or suspected.

APRs with HEPA canister are to be used when inhalation hazard is not due to oxygen deficiency and hazard is not CBRN-related or suspected. HEPA protection may be for dust or particulate hazards not related to CBRN.

Proper donning of the APR must be confirmed with a user seal check.

Anytime the APR is doffed, it should be done without exposing the wearer to contaminants that may be on the APR, other PPE or clothing and exposed skin.

Removal of the APR, especially when having been worn for CBRN protection, should be done in the context of complete decontamination.

Contaminated APRs must be decontaminated prior to being inspected, cleaned and returned to service.

Care and storage

- These APRs will be stored in sealed kit. A roster will designate which size APR each member uses based upon fit testing results. In the event an APR is needed, the kits will be opened and the proper APR selected and donned. The sealed kits will not be stored in sunlight and out of excessive heat. All canisters will remain in their original factory sealed packaging until needed. Canister packaging will not be routinely opened so that canister can be affixed to the APR prior to need or use.
- APRs shall be inspected after each use and annually, at minimum. As part of the inspection process, canister expiration dates will be checked and any expired or expiring canisters removed from service or checked.
- Cleaning procedures for the APR are identical to the cleaning of the SCBA face piece.



MSA Millennium Air Purifying Respirators INSPECTION

Date	# face piece used	# of black mask cover
MMR face piece type:	Size: Small Medium Large	
Operational Check completed by:		
		Yes or No?
1.	Is the lens free of damage or scratches that would make it unusable?	
2.	Is the lens outsert secure?	
3.	Are the head straps in good condition and without fraying or damage?	
4.	Is the face piece skirt (the main rubber part of the mask) free of cuts or damage that would make it unusable?	
5.	Does the inhalation valve appear clean, properly installed and its gasket present?	
6.	Does the exhalation valve appear clean, properly installed and its gasket present?	
7.	Is the nose cup present with both inhalation valve disks?	
8.	Does the canister (HEPA) attach to the APR properly? <i>Remove canister after checking.</i>	
9.	Is the drinking tube present, damage-free and installed properly?	
10.	Is the face piece clean? If NO, clean it with MSA Confidence Plus™	
11.	Is the canister within its service life or is it expired?	
12.	Is the drinking tube properly stored (docked)?	
13.	Store the face piece properly in kit. Per MSA, do not wrap head strap over lens.	
COMPLETE A WORK ORDER FOR ANY PROBLEM FOUND AND NOT RESOLVED DURING THIS CHECK		
Comments, if any:		

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Disposable N-95 & N/R/P-100 Respirators

The following details the RPP of the PHFD for use of Disposable N-95 & N/R/P-100 Respirators. All previous section of this RPP applies to the use of disposable respirators unless specifically contradicted in this section.

General information

These disposable respirators of the PHFD are for use in either a health care setting for the prevention of disease transmission or in a non-firefighting/haz-mat work environment such station or apparatus maintenance, post-fire suppression overhaul work, structural or trench collapse rescue, or an other similar atmosphere.

Training in the proper donning, doffing, and use shall be per the manufacturer's written recommendations, if any.

Use

Disposable respirators do not supply oxygen and therefore is not to be used in an oxygen-deficient atmosphere.

Health care use:

- In the health care environment, disposable respirators are part of the infection control plan and their appropriate use is outlined.

Non-health care use:

- Disposable respirator use is limited to the prevention of inhalation of dusts, particles and offensive or unpleasant odors which have been determined to be non-toxic.
- Disposable respirators may also be used during demolition, construction, excavation or painting operations.

Care and storage

Disposable respirators are carried on all vehicles with EMS equipment. Additionally, spare disposable respirators are stored in the fire station.

Disposable respirators stored on vehicles are visually inspected monthly and immediately before each use.

All disposable respirators shall be disposed of appropriately following their final use. Unless medically indicated, disposal in normal trash and waste collection is appropriate.

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Prospect Heights Fire District Respiratory Protection Program NEW MEMBER WORK BOOK

Name _____

- # 1. Are individual members responsible for the individual face piece they are issued?
- # 2. Fit testing shall occur:
- 1) On an _____ basis
 - 2) Whenever there is a change in _____ size or style. (2)
 - 3) Whenever an employee has passed a fit test but finds the fit _____.
- # 3. When conducting fit testing shall a member be able to pick the size face piece which provides the most acceptable fit for the user?
- # 4. Wearing SCBA means:
- # 5. Hazard area or respirator use area means:
- # 6. All Interior Structural Fire Fighting occurs within the _____ area.
- # 7. Unless _____, no fire fighter or officer will engage in fire suppression of any fire no matter how small (except yard waste and the like), rescue in a confined space, or hazardous materials control activities.

The following scenarios usually require the use of SCBA

- # 8. Extinguishment of any fire where the fire fighter or officer is exposed to products of combustion. This includes all _____, _____, and _____ fires.
- # 9. Entering any structure that has _____ in it or a known fire. This include _____ activities.

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Prospect Heights Fire District Respiratory Protection Program NEW MEMBER WORK BOOK

10. _____ or _____ of a fire building from its interior or exterior when products of combustion are or are likely to be encountered. This includes rooftops.

11. Any time a/an _____ is used in a fire building.

12. Employees must leave respirator use area if they detect _____,
_____ or facepiece _____.

13. Before the post-extinguishment use of SCBA can be discontinued the IC must have the area monitored for which two gases?

1) _____

2) _____

14. No fire fighter or officer should consume more than _____ full cylinders of compressed breathing air without an adequate rest period and rehabilitation.

15. What is the Rule of Air Management?

16. Air management is and _____ responsibility and is closely related to situational awareness.

17. To ensure a member does not exceed the point of no return, it is necessary that all members practice personal air management. This practice requires that members check their own air and their team members air:

1) _____

2) _____

3) _____

18. When the first member of any team has their _____% capacity (_____PSI) Heads-Up Display (HUD) light activate (_____ flashing _____ lights), the officer/team leader shall radio to the proper ICS functionary (Command, Division, etc.) what information?

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Prospect Heights Fire District Respiratory Protection Program NEW MEMBER WORK BOOK

- # 19. As related to SCBA use, what is the “point-of-no-return?”
- # 20. Upon the sounding of their low air alarm/EOSTI members shall immediately do what?
- # 21. When one member of a team must exit _____ team members will exit. No team member will leave the team and exit _____.
- # 22. Ideally, each member should be out of the IDLH atmosphere before the _____ activates.
- # 23. Any time any member hears or is alerted a sounding low air alarm/EOSTI or PASS device, that member must do what?
- # 24. If the above determination is not made within a matter of seconds, then the member who heard or is alerted to the sounding EOSTI/PASS must do what?
- # 25. The establishment of a proper and complete face piece seal is vital to member safety. To insure a proper and complete seal is established and maintained certain conditions are prohibited:
- 1) _____
 - 2) _____
 - 3) _____
- # 26. Upon _____ donning of the facepiece the member must perform user seal check.
- # 27. In an emergency members are not to remove their face pieces and offer air to civilians or fellow fire fighters. When faced with a hazardous environment, a fire fighter with a functioning SCBA should:
- 1) _____
 - 2) _____
 - 3) _____

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28. Whenever a member using SCBA experiences a failure of the SCBA or becomes trapped, lost, incapacitated or otherwise threatened the STANDARD RESPONSE should be to:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

29. Signal line methods employ tugs on the rope which signal certain requests. Fill in the following chart:

		Means	Signaled by how many tugs on the rope?
OATH signal line technique	O		
	A		
	T		
	H		

30. OSHA regulations requires that unless there is a rescue of a known victim firefighters must enter the structure in teams of _____ or more persons in full protective gear and SCBA and that there must be at least one crew of _____ or more persons in full protective gear and SCBA who remain outside the structure and maintain communication with the interior crew.

31. This OSHA requirement is commonly referred to as:

32. Does the rescue exemption apply to civilians, firefighters, or both?

33. Members entering the IDLH atmosphere must remain in _____ or _____ contact with each other at all times.

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34. What is the OSHA definition of Interior Structural Fire Fighting?

35. Which fires require a RIT?

36. Fill in the below chart.

Stage of Incident	Who is the RIT?
Initial investigation	
Rescue of <i>known</i> victim (either civilian or fire fighter)	
First-due unit(s) on scene and single hose line in operation	
All units on scene and working. Incident upgraded to Code 4. More than one hose line possible	
MABAS alarm	

37. Fill in the below chart.

RIT size	Recommended tools
Any size	
Code 3 and 4 RIT	
MABAS alarm company of at least four members dedicated to RIT	

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38. Prior to the RIT's entry into the structure for rescue the following notification procedure needs to be implemented:

- 1) _____
- 2) _____
- 3) _____

39. The RIT may only enter the structure to effect rescue without an order from the IC if:

- 1) _____
- 2) _____

40. Whenever the initial arriving company(s) determines that a structure has a fire beyond the incipient stage but has not assembled a minimum of four member on the scene so that two member remain outside the structure for RIT and there is no need for rescue of a known victim what tasks can be performed while awaiting arrival of the additional members?

41. DAILY INSPECTIONS: This inspection is to be performed by each daily crew member using the SCBA he is most likely to use. The inspection should contain:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

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42. List the steps for the User Seal Check:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

43. Prior to refilling, each cylinder shall be inspected to insure its hydrostatic test date is:

44. Prior to turning on the compressor what shall be checked to insure that it is full?

45. Before reconnecting the SCBA high-pressure connection to the cylinder check to insure the presence and suitability of what item?

46. Who is responsible for the cleaning of SCBA face pieces?

47. Can Cavicide or an alcohol product be used on the SCBA face pieces?

48. What is the preferred SCBA face piece cleaning agent?

49. How often is the breathing air compressor's air quality to be tested?

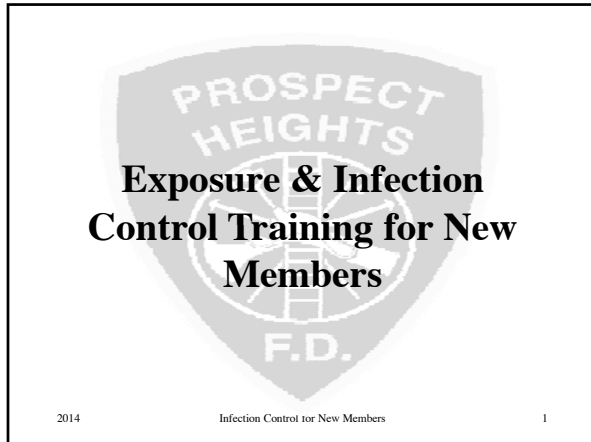
50. The MSA Millennium Air Purifying Respirators are effective is effective against:

51. The APR is not to be used past _____ hours in a CBRN atmosphere.

52. The APR is not to be used past _____ hours in a CBRN atmosphere that contains any liquid or mist.

53. The APR does not supply oxygen and therefore is not to be used in an _____ - _____ atmosphere.

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This Program Covers:

- Bloodborne Pathogens
- Airborne Pathogens
- Other pertinent pathogens
- A common preventive strategy

2014 Infection Control for New Members 2

Infection Control Program

- **Purpose:** To provide infection control training for all PHFD members.
- **Scope:** Applies to all emergency responders on all levels of patient care.
- **Based On:**
 - OSHA 29 CFR 1910.1030 (Bloodborne Pathogens)
 - Policy of our Fire District
 - Policy of our EMS System

2014 Infection Control for New Members 3

OSHA 1910.1030

Effective March 6, 1992

Applies to **ALL** employers with employees “reasonably anticipated” to have occupational exposure to blood and other potentially infectious materials

2014 Infection Control for New Members 4

Requirements of OSHA 1910.1030

- Exposure determination
- Exposure control plan
 - Administrative Controls (management decisions)
 - Engineering Controls (physical changes)
 - Work Practice Controls (modified methods)
 - Personal Protective Equipment (barriers)
- Annual awareness training
- Free HBV vaccinations
- Free medical evaluations for incidents of exposure

2014 Infection Control for New Members 5

Needle Safe Devices

- P.L. 106-430
- November 6, 2000
- “Needle-stick Safety and Prevention Act”
- Requirement for employers to identify and make use of effective and safer medical devices.
- Not required for needles used for med draw up.

2014 Infection Control for New Members 6

Ryan White Act

- Puts “us” as emergency responders in control, not the hospital if a potentially infected patient should be tested for a bloodborne disease.
- The request must be put in writing by the “Designated Officer” of the department.
 - DICO
- The patient cannot refuse testing

2014

Infection Control for New Members

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Consent to Test Act

- Illinois Compiled Statutes 410-305/7
 “Written informed consent is not required for a health care provider or health facility to perform a test when a ...Firefighter, EMT or Paramedic, is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV...”

2014

Infection Control for New Members

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Applicable Guidance

- Centers for Disease Control
CDC
- Prospect Heights Fire District Member Manual
Standard Operating Procedure #4-3-2
Exposure Control Plan/Infection Control
- NFPA 1981 *Standard on Fire Department Infection Control Program*
- Northwest Community EMS System Policy
Manual # 1 - 2: Infection Control Measures/
Communicable Disease Follow-up

2014

Infection Control for New Members

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What is a DICO?

Designated Infection Control Officer

Person in PHFD responsible for all aspects of Exposure Control Plan

2014

Infection Control for New Members

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Disease-producing organisms

Viruses and bacteria

- Viruses reside in host and cannot multiply outside of a living cell
- Viruses can spread disease through contact with inanimate surfaces
- Bacteria can multiply outside the body, on surfaces or objects
- Proper cleaning of equipment is critical

2014

Infection Control for New Members

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Infectious Versus Communicable Disease

- Infectious disease results from invasion of a host by disease-producing organisms, such as bacteria, viruses, fungi, or parasites.
- A communicable (contagious) disease is one that can be transmitted from one person to another.

2014

Infection Control for New Members

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Not all infectious diseases are communicable.

- **Salmonella is highly infectious, but it is not contagious.**
- **Chickenpox is an infectious disease that also is communicable.**

2014 Infection Control for New Members 13

Modes of Transmission

- **Direct transmission**
 - Person-to-Person
- **Indirect transmission**
 - Via some medium/inanimate contact
- **Bloodborne and airborne**

2014 Infection Control for New Members 14

BBPs

- **Primary**
 - Blood, semen, vaginal secretions during sexual contact
- **Secondary**
 - Fluids in joints, pericardial, abdominal, thorax, amniotic, spinal
- **Tears, sweat, saliva, urine, stool, vomit, sputum, and nasal secretions THAT CONTAIN VISIBLE BLOOD**

2014 Infection Control for New Members 15

What is an Exposure?

An exposure is defined as a “percutaneous” injury or contact of mucous membrane or non-intact exposed skin that is chapped, abraded, or afflicted with dermatitis with that of blood, tissue, or other body fluids that are potentially infectious. In addition, fluids containing visible blood, semen, and vaginal secretions are considered potentially **infectious.**

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TAKE AWAY:

Pathogens CAN NOT penetrate intact skin

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Natural Defenses

- **Skin**
- **Conjunctiva**
 - Tears
- **Lungs**
 - Cilia in lungs, cough
- **GI tract**
 - Gastrointestinal juices
- **Immune system**

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Assessing Exposure

- **Communicability**
- **Organism**
- **Dose**
- **Virulence**
- **Host resistance**

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Exposure does not mean infection

Must be infected to pass disease

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Window Phase

- **Exposure to test detection**
- **HCV window is 5-6 weeks**
- **Incubation Period extends past Window phase**

***Incubation Period:
Exposure until 1st S&S***

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AIDS

Acquired Immunodeficiency Syndrome

**Caused by HIV
Human Immunodeficiency Virus**

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Disease Facts

- **HIV cannot live in a dry environment for more than a few hours.**
- **HBV can live in a dry environment for at least 7 days. (*dried blood*)**
- **Once the virus is dead - it's dead. You cannot "reactivate" it by adding water.**

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You cannot "catch" HIV:

- **Through the air**
- **Through casual, everyday contact**
 - (sharing bathrooms, kitchens, etc.)
- **Through nonsexual social situations**
- **Through insects or mosquitoes**
- **Through urine, feces, nasal secretions, sputum, vomit, saliva, sweat or tears from an infected person**

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Workers may be exposed through:

- **Needlestick**
- **Mucous membranes of the eyes, nose or mouth**
- **Broken or non-intact skin**
 - (chapped, abraded, weeping or having rashes or eruptions)

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What personal behaviors/practices put you at risk ?

- **Unprotected sexual contact (vaginal, oral or anal) with an infected person (M-F, M-M, F-F)**
- **Sharing infected needles**
- **Infected woman to her child at birth**
- **Blood transfusion***
 - *The blood supply is thoroughly screened so that the risk of infection from transfusion is extremely small.

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The risk of HIV infection through contact with feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomit is extremely low or nonexistent.

However, other diseases can be contracted through these secretions...

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HIV/AIDS in Healthcare Workers

Statistics provided by The Centers of Disease Control - Updated 9/14/07
http://aids.about.com/od/dataandstatistics/qt/healthstats.htm

Healthcare Workers Reported to Have AIDS

- Paramedics: 476
- Total: 23,212

Seroconversion After an Occupational Exposure

Total

- Documented: 57
- Possible: 139

EMT/paramedic

- Documented: 0
- Possible: 12

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- **As of June 2001, 57 have contracted**
 - **ZERO Fire/EMS/Law Enforcement**
 - **No new cases since 2000**
 - **Not all have died.**
- **There has only been one documented case of patients being infected by a health care worker in the United States.**
 - **This involved HIV transmission from one infected Dentist to six patients.**

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Bloodborne Virus Transmission

<u>Virus</u>	<u>Risk from Percutaneous Injury</u>
Hepatitis B virus (HBV)	30%*
Hepatitis C virus (HCV)	Approx. 3%
Human immunodeficiency virus (HIV)	0.3%

*Risk applies to unvaccinated workers only

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Risk of HIV infection:

- **Needlestick:** 0.32% following needlestick contaminated with blood from a known infected person.
- **Mucous membranes:** .09% on non-intact skin
- **Non-intact skin:** 1 case since 1999
 - Person also had Hep C
- **Window 1-12 weeks'**
 - No risk after 12 weeks

How do we determine infection?

- **Rapid Testing OF PATIENT FIRST**
 - Viral load testing
 - Follow-up
- **Exposed caregiver usually develop antibodies within 6 to 12 weeks after becoming infected.**

How can you protect yourself?

- Use **STANDARD PRECAUTIONS**
- **No *preventative* vaccine exists at the present time.**
 - 10% of caucasian population are descendants of the Black Plague and have the CCR5 gene with gives immunity.

To be treated for HIV exposure:

1. You must have been exposed
2. The source patient must be positive

Ref: CDC 6-29-2001 and 9-30-2005

**Risks from drugs
Need for counseling**

HIV S&S

- | | |
|---------------------|------------------------|
| Phase 1 | Phase 4 |
| • Flu-like symptoms | • Fungal pneumonia |
| • Fever | • Kaposi's Sarcoma |
| • Weight loss | • CMV infection of eye |
| Phase 2 | • Dementia |
| • Symptoms subside | Atypical TB |
| Phase 3 | |
| • Symptoms reappear | |

Hepatitis *An Overview*

**Hepatitis Branch
*Centers for Disease Control***

Important Points

- Five types: A, B, C, D, and E
- A & E are not BB (transmitted via feces)
- B & C are the problem
- Cannot get D without having B first

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General Hepatitis Symptoms

- No symptoms to mild illness, or acute/severe
- Flu-like Symptoms/Fever
- Headache pain
- Fatigue or weakness
- Loss of Appetite
- Stomach Pain
- Jaundice-Yellow Skin
- Jaundice-Yellow Eyes
- Chronic Infection.
- Liver damage/cancer

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Hepatitis A - Clinical Features

Incubation period:	Average 30 days Range 15-50 days
Jaundice by age group:	<6 yrs, <10% 6-14 yrs, 40%-50% >14 yrs, 70%-80%
Complications:	Fulminant hepatitis Cholestatic hepatitis Relapsing hepatitis

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Hepatitis A Virus Transmission

- Close personal contact (e.g., household contact, sex contact, child day care centers)
- Contaminated food, water (e.g., infected food handlers, raw shellfish)
- Blood exposure (rare) (e.g., injecting drug use, transfusion)

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Hepatitis B

- Major infectious hazard
 - Fire/EMS/Police rates lower than public
- Hepatitis B immunization is a critical preventative factor
 - Most entry-level personnel vaccinated as children
 - 10% will not respond to vaccine
 - Cannot routine titer
 - HBV immunity “sleeps”

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Hepatitis B - Clinical Features

Incubation period:	Average 60-90 days Range 45-200 days
Clinical illness (jaundice):	<5 yrs, <10% ≥5 yrs, 30%-50%
Acute case-fatality rate:	0.5%-1%
Chronic infection:	<5 yrs, 30%-90%
Premature mortality from chronic liver disease:	≥5 yrs, 2%-10% 15%-25%

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Hepatitis B Signs & Symptoms

- **Phase 1**
 - Flu-like symptoms
- **Phase 2**
 - Jaundice
 - Deterioration
 - No risk of transmission
- **30% of adults infected have no S&S**

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What occupational exposures put a worker at risk for HBV infection ?

Contact with blood or potentially infectious body fluids through:

- Needlestick *that was contaminated*
- Broken or non-intact skin
- Mucous membranes of eyes, nose and mouth

Saliva WITH BLOOD injected through a human bite can also transmit HBV.

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What is Hepatitis C?

- *Caused by Hepatitis C virus (HCV)*
- 25% of infections are symptomatic.
- 25% of infected persons develop chronic disease.
- 8,000 – 10,000 deaths from chronic liver disease each year.
- Leading indication for liver transplantation.
- Most common chronic BB infection.

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Hepatitis C . . .

- Transmission is primarily through high risk drug use (42%)
- Tattooing and piercing are risk factors
- Can live outside body for at least 16 hours
- 2% are Oral Surgeons
- There is currently no vaccine for hepatitis C.
- There is currently post-exposure treatment for hepatitis C.

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Syphilis

- STD and BB pathogen caused by bacteria
- On the increase: Male to female transmission
- Besides sexual route, needlestick
- Same high-risk profile as HIV and HCV
- Signs and symptoms
 - Lesion 3 weeks after exposure
 - Chancre not always present
 - 4-6 weeks later rash on hands and feet

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West Nile Virus

- First cases in 1999
- Peaked in 2005 (Katrina)
- Declining since
- Carried by 1% of mosquitoes
- Incubation 3-14 days
- S&S:
 - Mild = Headache and fever, aches, rash
 - Severe = Stiff neck, high fever
- HIV & Mosquitoes

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AIRBORNE DISEASES
Tuberculosis (pulmonary)

- Of greatest concern
- Organism dies when exposed to light and air

- TB peaks and valleys every 30-40 years
- TB cases began to rise in 1985
- TB then declined in 1993
(year OSHA developed regulations)

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Three types of TB

1. Typical
2. Atypical
3. Extra pulmonary (not in lungs)

- TB is bacteria, not virus
- Spread by droplets
- Not highly communicable

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MDR TB

- Only in immunosuppressed & immigrants
- Only resistant to both of the first-line drugs
- Other drugs will treat

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To contract, generally need:

- a) 2-10 hours in non-ventilated space
- b) Actively coughing patient
- c) 3-foot rule: You are within 3 feet of patient during a) & b) above

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No need for skin testing annually

- Only 10% with + skin test develop active TB
- Most skin test results misread
- Cannot read own test (OSHA/CDC)
- No need to test if service area has <3 transports / year
 - Cook County TB database

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TB S&S

- Persistent cough for 2-3 weeks PLUS
- Other S&S

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Reverse isolation

- Place surgical mask on patient
- No need for N-95 on EMS personnel

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Influenza

- Mode of Transmission: Airborne
- Vaccine Available? YES (changes yearly based on strains expected to cause infection)
- Signs/Symptoms: Fever, fatigue, loss of appetite, nausea, headache
- Post-Exposure Treatment: Antiviral (Amantadine, Rimantadine, Zanamivir, and Oseltamivir)

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Signs and Symptoms of Influenza

- Include:
 - Fever of 100°F or greater *AND any of the following:*
 - Cough
 - Sore Throat
 - Stuffy/Runny Nose

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Whooping Cough (Pertussis)

- Mode of Transmission: Airborne, direct contact with oral secretions
- Vaccine Available? YES
- Signs/Symptoms: Violent cough at night, whooping sound when cough subsides

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Stages of Pertussis Infection


- Stage 1: Appears as the common cold – runny nose, cough, low-grade fever
- After a week or two ...
- Stage 2: Extreme coughing spells.
 - Coughing can be so hard and so long that victims throw up or turn blue because they are unable to breathe.
 - Gasping “whoop” sound when air is sucked in after a coughing fit.
 - About 40% of infants with pertussis are admitted to the hospital
- Pertussis is “no joke”



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Signs/Symptoms

- Paroxysms of cough
- Inspiratory whoop
- Posttussive vomiting
- Apnea
- Cold-like symptoms
- Fever usually minimal throughout course of illness



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Mode of Transmission

- **Transmission:** Droplet
- **Reservoir:** Humans
- **Highly contagious**
- **Duration of Infectivity:** 3 weeks
- **Incubation period:** 7-10 days (range 4-21)

2009-2012 Pertussis Cases by Month and Year of Onset

	2009	2010	2011	2012	Sum
January	16	1	12	54	83
February	10	4	8	47	69
March	9	2	5	42	58
April	8	6	7	51	72
May	4	6	16	67	93
June	5	6	15	41	67
July	14	11	22	43	90
August	10	9	15	14	48
September	8	15	18		39
October	3	30	37		70
November	6	28	68		102
December	7	24	57		88
Sum:	98	142	280	359	879

Droplet Precautions

- **Required to protect against “droplet” transmission of infectious agents**
- **Diseases requiring “droplet” precautions include: pertussis, influenza, meningitis, etc.**
- **Precautions include:**
 - Standard precautions
 - PLUS
 - Use of a surgical mask when within **3 feet** of the suspect or confirmed infectious person

Identifying Close Contacts

- Droplet spread, must be within 3 feet for an extended period
- IDPH data from prior outbreaks suggested as little as 10 minutes of exposure could result in infection, especially in confined spaces (cars, exam rooms, EMS transport)
- Usually ≥ 1 hour of exposure
 - Household members
 - Caregivers
 - Core group of close friends and social contacts

Mononucleosis

- **Mode of Transmission:** Contact with respiratory secretions or saliva, such as with mouth- to-mouth resuscitation
- **Vaccine Available:** NO
- **Signs/Symptoms:** Fever, sore throat, fatigue, swollen lymph nodes/spleen

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Chickenpox (Varicella)

- **Mode of Transmission:** Respiratory secretions and contact with moist vesicles
- **Vaccine Available?** YES
- **Signs/Symptoms:** Fever, rash, cutaneous vesicles (blisters)
- **Post-Exposure Treatment:** Vaccine

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Herpes Zoster (Shingles) localized disseminated (See Varicella)

- **Mode of Transmission: Contact with moist at lesions**
- **Signs/Symptoms: Skin lesions, regional associated pain**
- **Varicella vaccine may be effective even if person has already had Varicella**

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Herpes Simplex (Cold Sores)

- **Mode of Transmission: Contact of mucous membrane with moist lesions.**
 - **Fingers at particular risk for becoming infected.**
- **Signs/Symptoms: Skin lesions located around the mouth**
- **Post-Exposure Treatment: None**

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MMR

- **Measles**
- **Mumps (Parotitis)**
- **German Measles (Rubella)**
- **Mode of Transmission: Respiratory**

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Meningitis:

- **Haemophilus influenza**
- **Meningococcal**
- **Viral**

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Haemophilus influenza (usually seen in very young children)

- **Mode of Transmission: Respiratory secretions contact**
- **Vaccine Available: YES**
- **Signs/Symptoms & Post-Exposure Treatment same as Meningococcal**

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Meningococcal

- **Mode of Transmission: Respiratory secretions contact**
- **Vaccine Available: YES**
- **Signs/Symptoms: Fever, severe headache, stiff neck, sore throat, may have distinctive rash**
- **Post-Exposure Treatment: Rifampin, Cephlosporin**

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Viral

- **Mode of Transmission: Fecal/Oral**
- **Vaccine Available: NO**
- **Signs/Symptoms & Post-Exposure Treatment same as Meningococcal**

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Diarrhea

<p>Pathogens:</p> <ul style="list-style-type: none"> • Campylobacter • Cryptosporidium • Giardia • Salmonella • Shigelia • Viral Yersinia 	<ul style="list-style-type: none"> • Mode of Transmission: Fecal/Oral • Vaccine Available? NO • Signs/Symptoms: Loose, watery stools • Post-Exposure Treatment: None
--	--

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C-DIFF


Clostridium Difficile

- Hospital-acquired
- LTCF-acquired
- GI issues
- Hand washing: SOAP, not alcohol
- PPE including GOWN
- Cleaning
- High index of suspicion


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Major Risk Factors for *Clostridium difficile* Disease (CDD)

- Antibiotic exposure
- Hospitalization/ Institutionalization



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C. DIFF

- Shed in feces as a highly contagious spore
- Survives on any surface that becomes contaminated with feces...**up to 5 months!**

JANUARY 2012							MARCH 2012							MAY 2012						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31					29	30	31				

C. DIFF

- Symptoms
 - Watery diarrhea 2-3 times/day for 2-3 days
 - Abdominal cramping
- Treatment
 - Antibiotics: Flagyl or Vancomycin
 - Supportive care (IVF's, etc.)
 - Prevention of transmission

C. DIFF

Prevention of transmission is essential!

- Gloves/gowns
- Hand Washing...not antiseptic gel
- Thorough cleaning of equipment

Recent studies show that number of cases of C. diff is surpassing those of MRSA!

**C-diff spores require sterilization/
high-level disinfection**

MRSA

Methicillin-Resistant Staphylococcus Aureus

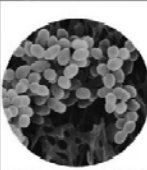
- Hospital-acquired
- Community-acquired
- Hand washing
- PPE including GOWN
- Cleaning
- High index of suspicion

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MRSA

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

- Staphylococcus aureus is a bacteria
 - Normally found on the skin and in the nose
 - Can cause infections if it enters a cut or wound
 - People with weakened immune systems (immunocompromised) at highest risk for serious infections
- MRSA is staph bacteria which is resistant to many antibiotics
 - Found in the hospital or community setting
 - Colonized or active infection
- Transmission:
 - Close skin-to-skin contact
 - Openings in the skin such as cuts or abrasions
 - Contaminated items and surfaces such as clothes and athletic equipment
 - Crowded living conditions
 - Poor hygiene (although even very clean people can get staph infections)
- Treatment
 - Supportive care
 - Prevention of transmission



Staphylococcus aureus (MRSA)

Healthcare-Associated MRSA (HA-MRSA) – Infection and colonization are typically seen in older individuals with one or more of the risk factors outlined in Section VI. Resistance to multiple classes of antimicrobial agents is common.

Community-Associated MRSA (CA-MRSA) – Community-Associated MRSA cases are frequently seen in younger persons and involve skin and soft tissue infections. Outbreaks of these infections have been described in numerous populations including people found in correctional facilities (jails and prisons), sport teams, men who have sex with men, commercial fishermen, and minority populations. Resistance to multiple classes of antimicrobials is uncommon. The most common CA-MRSA strain in the United States, the USA300 strain, is routinely resistant to erythromycin. Many of the CA-MRSA infections may be effectively treated with good wound care with or without oral antibiotics, while more resistant strains may require intravenous vancomycin.

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CA-MRSA Skin Lesion



How is MRSA Transmitted?

- MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., towels, used bandages)

SOURCE: CDC "Questions and Answers about MRSA in Schools" published 10/19/07



CA-MRSA Prevention

- Keep hands clean
- Cover cuts and scrapes
- Avoid contact with draining wounds or used bandages
- Wear gloves
- Wear gown if contact with draining wound is anticipated
- Wash hands immediately after glove removal

SOURCE: CA-MRSA Information for the Public; CDC 2/3/05

VRE

VANCOMYCIN-RESISTANT ENTEROCOCCI

- Enterococci are bacteria normally found in the intestine, female genital tract and the environment
- Colonized or active infection
- VRE is enterococci which is resistant to vancomycin
 - Most occur in the hospital setting
- Transmission via direct contact
- EMS Treatment
 - Supportive care
 - Prevention

Scabies

- **Mode of Transmission: Close body contact**
- **Vaccine Available? NO**
- **Signs/Symptoms: Itching, tiny linear burrows or "tracks," vesicles - particularly around fingers, wrists, elbows, and skin folds**

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Lice: Head, Body, and Pubic

- **Mode of Transmission: Close head to head contact. Both body and pubic lice require intimate contact (usually sexual) or sharing of intimate clothing.**
- **Vaccine Available: NO**

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Signs/Symptoms:

- Severe itching and scratching, often with secondary infection.
- Scalp and hairy portions of body may be affected.
- Eggs of head lice (nits) attach to hairs as small round, gray lumps.
- Post-Exposure Treatment:
- Wash clothes, personal articles in hot water.
- Gamma benzene hexachloride shampoo (Kwell, Rid, etc.) if crawling lice or nits are noted close to the scalp.

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Uncommon & Rare Diseases

- **Diphtheria**
 - No cases in 30 years
- **Plague**
 - <12 cases/yr, mostly in S/W U.S.
- **Hemorrhagic Fevers (Ebola)**
 - None in U.S>
- **Rabies**
 - No human-to-human transmission

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Engineering & Work Practice Controls

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Prohibited activities:

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses IN PATIENT CARE AREA OF AMBULANCE or at the scene
- No fingernail extension permitted (OSHA)
- Food stuffs and beverages, sealed or unsealed, shall not be stored or transported IN PATIENT CARE AREA OF AMBULANCE.
- Mouth suctioning is prohibited.(d)(2)(xii)
- No medical specimen shall be stored in any fire station refrigerator.

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Required activities:

- Follow the plan
- Refrain from prohibited activities
- Use PPE *as appropriate*
- Cover all wounds and chapped or abraded skin until scabbed over

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Hand washing

Most effective overall infection control measure

Wash hands:

- Whenever gloves are removed
- After all patient contacts,
- After touching or disinfecting equipment
- Before eating or drinking
- After using the bathroom

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Hands washing technique

- Well lathered with regular soap
- Scrubbed for at least 15 seconds before rinsing and drying.

Towel should be used to turn off the faucet.

Use alcohol-based waterless cleaners when soap and water are not available

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Waterless Hand Cleaner

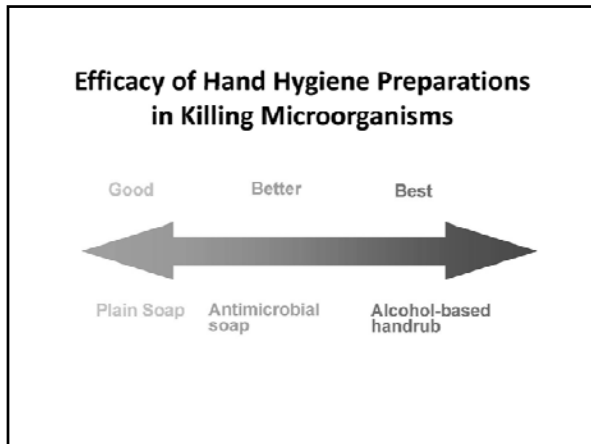
- In station
- On each vehicle

Don't Use Antibacterial (kills good germs)

DO USE Antimicrobial

Pertains to both Soaps and Waterless cleaners

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Hand Hygiene Options

Apply ~3ml (about the size of a thumbnail) to palm; rub hands until dry.

Wet hands, apply 3-5ml and rub for ≥15 seconds. Rinse, dry & turn off faucet with paper towel.

~ Use soap and water for visibly soiled hands ~
~ Do not wash off instant hand sanitizer ~

Standard Precautions

Replaces BSI and Universal Precautions

- Consider *everything WITH BLOOD contagious*
- Personal Protective Equipment (PPE)
 - MUST be provided *free of charge*
- PPE is carried on all EMS apparatus
- Fire fighting gear offers *limited* protection

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Glove Use

- Donning
 - Not required for injections
- Doffing
- Disposal
 - Visible blood
 - No visible blood

NO GLOVE WORKS 100%

Problem with

- Donning gloves prior to patient contact
- Wearing gloves during transport

Latex Allergy

- S&S

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Latex Allergy

- Local redness or itching to skin
- Runny nose, watery eyes, sneezing or hayfever symptoms
- Difficulty breathing
- Anaphylactic reaction
- Cross allergies to foods

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Protective Eyewear

- Donning
- Prescription eyewear
- Cleaning

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Mask

- Only surgical-type needed
- No need for N-95 (P100)
- Respirator versus mask
 - Respirators are one-way
 - Never use respirator on a patient
- **6-foot rule**

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Gowns

- Uniform adequate is it covers skin
- If uniform is contaminated launder separately

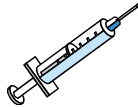
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Needles & Sharps Disposal

- Needles should not be recapped or manipulated by hand.
- Disposable blades and other sharps should be placed in a puncture-resistant container.
- Puncture-resistant containers should be readily available at all times.
- Scissors, broken glass, And lancets are sharps.



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Contaminated Equipment

- If possible, use as much disposable equipment as possible.
- Reusable equipment should be decontaminated with a germicidal solution as soon as possible / practical.
- Consider patient's clothing / belongings as contaminated if soiled.

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Cleaning & decontaminating spills of blood

- Wear "heavy duty" gloves and clean with disposable towels.
- Place soiled linens **SOAKED WITH BLOOD** in a red plastic bag.
- Wear eye & face protection if splashing is a possibility.
- Wear shoe covers if amount of blood is great.

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If the agent kills HBV then it will kill everything else

- Cavicide **DOES**
- Bleach diluted in water **DOES**
 - 1/4 cup per gallon of water*
 - Only potent for 24 hours*

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- 1) Wash off blood or OPIM with soap and water **first**.
- 2) Decontaminate with water/bleach solution or Cavicide **second**.
- 3) Wipe area with clean towels after a few minutes OR let air dry.
- 4) Remaining cleaning solution should *only* be poured down sanitary drains.
- 5) Sinks shall be disinfected after use.
- 6) Remove contaminated PPE and dispose of properly.
- 7) Wash hands *after* removing gloves.

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Cleaning Program

Disposable Items <i>Disposed of as indicated in this plan</i>	Non-Disposable Items <i>Cleaned and disinfected as indicated in this plan</i>
Oral and nasal airways, tracheal tubes, and other advanced airway devices	Laryngoscope
EKG monitor/defibrillator accessories such as defib pads, electrodes, and disposable sensors	EKG monitor/defibrillator case, cables, and reusable sensors/BP cuffs
Portable pulse oximeter disposable sensors	Portable pulse oximeter case, cables, and reusable sensors
Blood glucose strips and lancets	Blood glucose monitor
Facial tissue	Instruments, blood pressure cuffs and stethoscopes
Hot and cold packs	Medical equipment bags and cases
Oxygen delivery supplies	Oxygen regulator and cylinder
Suction collection containers, tubing, and catheters/tips	Suction device
SAM Splint, triangular and elastic bandages	Pro Splint and Traction Splint
Cervical collars	Backboards, straps and head immobilizers
Tourniquets	KED and scoop stretcher
Bandages and dressings	PSAG
IV supplies	Pediatric immobilizers and child safety seats
Medication containers and administration supplies	CPR manikins used for Healthcare Provider CPR course
Bed pans, urinals, and basins	CPR manikins used for Heartsaver CPR course
Linen and blankets	Cell phone and two-way radios
Masks, gowns, gloves, shoe covers and other PPE	Patient cot/stretchers
OB kit	Stair chair

- ### Uniforms
- Soiled vs. Contaminated
 - Remove at hospital and bag
 - Wear scrubs back to station
 - Shower
 - Machine wash using regular laundry detergent and hot water.
 - Wear proper BSI (gloves / glasses) when hand-washing uniforms or placing them into wash machine.
 - Do not ever bring potentially contaminated uniforms home for laundering!


2014 Infection Control for New Members 111

- ### Laundry
- Handle soiled items as little as possible.
 - If possible, remove soiled linens at place of use and place in red plastic bags that prevent leakage.
 - Return soiled linens to hospital of transport for proper decontaminating & cleaning.

2014 Infection Control for New Members 112

- ### Garbage
- | | |
|--|---|
| <p>Regulated</p> <ul style="list-style-type: none"> • Bloody • Sharps | <p>Other</p> <ul style="list-style-type: none"> • Trash |
|--|---|
- Any and all garbage should be eliminated from vehicles and station ASAP***

2014 Infection Control for New Members 113


- ### Communication of Hazard to Employees
- Signs
 - Labels
 - Red bags
- 

A rectangular biohazard sign with a black biohazard symbol (three interlocking circles) on a white background. Below the symbol, the word "BIOHAZARD" is printed in bold, black, capital letters. At the bottom of the sign, there is small text: "©1992 Lab Safety Supply, Inc. Product No. 15017".

2014 Infection Control for New Members 114

Record Keeping

Records MUST BE kept for the duration of employment *plus 30 years.*



2014 Infection Control for New Members 115

VACCINATIONS

- Records
- Annual flu vaccine

2014 Infection Control for New Members 116

How do I find my past records?

Go to your High School. Many have a request form on their website.

2014 Infection Control for New Members 117

What if I am exposed and I don't have my records available?

You will then have a much lengthier follow up that may be time-consuming and unnecessary.

2014 Infection Control for New Members 118

Exposure Reporting

Exposures MUST BE reported as soon as possible so the post-exposure documentation can be completed and the post-exposure evaluation procedures initiated.

TWO PARTS TO DOING THIS

2014 Infection Control for New Members 119

PART 1

Northwest Community EMS System POLICY MANUAL

I - 2: INFECTION CONTROL MEASURES/COMMUNICABLE DISEASE FOLLOW-UP

2014 Infection Control for New Members 120

PART 2

**Prospect Heights Fire District
MEMBER MANUAL
STANDARD OPERATING PROCEDURE
#4-3-3
ON-DUTY INJURY CARE AND REPORTING**

***ONLY* IF THERE IS AN
INJURY OR EXPOSURE**

2014 Infection Control for New Members 121

1. Wash off the affected body area of all visible blood or OPIM.

- **Unless it is the eyes or inside of nose or mouth was with soap and water.**
- **Use waterless products if soap and water are not available or practical.**
- **If in the eyes, nose or mouth use copious amounts of water.**

PROVIDE FIRST AID AS APPROPRIATE

2014 Infection Control for New Members 122

2. Once washed, seek medical treatment from the hospital ONLY IF YOU HAVE AN INJURY UNRELATED TO THE EXPOSURE.

A needle stick may be an exposure but it is not an injury.

2014 Infection Control for New Members 123

3. DO NOT sign in to the hospital ED unless you have an injury unrelated to the exposure.

2014 Infection Control for New Members 124

4. IMMEDIATELY CONTACT YOUR BATTALION CHIEF AND HAVE HIM CONTACT ME.

- **I will contact you or come to the hospital and evaluate your potential exposure.**
- **The biggest reason for this is to get the PATIENT tested under federal law.**
- **I am the only one who can request the hospital to do this.**
- **DO THIS ASAP, PREFERABLY WITHIN MINUTES OF ARRIVAL AT THE HOSPITAL.**

2014 Infection Control for New Members 125

5. DO NOT GET TESTED BY THE HOSPITAL.

- **First, there is nothing they can test you for that will show up. Second, you are not a patient.**
- **Do not believe anything the ED tells you about being exposed.**
- **They are not necessarily an infection control person. I don't mean this as an offense to anyone, and their intentions are probably sincere, but I have been trained to perform the role of Designated Infection Control Officer (DICO).**
- **There are procedures for the hospital to follow and they generally do not involve the ED staff but rather the hospital's infection control staff and EMS coordinator.**

2014 Infection Control for New Members 126


In summary, if you think you are exposed:

- Wash it off
- Only seek medical attention if injured or ill unrelated to exposure (you cut your hand and you then seek treatment for the cut, not the exposure).
- Do not call talk to the nurse, the doctor, etc. about the exposure. I will do that to ensure your rights are preserved. If I am not part of the conversation I cannot ensure your rights are honored.
- CALL ME ASAP to get all this addressed ASAP.

2014 Infection Control for New Members 127

This form is used by the DICO to determine if you were exposed.


The DICO completes this form



2014

IF THE DICO DETERMINED YOU WERE EXPOSED then this form is used by the DICO to request the hospital test the source patient.

The DICO completes this form and sends it to the hospital



2014 I

Work Restriction Guidelines

- None for an exposure unless:
 - Injured;
 - or if follow-up by FD's infectious disease specialist (a doctor but not one from Health Endeavors [Drs. Fragen/Turnock/Hanna])

2014 Infection Control for New Members 130

HIV Exposure Follow-Up

ONLY IF SOURCE PT TESTS POSITIVE

- Employee testing by FD's infectious disease doctor
 - Baseline testing: CBC, liver, kidneys, pregnancy, etc.
- Counseling BEFORE prophylaxis
- Counseling performed by physician or other health care provider
- All is confidential between employee and physician or other health care provider

Call 888-448-4911 for 2nd physician's opinion

2014 Infection Control for New Members 131

**PROSPECT HEIGHTS FIRE DISTRICT
POLICY AND PROCEDURE #3-7
DRIVERS LICENSE REQUIREMENT FOR ALL MEMBERS**

**EFFECTIVE: 01 APR 08
SUPERSEDES: 01 AUG 05**

1. PURPOSE: To set forth the drivers license requirements for all members of the fire district. The ability of a member to operate fire district apparatus and vehicles is an important one as the member must be able to transport both him or herself and equipment from the fire station to the location of any emergency.
2. SCOPE: It is the responsibility of all members to know this policy and procedure and to be able to reference this policy and procedure. Authority to deviate rests solely with the chief officers who bear full responsibility, including civil or criminal penalty, for any deviation.
3. POLICY:
 - 3.1. All members must possess at time of application and appointment a valid drivers license issued by the state they reside in.
 - 3.2. At time of employment, the minimum drivers license requirement are:
 - 3.2.1. Class D for Paid-On-Call, Part-Time and Full-Time Firefighter.
 - 3.2.2. Class B non-CDL for Part-Time Firefighter/EMT-B/FAE and Full-Time Captain.
 - 3.3. All Part-Time and Full-Time Paramedic/Firefighter members must obtain within twelve (12) months of appointment a valid class B non-CDL drivers license issued by the state they reside in.
 - 3.4. All paid-on call members must obtain within 36 months of appointment a valid class B non-CDL drivers license issued by the state they reside in.
 - 3.5. All members must maintain while a member of and employed by the fire district a valid drivers license issued by the state they reside in which is of the following class:
 - 3.5.1. Class D for Part-Time and Full-Time Paramedic/Firefighters with less than twelve (12) months membership or Paid-On-Call Firefighters with less than 36 months membership.
 - 3.5.2. Class B non-CDL for all other members.
 - 3.6. Members must report any of the following conditions or events to a Deputy Chief in writing on an internal correspondence form:
 - 3.6.1. Any citation issued to them by a law enforcement officer;
 - 3.6.2. Involvement as driver in any motor vehicle accident, whether or not any citation is issued or mandatory police report is made;
 - 3.6.3. Suspension or revocation of the members drivers license by a judge or the Secretary of State or Department Motor Vehicles for the state in which they reside;
 - 3.6.4. Court-ordered participation in any driving-related educational or therapeutic program;
 - 3.7. Members involved in criminal legal proceedings related to a serious traffic offense, such as driving under the influence of alcohol or drugs, shall be prohibited from operating fire district apparatus until disposition of their case.
 - 3.7.1. Should a member who is prohibited from driving fire district apparatus compromise the staffing of a scheduled shift to respond to an incident, he or she may be prohibited from working on such shift. Each instance will be evaluated on a case-by-case basis.
 - 3.8. Any member who has their drivers license revoked by a judge or the secretary of state and has had the revocation upheld through the appeals process shall be terminated from membership and employment of the fire district.
 - 3.9. Any member who is determined uninsurable for a reason other than that of age shall be terminated from membership and employment of the fire district.
 - 3.10. The fire district will conduct a periodic check of each member's driving record using records of the Secretary of State. Serious or significant convictions within the past three years may result in disciplinary action that may include suspension or termination.

Approved: _____, Fire Chief



**PROSPECT HEIGHTS FIRE DISTRICT
STANDARD OPERATING PROCEDURE #4-3-4
PROPERTY DAMAGE REPORTING**

**EFFECTIVE: 01 SEP 10
SUPERSEDES: 01 JUL 95**

- 1.0 PURPOSE: To provide for prompt and efficient reporting of property damage involving any member of the fire protection district regardless of whether that person was at fault.
- 2.0 SCOPE:
 - 2.1 It is the responsibility of each member to know this SOP and his or her applicable responsibilities under this SOP. Failure, on the part of the involved, to follow this SOP may result in reduced or eliminated insurance benefits. Failure, on the part of supervisory personnel may result in disciplinary action.
 - 2.2 Authority to deviate rests solely with a chief officer who bears full responsibility for any deviation.
 - 2.3 Definitions: For this SOP:
 - 2.3.1 Supervisor/supervisory personnel means a Lieutenant or in the absence of a Lieutenant, a designated team leader or senior fire fighter. The shift commander will assist with but generally not perform the duties of the supervisions
- 3.0 POLICY:
 - 3.1 All incidents involving damage to property, whether it be personal property of another or fire protection district property, shall be reported following this SOP.
 - 3.2 All incidents involving damage to fire protection district property caused by a non-fire department person or vice-versa shall be reported to the police.
 - 3.3 All incidents occurring on a roadway and involving a motor vehicle shall be reported to the police.
 - 3.4 When a fire protection district vehicle is involved in an accident it shall remain at the scene until police arrive. Members on the fire district vehicle are to check with all parties involved for injuries and render first aid in needed.
 - 3.5 When responding to an emergency call if there are not injuries and the fire protection district vehicle is safe to drive and the driver can be left at the scene to await police then an emergency response may resume.
 - 3.6 All fire protection district members shall comply with the Safety Committee SOP.
- 4.0 PROCEDURE:
 - 4.1 Upon being involved in a damage to property incident certain actions shall occur. These actions are described as responsibilities of the involved, supervisor, and department.
 - 4.2 Responsibilities of the involved:
 - 4.2.1 Notify the supervisor of the injury.
 - 4.2.2 Complete in writing the Involved's Incident Report form.
 - 4.2.3 Comply with instructions of supervisor and department outlined in this SOP.
 - 4.2.4 If a motor vehicle incident comply with items 3.3 through 3.5.
 - 4.3 Responsibilities of the supervisor:
 - 4.3.1 Ask the involved members the following question: First, Are you injured? If the answer is yes follow the on-duty injury procedure.
 - 4.3.2 Complete in writing the Supervisors Incident Report form.
 - 4.3.3 Enter the incident in the log book.
 - 4.3.4 Assemble reports per Safety Committee SOP.
 - 4.3.5 When possible, obtain photographs to document the incident.
 - 4.4 Responsibilities of the department: (To be carried out by a chief officer Captain, Battalion Chief, Deputy Chief or Fire Chief.)
 - 4.4.1 Notify the insurance carrier.
 - 4.4.2 Insure that responsibilities of both the involved and supervisor are completed prior to termination of shift.
 - 4.4.3 If 4.4.1 and 4.4.2 are not completed by the fire chief he shall be notified as well.

Approved: _____, Fire Chief

**PROSPECT HEIGHTS FIRE DISTRICT
STANDARD OPERATING PROCEDURE #4-6-2
APPARATUS MAINTENANCE AND REPAIR**

**EFFECTIVE: 01 SEP 04
SUPERSEDES: 01 APR 2000**

1. PURPOSE: To establish a policy & procedure for the maintenance and repair of fire district vehicles which insures that in time of emergency the proper vehicle is available for its intended purpose.
2. SCOPE: It is the responsibility of each member to know and follow this SOP. Authority to deviate rests solely with the chief officers who bear full responsibility for any deviation.
3. POLICY:
 - 3.1. Routine maintenance: All items listed on a daily, weekly or monthly maintenance or inspection form are the responsibility of the duty crewmembers. Members who are unable to properly perform an item contained on one of these sheets shall contact an officer who will instruct them. Inability to know how to perform or failure to perform an item on the paperwork is grounds for disciplinary action.
 - 3.2. Repairs:
 - 3.2.1. Small/Minor repairs: Duty crew members shall be responsible for accomplishing the following:
 - 3.2.1.1. Checking and refilling, with the correct fluid, engine oil, fuel, engine coolant, primer oil, windshield washer solvent, brake fluid, power steering fluid and transmission fluid.
 - 3.2.1.2. Removal and replacement of broken or defective bulbs, lamps or lenses excluding those that require major component disassembly. Specific lamps and lenses include: Headlights, tail and brake lights, turn signals, parking and marker lights, and dome or map lights.
 - 3.2.1.3. Replacement or windshield wiper blades or inserts.
 - 3.2.1.4. Check level. Refill batteries with distilled water. Expired sterile water may be used. Water to just cover battery plates.
 - 3.2.1.5. Exercise and lubricate pump panel drains and intake and discharge valves.
 - 3.2.1.6. Replace electrical fuses.
 - 3.2.1.7. Members with demonstrated mechanical ability are requested to make those minor repairs that are within their capabilities. Disabling repairs are not included in this category.
 - 3.2.2. Medium/Moderate repairs, such as tune-ups, air conditioning, brakes, belts and hoses, alternators and starters, shall only be made by members designated to do so by fire district administration.
 - 3.2.2.1. These repairs or maintenance services should be performed by mechanics that are off-duty and not part of the regular shift staffing. If the repair is of an emergency nature the mechanic should be taken off the duty crew and replaced with a called in person until the repair is completed.
 - 3.2.2.2. Trips to the safety lane are covered under this category.
 - 3.2.3. Large/Major repairs such as engine work, transmission work, and jobs outside the capabilities of fire district maintenance staff shall be contracted out.
 - 3.2.4. Emergency repairs are defined as those repairs that are necessary to complete a task related to an incident. To this end any member may perform any repair which is necessary in an emergency. Any time a vehicle is in need of repair a written work order will be completed following SOP.
 - 3.3. Any time an apparatus condition that renders a fire district vehicle unsafe and/or unusable it shall be taken out of service immediately. Such conditions include, but are not limited to:
 - impairment or loss of braking;
 - damage or loss of windshield;
 - impairment or loss of windshield wipers during inclement weather;
 - substantial loss of warning lights;
 - substantial damage to tire tread or sidewall or complete loss of pressure;
 - impairment or loss of steering;
 - substantial loss of coolant; and
 - Any other condition in which the driver would not be able to maintain control of the vehicle.
 - 3.4. Any time a vehicle is rendered inoperable, even if repairs are being attempted, the following notification of the vehicle being out of service will be made to all of the following:
 - A member of the fire district maintenance staff using alpha page.
 - All chief officers using the alpha group page.
 - RED Center.
 - 3.4.1. Maintenance division members shall have discretion as to when to notify a chief officer when performing repairs or maintenance.

**PROSPECT HEIGHTS FIRE DISTRICT
STANDARD OPERATING PROCEDURE #4-6-2
APPARATUS MAINTENANCE AND REPAIR**

**EFFECTIVE: 01 SEP 04
SUPERSEDES: 01 APR 2000**

- 4. PROCEDURES:
 - 4.1. Flat tires:
 - 4.1.1. Flat tires on staff autos and ambulances shall be handled by taking a spare tire, jack and lug wrench to the site and changing the tire. The flat tire will then be brought back to the fire station and presented to fire district maintenance personnel.
 - 4.1.2. Flat tires on fire apparatus:
 - 4.1.2.1. If drivable, return the vehicle to the fire station.
 - 4.1.2.2. If undrivable either park the vehicle off the road and await tire repair or follow section 4.2 of this document and have the vehicle towed to the fire station.
 - 4.1.3. Repairs will be made by paging a member of the maintenance division.
 - 4.1.4. Towing required: If a unit can not be started or requires towing Hillside service will be called. The phone number is 253-0183. When calling be prepared to give the exact address, directions and the type of vehicle that needs to be towed.
 - 4.1.4.1. When out of the immediate area (more than 20 miles away) contact any available service center for repair or road service. Spare tires should be carried when traveling out of the area.
 - 4.2. Documentation
 - 4.2.1. A work order is not required for a small/minor repair UNLESS it is not repaired and must be forwarded to a mechanic.
 - 4.2.2. A work order or e-mail is to be completed for each medium/moderate or large/major repair and forwarded to the Deputy Chief of Operations.
 - 4.2.3. Mechanics are paid their wages from completed work orders.

Approved: _____, Fire Chief



**PROSPECT HEIGHTS FIRE DISTRICT
OPERATIONAL GUIDELINES #5-3-8
TRAFFIC AND ROADWAY SAFETY**

**EFFECTIVE: 01 DEC 08
SUPERSEDES: NEW**

1. **PURPOSE:** To establish a guideline for the recommended safe positioning of fire department vehicles and establishment of temporary work zones during emergencies on roadways with moving traffic.
2. **SCOPE:** It is the responsibility of all members to know of this Operational Guideline and to implement and follow it, when appropriate, as indicated in the document. The guidelines contained herein are general in nature and do not reflect or represent every conceivable situation. It is not the intent of this guideline to limit, mandate or preclude the incident commander's response to any specific incident. All members and companies responding to an incident must attempt to fulfill the guidelines established in this document. Deviations are allowed should circumstances present themselves and logical and defensible reasons exist for the modification.
3. **POLICY:** The policy of the fire district is to establish an appropriate temporary work zone and position apparatus and other emergency vehicles at a roadway incident in a manner that best protects the incident scene and the work area from the hazards of working in or near moving traffic.
 - 3.1 This policy applies equally to both emergency and non-emergency operations such as pre-planning, training, and the like.
 - 3.2 Every member operating on a principle or major road is to wear a vest. Vests are to be worn over coats. Vests are to be worn over turnouts unless engaged in fire suppression.
 - 3.3 Incidents within the fire district occur on or near three categories of roadways:
 - Side streets, such as most roadways used to access residences from principle or major roads. Side streets generally do not have surface markings or electronic traffic control devices and speed are limited to 30 MPH or less.
 - Principle roads, such as but not limited to, Camp McDonald road, Schoenbeck road, Willow road and Old Willow Road.
 - Major roads, such as but not limited to, Rand road, Elmhurst road, Wolf road, River road, Milwaukee avenue and Palatine road.
 - 3.4 The incident commander or any division/group leader may require company members to wear a vest in situations other than those listed above.
 - 3.5 Within 15 minutes of the first unit's arrival, the Incident Commander should determine which level of an incident exists:
 - Minor incident lasts less than 30 minutes
 - Intermediate incident lasts between 30 and 120 minutes
 - Major incidents last greater than 120 minutesWhile an incident may last greater than any anticipated time frame, for the purposes of this document and the fire district, the above durations should be viewed in the context of when fire district members are at the incident. For example, while a significant incident may take four hours to resolve, if the fire district's involvement is only for the first 90 minutes then the incident should be classified as intermediate regardless of how long others may operate following the fire district's departure from the scene.
 - 3.6 The Incident Commander's goal should be to remove the fire district's members from the roadway as soon as possible thereby reducing member exposure to the traffic hazard and subsequently reducing the risk.
 - 3.7 Traffic control efforts undertaken by the fire district are intended to ensure fire district members have as safe a work place as possible. The fire district does not intend to ensure a safe work place exists for employees or persons of another organization. PHFD traffic control equipment should not be removed when other persons are operating at the scene. This may require leaving PHFD traffic control equipment at the scene in order to reduce risk to PHFD members or respond to an other incident or event.
 - 3.8 At major incidents the fire district assumes that its efforts will be supplemented by the appropriate governmental unit responsible for the affected roadway. To achieve this goal, the Incident Commander will notify the appropriate governmental unit of such need as soon as possible. The appropriate governmental unit is either the city of Prospect Heights, the County of Cook Highway Department or the Illinois Department of Transportation based on the ownership of the roadway.
4. **REFERENCE:**
 - 4.1 U.S. Department of Transportation "Manual on Uniform Traffic Control Devices" (MUTCD), Part 6 and Part 6I.
 - 4.2 NFPA 1500-2007 edition Section 8.7 Traffic Incidents



**PROSPECT HEIGHTS FIRE DISTRICT
OPERATIONAL GUIDELINES #5-3-8
TRAFFIC AND ROADWAY SAFETY**

**EFFECTIVE: 01 DEC 08
SUPERSEDES: NEW**

5. DEFINITIONS

- 5.1 Downstream- the direction that traffic is moving as it travels away from the incident scene.
- 5.2 Flagger– A trained person, equipped with a radio, who is upstream of early warning devices who helps to control the movement of traffic. This person can act as a spotter also.
- 5.3 Lookout – This person is facing the traffic keeping an eye on what’s going on around them as a second person deploys the traffic control devices.
- 5.4 Safety officer – A trained person designated to ensure compliance with MUTCD Traffic Incident Management zone compliance and worker safety. May be a member of the fire service, law enforcement, state, county or local roadway authority or private traffic safety company. In this document, the safety officer is not the same as the Incident Safety Officer within the ICS.
- 5.5 Shadow- the protected work area at a vehicle-related roadway incident that is shielded by the block from apparatus and other emergency vehicles.
- 5.6 Shield - positioning a vehicle on an angle to the lanes of traffic creating a physical barrier between upstream traffic and the work area.
- 5.7 Upstream- the direction that traffic is traveling from as the vehicles approach the incident scene.
- 5.8 Temporary Work Zone or Activity Area- The blocked or protected area of a roadway within which emergency personnel perform their tasks on an incident scene for a period usually exceeding 30-45 minutes in duration.
- 5.10.1 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.
- 5.10.2 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.
- 5.10.3 Taper- the action of gradually moving traffic into fewer moving lanes.
- 5.10.4 Activity area – area where incident is located and emergency vehicles and resources are parked/staged.
- 5.10.5 Buffer Zone- distance between end of transition zone and first vehicle parked in activity area.
- 5.10.6 Termination Area – this is the area where traffic returns to its normal path.

6. GUIDELINES:

6.1 General considerations

- 6.1.1 All responders to a roadway incident are responsible and need to understand and appreciate the high risk that they are exposed to when operating in or near moving vehicle traffic. Responders should always operate within a protected environment at any vehicle-related roadway incident. Examples of roadway/traffic-related incidents include but are not limited to:

- Motor vehicle collisions
- Damage utilities such as electrical wires and poles
- Motor vehicle fires
- Transportation-related haz-mat incidents
- Structural fires adjacent to roadways

The possibility of a secondary collision is always present. Consider moving vehicles as a threat to your safety.

- At every vehicle-related emergency scene, responders are exposed to passing motorists of varying driving abilities. Approaching vehicles may pass at speeds from a creeping pace to well beyond the posted speed limit.
- Some of these vehicle operators may be vision impaired, under the influence of alcohol and/or drugs, or have a medical condition that affects their judgment or abilities.
- Motorists may be completely oblivious to your presence due to distractions caused by cell phone use, loud music, conversation, inclement weather, and terrain or building obstructions.
- Approaching motorists will often be looking at the scene and not the roadway in front of them (“gapers”).

Nighttime incidents requiring personnel to work in or near moving near traffic are particularly hazardous. Visibility is reduced and driver reaction time to hazards in the roadway is slowed. Vision recovery from light to dark requires about six seconds.

6.2 Overall Safety Considerations

- Assess risk versus benefit
- Determine incident type as soon as possible: Minor, Intermediate, or Major.
- Maintain an acute situational awareness of the high risk of working in or near moving traffic.
- Don and wear a high visibility vest with appropriate PPE prior to exiting apparatus.
- Engage in proper protective vehicle positioning and maintaining warning lights on.



**PROSPECT HEIGHTS FIRE DISTRICT
OPERATIONAL GUIDELINES #5-3-8
TRAFFIC AND ROADWAY SAFETY**

**EFFECTIVE: 01 DEC 08
SUPERSEDES: NEW**

- Reduce approaching motorist vision impairment by turning off headlights and clear warning light facing oncoming traffic and by directing downward all spotlights and floodlights.
 - Use warning devices such as cones and signs to create a safe temporary work zone.
 - Traffic warning devices shall be deployed from the rear of the shielding apparatus toward approaching traffic to increase the advance warning provided for approaching motorists. Retrieving warning devices should be done in the opposite manner. Whenever possible, this should be done with two personnel; one placing/retrieving and one as the lookout.
- 6.3 Apparatus and Emergency Vehicle Considerations
- Consider weather (such as bright sun, rain and snow) and topography (such as hills and curves) that may impair a drivers line of sight and require earlier advanced warning or an expanded transition zone.
 - At all intersections, or where the incident may be near the middle lane of the roadway, two or more sides of the incident may need to be protected.
 - Angle apparatus on the roadway to create a physical barrier between the crash scene and approaching traffic.
 - Turn front wheels of parked apparatus away from incident so that if vehicle is struck it is not driven into members operating.
 - Allow apparatus placement to slow approaching motorists and redirect them around the incident scene.
 - Use fire apparatus to shield at least one additional traffic lane more than that already obstructed by the crashed or burning vehicle(s).
 - Whenever practical, position apparatus in such a manner to protect the operator position from being exposed to approaching traffic. If the operator of the pumping apparatus is exposed to vehicles upstream and the engine cannot be relocated consider placing another piece of apparatus or vehicle to protect that operator by causing a shadow to the pumping engine.
 - For companies who deploy a hose line shield with the apparatus so the pump panel is not facing oncoming traffic.
 - Whenever possible, positioning of large apparatus should be used to create a safe parking area for EMS units and other fire vehicles. Operating personnel, equipment and patients should be kept within the "shadow" created by the shielding apparatus whenever possible.
 - When shielding with apparatus to protect the emergency scene, attempt to establish a sufficient size work zone that includes all damaged vehicles and roadway debris, the extrication work area including personnel and apparatus, and the ambulance staging area.
 - Command vehicles should be placed within the protected work area (shadow) of the larger apparatus. Ambulances should be placed downstream past the incident in the activity area.
 - The incident commander should stage uncommitted emergency vehicles off the roadway or return these units to service if not needed.
- 6.4 First-Arriving Fire Company guidelines.
- The first-arriving fire company should attempt to assure that a safe and protected work environment for personnel is established and maintained:
- First-arriving company officer operates as the Safety Officer until this assignment is delegated.
 - First-arriving apparatus should establish an initial shield to create an initial safe work area protected from traffic approaching in at least one direction.
 - Deploy cones as best able to support the initial safe work area.
 - Designate a parking location for all ambulances (typically downstream of the incident) as well as later-arriving apparatus.
 - Place ambulances and other vehicles within the protected work area of the larger apparatus or downstream in a protected area.
 - Loading patients into ambulances should be done from within a protected work zone.



**PROSPECT HEIGHTS FIRE DISTRICT
OPERATIONAL GUIDELINES #5-3-8
TRAFFIC AND ROADWAY SAFETY**

**EFFECTIVE: 01 DEC 08
SUPERSEDES: NEW**

- 6.5 Traffic Safety Unit (TSU)
- 6.5.1 When it is determined an incident will be either an intermediate or major type, a TSU is needed.
- 6.5.2 Designation of TSU:
 - 6.5.2.1 On all extrication assignments the second-arriving fire company should assume the TSU function unless assigned by the incident commander to another company.
 - 6.5.2.2 On all other incidents the incident commander should request a second company to serve as the TSU.
- 6.5.3 The TSU apparatus should shield the first arriving apparatus with enough distance between the TSU vehicle and the first arriving apparatus to set up the transition zone and buffer zone.
- 6.5.4 The members of the TSU should deploy their traffic control devices from the TSU towards the incident scene to set up the transition zone and buffer zone. Warning signs should be placed upstream of the TSU. The placing of traffic control devices should be done with two personnel whenever possible: One placing/retrieving and another acting as the lookout.
- 6.5.5 All TSU members should have a portable radio on the appropriate frequency and use the radio as needed to warn other companies of traffic hazards or communicate hazard information.
- 6.6 Once the TSU has deployed the traffic control devices their apparatus may be relocated as required. The Traffic Safety Unit should return to service as soon as possible. In some situations, the company serving as the TSU may only be required for that period of time it takes to establish the work zone. Companies not required should be removed from the roadway ASAP by either returning them or having them stage off the roadway. Members of companies ordered to stage are to remain in the cab of the vehicle until given another assignment.
- 6.7 Advanced warning sign and traffic cone placement.
 - 6.7.1 Advanced warning sign placement should be at the beginning of the transition zone taper.
 - Set the sign at 150 feet on roads with a posted speed limit of 35 MPH
 - Set the sign at 200 feet on roads with a posted speed limit of 45 MPH
 - 6.7.2 Traffic cone placement should be spaced at a maximum of 1 foot per MPH of the posted speed limit. For example, space cones every 30 feet maximum when speed limit is 30 MPH. Cones used to form the transition zone taper may need to be spaced significantly closer to prohibit traffic from entering the transition zone.
- 6.8 High-Volume, Limited Access Roadway Operations: This includes expressways and tollways. The fire district does not have jurisdiction over any of these types of roadways but may respond to such mutual aid. Safe vehicle positioning procedures include all previous guidelines with the first-arriving fire apparatus' initial block including the lane(s) occupied by the damaged vehicle plus one additional lane.
- 6.9 Termination of Emergency Traffic Control
The termination of an incident should be managed with the same aggressiveness as initial actions. Radio communications between crews at the incident site and the TSU is a must. Command or incident site crews must communicate with the TSU so they are aware that the incident is ending and to start the coordination of retrieving the traffic control devices.

Approved: _____, Fire Chief



Incident Type	First-Arriving Fire Company	Second-Arriving Fire Company	Nature of Incident		
			Pin-In Entrapment	Crash/Car fire	Code 3 or 4
Minor	Take 1 st Considerations	<i>Not required</i>	<i>Not required</i>		
Intermediate		Serve as TSU	Automatically 2 nd due fire company	Special request as needed	
Major		Serve as TSU			

FIRST-ARRIVING FIRE COMPANY CONSIDERATIONS (1st Considerations)

- Officer operates as the Safety Officer until delegated
- Establish an initial shield of the work area
- Shield between oncoming traffic and work area
- Deploy cones to shoulder and work area as best able
- Designate a downstream parking location for all ambulances
- Loading patients into ambulances should be done from within a protected work zone

TRAFFIC SAFETY UNIT (TSU)

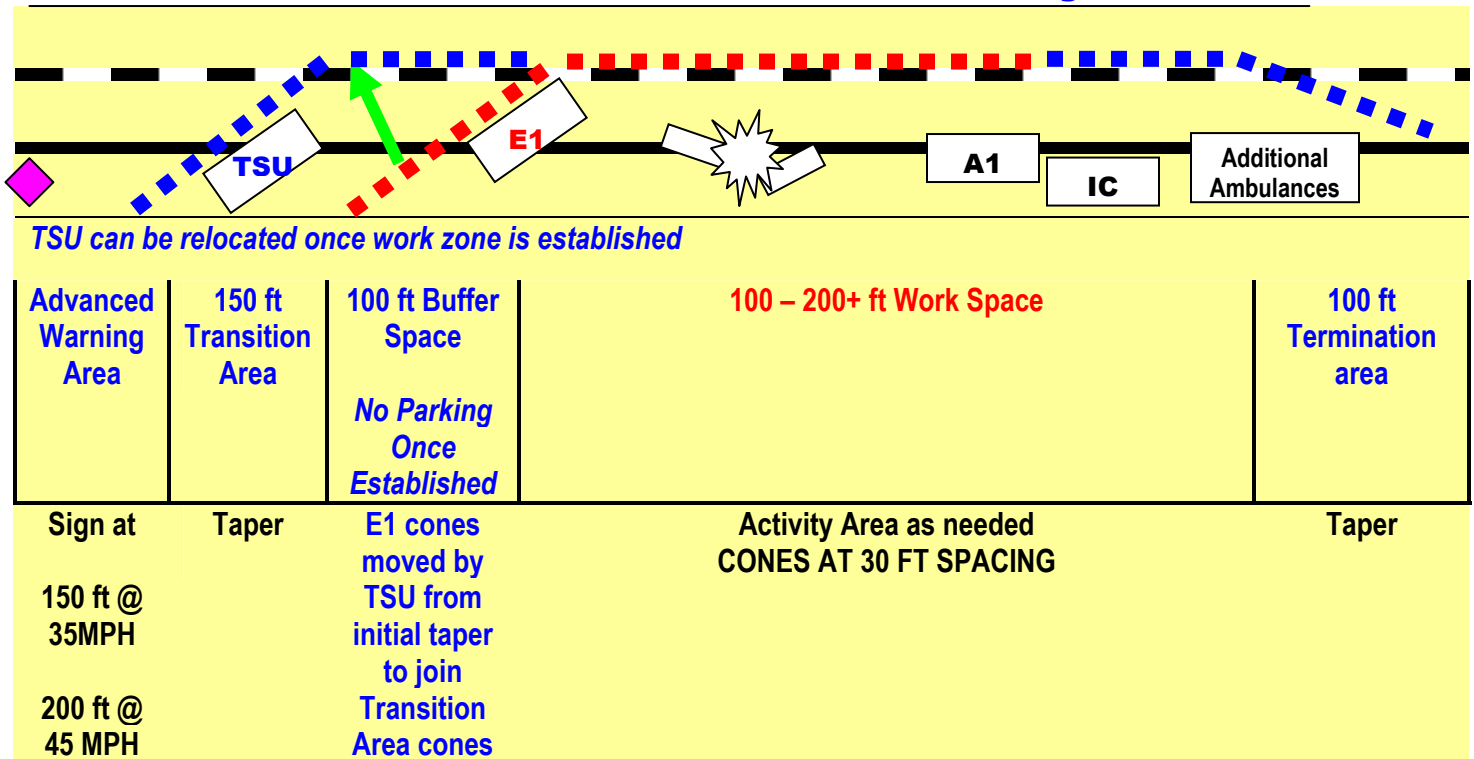
- **Second-arriving fire company assumes TSU function**
- TSU apparatus should shield the first arriving apparatus with enough distance between the TSU vehicle and the first arriving apparatus to set up the transition zone and buffer zone.
- All TSU members should have a portable radio on the appropriate frequency and use the radio as needed to warn other companies of traffic hazards or communicate hazard information.
- TSU should deploy their traffic control devices from the TSU towards the incident scene.
- Placing of traffic control devices should be done with 2 personnel whenever possible: One placing/retrieving and another acting as the lookout.
- Once TSU has deployed the traffic control devices their apparatus may be relocated as required.



Minor and Intermediate Work Zone Schematic

RED = actions of first-arriving fire company

BLUE = actions of traffic safety unit



ADVANCED WARNING SIGN & TRAFFIC CONE PLACEMENT

- Advanced warning sign placement begins at transition zone taper
 - Set the sign at 150 feet on roads with a posted speed limit of 35 MPH
 - Set the sign at 200 feet on roads with a posted speed limit of 45 MPH
- Traffic cone placement spaced at a maximum of 1 foot per MPH of the posted speed limit.
 - 1 cone every 30 feet maximum when speed limit is 30 MPH.
 - Cones used to form the transition zone taper may need to be spaced significantly closer to prohibit traffic from entering the transition zone.

**Apparatus
Driving &
Operating**

7/6/2010 Apparatus Operations 1

Emergency vehicle driving differs from normal car driving, as we know.

The fact that fire apparatus is bigger, heavier, and more powerful than passenger cars dictates different techniques be used.

7/6/2010 Apparatus Operations 2

Using this program we will discuss the principles and procedures to be used when faced with both emergency and non-emergency operation of fire apparatus.

7/6/2010 Apparatus Operations 3

Illinois Compiled Statutes

**625 ILCS 5/
Illinois Vehicle Code**

7/6/2010 Apparatus Operations 4

CHAPTER 1.

TITLE AND DEFINITIONS

Sec. 1-105. Authorized emergency vehicle.
Emergency vehicles of municipal departments or public service corporations as are designated or authorized by proper local authorities; police vehicles; vehicles of the fire department; ambulances

7/6/2010 Apparatus Operations 5

CHAPTER 11.

ARTICLE II

OBEDIENCE TO AND EFFECT OF TRAFFIC LAWS

Sec. 11-205. Public officers and employees to obey Act-Exceptions.
(b) The driver of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this Section, but subject to the conditions herein stated.

7/6/2010 Apparatus Operations 6

(c) The driver of an authorized emergency vehicle may:

1. Park or stand, irrespective of the provisions of this Chapter;
2. Proceed past a red or stop signal or stop sign, but only after slowing down as may be required and necessary for safe operation;
3. Exceed the maximum speed limits so long as he does not endanger life or property;
4. Disregard regulations governing direction of movement or turning in specified directions.

7/6/2010 Apparatus Operations 7

(d) The exceptions herein granted to an authorized emergency vehicle, other than a police vehicle, shall apply only when the vehicle is making use of either an audible signal when in motion or visual signals meeting the requirements of Section 12-215 of this Act.

(e) The foregoing provisions do not relieve the driver of an authorized emergency vehicle from the duty of driving with due regard for the safety of all persons, nor do such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

7/6/2010 Apparatus Operations 8

CHAPTER 11.

ARTICLE IX.

RIGHT-OF-WAY

Sec. 11-907. Operation of vehicles and streetcars on approach of authorized emergency vehicles.

(a) Upon the immediate approach of an authorized emergency vehicle making use of audible and visual signals meeting the requirements of this Code or a police vehicle properly and lawfully making use of an audible or visual signal,

7/6/2010 Apparatus Operations 9

1. the driver of every other vehicle shall yield the right-of-way and shall immediately drive to a position parallel to, and as close as possible to, the right-hand edge or curb of the highway clear of any intersection and shall, if necessary to permit the safe passage of the emergency vehicle, stop and remain in such position until the authorized emergency vehicle has passed, unless otherwise directed by a police officer and
2. the operator of every streetcar shall immediately stop such car clear of any intersection and keep it in such position until the authorized emergency vehicle has passed, unless otherwise directed by a police officer.

7/6/2010 Apparatus Operations 10

(b) This Section shall not operate to relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons using the highway.

7/6/2010 Apparatus Operations 11

(c) Upon approaching a stationary authorized emergency vehicle, when the authorized emergency vehicle is giving a signal by displaying alternately flashing red, red and white, blue, or red and blue lights or amber or yellow warning lights, a person who drives an approaching vehicle shall:

7/6/2010 Apparatus Operations 12

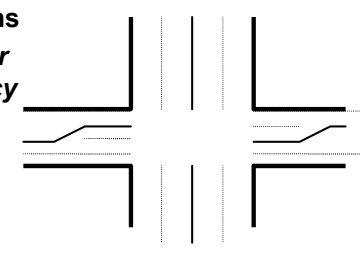
1. proceeding with due caution, yield the right-of-way by making a lane change into a lane not adjacent to that of the authorized emergency vehicle, if possible with due regard to safety and traffic conditions, if on a highway having at least 4 lanes with not less than 2 lanes proceeding in the same direction as the approaching vehicle; or
2. proceeding with due caution, reduce the speed of the vehicle, maintaining a safe speed for road conditions, if changing lanes would be impossible or unsafe.

7/6/2010 Apparatus Operations 13

Common accidents

Intersections

- *With other emergency vehicles*
- *With civilians*



7/6/2010 Apparatus Operations 14

- Excessive speed
- Emergency vehicles following too close to each other
- Emergency vehicles passing each other
- Using one-way streets against traffic

7/6/2010 Apparatus Operations 15

Safe driving principles

7/6/2010 Apparatus Operations 16

General Principles

- Always wear your seatbelt
- Insure all passengers do also
- Maintain a sensible speed based on:
 - Posted limits
 - Road conditions
 - Weather
- Always be prepared to stop suddenly
- Drive defensively
- Know your blind spots

7/6/2010 Apparatus Operations 17

Speed

- *Quote: "Speed is an excuse for lack of training"*
- *Allowable speed over posted limit*
- *Reduction in speed for weather*

7/6/2010 Apparatus Operations 18

Control

- *Hands at 3 & 9 o'clock.*
- *Keep both hands on wheel*
- *Braking techniques.*
 - *With ABS*
 - *Without ABS*

7/6/2010 Apparatus Operations 19

Intersections

- **GREEN or YELLOW = Slow down and be prepared to come to a full stop at all intersections.**
- **RED light = Full stop, always.**

At intersection account for all lanes of cross traffic. Make sure there is a car stopped in each lane or there are not cars which can switch into that lane.

7/6/2010 Apparatus Operations 20

Position on the roadway

- **Following**
- **Responding**
- **Opposite direction crossover**

7/6/2010 Apparatus Operations 21

Expect that other motorists will not:

- **Hear you**
- **See you**
- **Pull over for you**

7/6/2010 Apparatus Operations 22

Traffic directors

- **Police officers**
- **Flagman/Crossing guards**
- **Civilians**

7/6/2010 Apparatus Operations 23

Look down the road

- **Get the BIG picture**
- **Keep your eyes moving**
- **1 block in city**
- **1/4 mile when on highway**

7/6/2010 Apparatus Operations 24

Monitor road for:

- Traffic
- Pedestrians
- Hazards in roadway
- Problems with pavement
- Have an escape path

7/6/2010 Apparatus Operations 25

Following other vehicles

- Longer distance for fire apparatus
- Braking with ABS
- Needed time to stop

7/6/2010 Apparatus Operations 26

“2-second rule”

- Needs to be at least 4 seconds for fire apparatus
- When over 40 MPH, 6 seconds for the aerial platform.

7/6/2010 Apparatus Operations 27

Changing lanes

- Check mirrors
- Insure adequate room
- Signal intent
- Check mirrors again
- Proceed with caution
- Check mirrors during and after change

7/6/2010 Apparatus Operations 28

Backing

- Never do so without a spotter unless it is a true emergency
- Maintain eye contact with spotter
- Insure you see hand signals
- Give signal before backing

7/6/2010 Apparatus Operations 29

Winter Driving

- Ice & Snow
- Reduce speed
- Use extra caution
- Freezing of pump and valves

7/6/2010 Apparatus Operations 30

Driver responsibilities

7/6/2010 Apparatus Operations 31

- **Safely drives apparatus**
- **Legally responsible**
- **Maintains valid DL**
Must carry on person when on driving on duty
- **Mental alertness**
- **Knowledge of current laws & policies**

7/6/2010 Apparatus Operations 32

- **Performs daily/weekly safety/readiness checks**
 - Removes creeper/tools
 - Closes door to compartments
- **Knows response routes & special information**
Knows before he goes.
- **Knows how & when to use or not use airhorns or warning devices**
- **Crew is seated & belted.**

7/6/2010 Apparatus Operations 33

If 1st due, on arrival:

- **Position properly unless instructed otherwise by officer.**
- **Locate closest water source**
 - Hydrant
 - Other
- **Stay in cab unless needed and monitor radios**
 - Main repeater on Mobile
 - Fireground RED on portable
- **Do not put apparatus into pump gear unless there is a need to circulate water**

7/6/2010 Apparatus Operations 34

If not 1st due, stage properly

7/6/2010 Apparatus Operations 35

Officer / Right seat responsibilities

7/6/2010 Apparatus Operations 36

- **Communications**
 - Radio
 - Air horns
- **Monitors driver**
- **Response procedures**
- **Staging/positioning/spotting**
- **Route(s)**
 - Knows before he goes.*
- **Crew is seated & belted**

7/6/2010 Apparatus Operations 37

In review...

- **Always wear your seatbelt & insure all passengers do also**
- **Maintain a sensible speed**
- **Always be prepared to stop suddenly**
- **Drive defensively**
- **Keep both hands on wheel at 3 & 9 o'clock**
 - At intersection account for all lanes of cross traffic.
- **Position on the roadway to the left of the center line**

7/6/2010 Apparatus Operations 38

- **Expect that other motorists will not:**
 - Hear you
 - See you
 - Pull over for you
- **Look down the road**
 - Get the BIG picture
 - Keep your eyes moving
- **Monitor road for:**
 - Traffic and Pedestrians
 - Hazards on, in or with the roadway
- **Have an escape path**


7/6/2010 Apparatus Operations 39

- **“2-second rule” needs to be at least 4 seconds for fire apparatus**
 - When over 40 MPH, 6 seconds for the aerial platform.
- **Backing**
 - Never do so without a spotter unless it is a true emergency
 - Maintain eye contact with spotter

7/6/2010 Apparatus Operations 40

The End

Emergency Vehicle Driver Training Program



... a subsidiary of the Glaffler Insurance Group

Emergency Vehicle Driver Training ● 1997 VFIS OHT 1

Program Overview

1. Introduction
2. Extent of the Problem
3. Legal Aspects of Emergency Vehicle Driving
4. Vehicle Dynamics
5. Vehicle Operations/Safety.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 2

Module 1 - Introduction

Objectives

1. Understand the goal of this emergency vehicle driver training program.
2. Recognize the importance of an emergency vehicle driver training program.
3. Identify the elements of a comprehensive emergency vehicle driver training program.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 3

Course Goal

Present the necessary classroom, competency course training, and testing for new and existing emergency vehicle drivers. The program will verify proficiency in both the knowledge and understanding of, as well as, the practical application to emergency vehicle driving.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 4

Importance of Driver Training

- All emergencies involve vehicle response.
- 25% of firefighters killed are responding to or returning from incidents.
- Drivers being criminally charged.
- Driver training program demonstrates the organization's commitment to safety.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 5

Comprehensive Emergency Vehicle Driver Training

1. Classroom Instruction
2. Competency Course Completion
3. Street & Highway Driving
4. Testing

Emergency Vehicle Driver Training ● 1997 VFIS OHT 6

Module 2 - Extent of the Problem

Objectives

1. Understand the complexities of driving under emergency conditions and the existence of laws governing an emergency vehicle.
2. Recognize the high incidence of accidents involving emergency vehicles and the associated deaths and injuries.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 7

Module 2 - Extent of the Problem

Objectives

3. Know the types, conditions, and causes of accidents involving emergency vehicles.
4. Recognize the factors that contribute to the incidence of accidents involving emergency vehicles.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 8

Perspective

Misconception:

... to rely solely on the fact that there are laws governing emergency vehicle response and that this will insure a safe emergency vehicle response.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 9

Firefighter Fatalities

Firefighter Fatalities, 1991 - 1996
Responding To/Returning From Alarms

Year	Fatalities
1996	30*
1995	29
1994	22
1993	20
1992	20
1991	21
Total	142

Source: U. S. F. A., Annual Firefighter Fatality Studies 1991-96
* NFPA Journal July/August 1997

Emergency Vehicle Driver Training ● 1997 VFIS OHT 10

Emergency Vehicle Incidents Based on Frequency of Accidents

Category	Percentage
All Others	45 %
Intersections	24 %
Overturn	13 %
Rear End	11 %
Fire Related	7 %

Source: VFIS

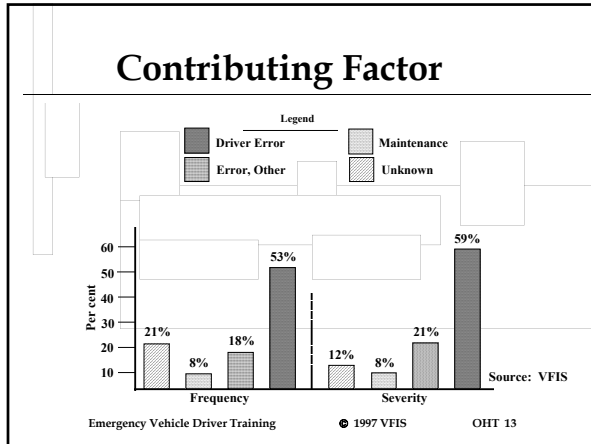
Emergency Vehicle Driver Training ● 1997 VFIS OHT 11

Emergency Vehicle Incidents Based on Severity of Accidents

Category	Percentage
All Others	29 %
Intersections	45 %
Overturn	13 %
Rear End	8 %
Fire Related	5 %

Source: VFIS

Emergency Vehicle Driver Training ● 1997 VFIS OHT 12



Intersection Accident Details

Type of Response	Warning Devices	Percent of Reported Incidents
Emergency	Lights/Siren	68 %
Emergency	Lights Only	8 %
Emergency	Neither	2 %
Emergency	Unknown	1 %
Return from Emergency	Lights Only	1 %
Return from Emergency	Neither	2 %
Training	Neither	1 %
Other	Neither	5 %
Unknown	Unknown	12 %

Source: VFIS

- ### Impacts of Vehicle Accidents
1. Personnel Injury or Death to Emergency Responders
 2. Peripheral Injury or Death to Others
 3. Vehicle and Equipment Loss
 4. Long Term Impact
 - Members who no longer can come to work due to death or serious injury.
 - Ability of organization to cope with loss of people or equipment

- ### Human Aspects
- What is your attitude?
 - How much do you think you know?
 - How much do you really know?
 - What is your "Mental Fitness"?
 - How is your Judgment?
 - How is your Physical Fitness?
 - Younger drivers have made fewer decisions behind the wheel.
 - What kind of a driver are you really?

- ### Defensive Driving Techniques
- Space Management
 - In front of you
 - To the sides of you
 - Following Distance and Rate of Closure
 - Hazard Identification
 - Correct Braking Techniques

- ### Module 3 - Legal Aspects
- #### Objectives
1. Understand the changing legal climate which exists and its impact upon emergency vehicle drivers and the organization.
 2. Identify the primary legal principles which affect drivers and recognize their implications upon emergency vehicle operation.

Module 3 - Legal Aspects

Objectives

3. Recognize that specific state driving laws affect the emergency vehicle driver.
4. Recognize that individual state or local laws, standards, and requirements impact emergency vehicle driver training and operations.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 19

Five Categories of Requirements

1. State motor vehicle and traffic laws
2. Nationally recognized standards
3. State and federal occupational and safety regulations
4. Local ordinances
5. Organizational policies, procedures, and guidelines

Emergency Vehicle Driver Training ● 1997 VFIS OHT 20

Changing Legal Climate

- Concept of public kindness is not universal.

Years ago, when someone tried to do something to help but failed they were forgiven. Not any longer.

- "King can do no wrong"

Years ago, municipalities were exempt from law suits due sovereign immunity. Now municipalities are sued - "The King SHALL do not wrong."

Emergency Vehicle Driver Training ● 1997 VFIS OHT 21

Legal Principles and Terms

- Subject to laws unless specific exemption exists
- Exemptions apply only to true emergencies
- Emergency vehicle drivers can be found criminally and/or civilly liable

Emergency Vehicle Driver Training ● 1997 VFIS OHT 22

Legal Principles and Terms

1. True emergency
2. Due regard
3. Negligence
4. Gross negligence
5. Willful and wanton
6. Vicarious liability

Emergency Vehicle Driver Training ● 1997 VFIS OHT 23

True emergency

A situation where there is a high probability that there will be death, serious injury or a significant loss of property.

The key is PROBABILITY not just any possibility.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 24

Due regard

Due Regard for the Safety of Other" means that a reasonably careful person performing similar duties and under similar circumstances would act in the same manner.

Driving over the posted speed limit or through a red light, even with warning lights on, on a change of quarters call or BLS transport may not exhibit "due regard."

Emergency Vehicle Driver Training ● 1997 VFIS OHT 25

Negligence

A legal deficiency or wrong which results whenever a person fails to exercise that degree of care which a prudent person would exercise under similar circumstances.

Negligence may be slight, ordinary or gross

Emergency Vehicle Driver Training ● 1997 VFIS OHT 26

Gross negligence

Negligence is gross when the conduct or behavior that cause it was with reckless disregard of the consequences to other person(s).

Simply, The person causing the accident did not care that it might happen.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 27

Willful and wanton

Most serious form of negligence.

Occurs when a person performs act intentionally.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 28

Vicarious liability

Occurs when one person (or organization) are legally liable for the actions of another.

The fire district has vicarious liability when its drivers cause an accident.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 29

So, to avoid being negligent ask yourself:

1. Am I responding or transporting a TRUE emergency?
2. Am I "exercising due regard for the safety of others?"

Emergency Vehicle Driver Training ● 1997 VFIS OHT 30

CDL requirements

Required for any vehicle weighing more than 26,000 pounds.

Certain drivers are exempt:

- Firefighters driving fire apparatus
- People driving their own RV
- Farmers driving farm vehicles within 150 miles of their farm
- Members of the military driving military vehicles

Emergency Vehicle Driver Training ● 1997 VFIS OHT 31

National Fire Protection Association Standards

- NFPA 1002 is "Fire Department Vehicle Driver/Operator Profession Qualifications."
The Illinois FAE course covers these requirements
- NFPA 1500 is "Fire Department Occupational Safety and Health Program."
Mandates compliance with NFPA 1002 and a host of other NFPA standards pertaining to vehicle safety.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 32

Module 4 - Vehicle Dynamics

Objectives

1. Understand the physical forces which act upon vehicles and their impact upon vehicle handling.
2. Recognize that certain vehicle characteristics can influence the impact of physical forces on emergency vehicles.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 33

Physical Forces

- Friction
- Velocity
- Momentum
- Inertia
- Centrifugal Force

Emergency Vehicle Driver Training ● 1997 VFIS OHT 34

Physical Forces

Friction - resistance to motion between two moving objects that touch.

- Tire/Road Friction
- Brake Friction
- Steering Friction

Emergency Vehicle Driver Training ● 1997 VFIS OHT 35

Physical Forces

Velocity - Velocity is speed.

- Acceleration (velocity increase)
- Deceleration (velocity decrease)
- Braking (velocity decrease)

Emergency Vehicle Driver Training ● 1997 VFIS OHT 36

Physical Forces

Directional Control is a derivative of three (3) factors.

- Steering
- Turning
- Tracking

Emergency Vehicle Driver Training ● 1997 VFIS OHT 37

Physical Forces

Momentum is measured as the product of the object's mass or weight times its velocity.

Inertia is the force it takes for a moving object to stay in motion in the same direction.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 38

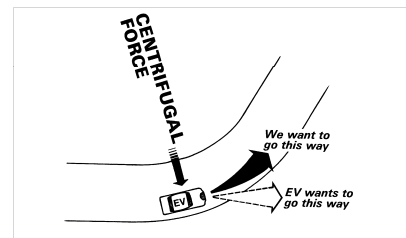
Physical Forces

Centrifugal Force the force, caused by inertia, which tends to make a rotating body move away from the center of rotation.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 39

Physical Forces

Centrifugal Force



Emergency Vehicle Driver Training ● 1997 VFIS OHT 40

Vehicle Characteristics

- Total weight and weight distribution
- Suspension system
- Braking system(s)
- Baffling system

Emergency Vehicle Driver Training ● 1997 VFIS OHT 41

Total vehicle weight and weight distribution

- Gross Axle Weight Rating (GAWR) or Gross Vehicle Weight Rating (GVWR) is the maximum number of pounds the vehicle can safely support and still stop.

Includes the vehicle, water, hose, pump equipment carried and all passengers.

- Weight Distribution

1/3 of GAWR/GVWR on front and 2/3 on rear

- Centers of gravity

A higher center of gravity = more susceptible to roll over

Emergency Vehicle Driver Training ● 1997 VFIS OHT 42

Vehicle Characteristics

Suspension System

1. Axles
2. Springs
3. Wheels
4. Tires
 - At least 4/32 of one-inch tread
 - No side wall damage
 - No exposed belts in tread or sidewall

Emergency Vehicle Driver Training ● 1997 VFIS OHT 43

Vehicle Characteristics

Braking Systems

- Anti-lock Braking Systems (ABS)
- Secondary or Auxiliary
 - Engine Brake
 - Automatic Transmission Retarder
 - Driveline Retarder

Emergency Vehicle Driver Training ● 1997 VFIS OHT 44

Vehicle Characteristics

National Transportation Safety Board (NTSB) Report

- Engine Retarders

Use of retarders or "Jake Brakes" on wet pavement can lead to a loss of vehicle control.
- Baffling Systems
 - Inside water tanks, baffles keep water from sloshing around.
 - Sloshing water is energy that can move a vehicle.
 - Keep tank full or empty to prevent sloshing. Never keep tank half full.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 45

Module 5 - Emergency Vehicle Operations/Safety

Objectives

1. Recognize that motivation is both physically and mentally based.
2. Understand that there are a number of important actions which must be completed prior to initiating driving.
3. Recognize that emergency response driving is a complex process.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 46

What is your motivation to drive safely?

- Routine

"We've always done it that way"
- Comfort

"This is the quickest and easiest way (but not necessarily the safest)"
- Confidence

"I know my way isn't the safety but I know best and I've never had a problem."

Emergency Vehicle Driver Training ● 1997 VFIS OHT 47

Defensive Driving Goals

1. To maintain the highest level of safety possible.
2. To be prepared for unexpected situations and conditions which can adversely affect emergency vehicle operation.
3. To avoid, through effective training and applied practice, unnecessary legal consequences.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 48

Preparing to Drive

- **Route Planning**
- **Driver Readiness**
- **Effective Start-Up Procedures**

PHFD Operations Guideline on Vehicle Starting

Emergency Vehicle Driver Training ● 1997 VFIS OHT 49

Preparing to Drive

Route Planning

- **Minimizing accident exposure**
- **Enabling the emergency vehicle driver to focus on actual driving tasks**
- **Avoiding environmental and construction hazards**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 50

Preparing to Drive

Driver Readiness

- **Fatigue**
- **Health**
- **Personal Problems**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 51

Preparing to Drive

Effective Start-Up Procedures

PHFD Operations Guideline on Vehicle Starting

- **Circle of Safety Inspection**
Visual check of all 6 sides before starting vehicle
- **Adjustment of Cab Features**
Seat, mirrors, other controls
- **Wearing of Occupant Restraints**
Driver and officer insure all are seated and belted BEFORE vehicle moves
- **Receive OK signal from all occupants BEFORE moving vehicle**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 52

Emergency Response Driving

- **Predicting the predictable**
- **Expect the unexpected**
- **Handling any unexpected problems**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 53

Emergency Response Driving

I P D E System

- **Identify**
- **Predict**
- **Decide**
- **Execute**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 54

Emergency Response Driving

Five Visual Habits

1. Aim high in steering
2. Get the big picture
3. Keep eyes moving, scan
4. Make sure the other drivers see the emergency vehicle
5. Identify an escape route

Emergency Vehicle Driver Training ● 1997 VFIS OHT 55

Use of Emergency Lights and Siren

Signals two (2) basic concepts:

1. They notify other drivers that an approaching emergency vehicle is operating in an emergency mode.
2. They request other drivers to yield the right of way to the emergency vehicle in accordance with state and/or local law.

Emergency Vehicle Driver Training ● 1997 VFIS OHT 56

Use of Emergency Lights and Siren

- **RED** - Stop. May also attract.
- **BLUE** - Emergency vehicle (fire or police). Good visibility day or night.
- **AMBER** - Danger/Caution. Excellent for rear of vehicle.
- **CLEAR** - Caution. Good visibility, shut off at scenes.

Hazard of WASH OUT

Emergency Vehicle Driver Training ● 1997 VFIS OHT 57

Use of Emergency Lights and Siren

Procedures for Use of Siren

1. Use when responding to an emergency
2. Change to yelp mode at least 200' from intersection
3. High low mode is least effective
4. Use another audible device to alert drivers who fail to hear siren

Emergency Vehicle Driver Training ● 1997 VFIS OHT 58

Space Management

- **Maintain a Safe Following Distance**
 - 4 second rule at 40 mph or less
 - Make it a 6 second rule above 40 mph OR when driving ladder truck
- **Control Your Rate of Closure on Vehicles Ahead of Yours**
- **Monitor Traffic Closure from Behind**
- **Monitor Blind Spots Alongsides of vehicle**

Emergency Vehicle Driver Training ● 1997 VFIS OHT 59

Speed Management

Two important rules:

1. Emergency vehicles must not be driven in excess of the posted speed limits
2. Emergency vehicles must not exceed cautionary speeds

Emergency Vehicle Driver Training ● 1997 VFIS OHT 60

Basic Maneuvers

Steering

- Use both hands
- Keep arms inside of vehicle
- Maintain hands in "3" and "9" position

Emergency Vehicle Driver Training • 1997 VFIS OHT 61

Basic Maneuvers

Braking & Stopping

- Hydraulic - Pump brake pedal
- Air - Firmly and steadily press brake pedal, release if wheels lock
- ABS - Apply firmly and hold down for duration

Emergency Vehicle Driver Training • 1997 VFIS OHT 62

Basic Maneuvers

Backing Up

1. Park intelligently
2. Give audible notice
3. Use a spotter
4. Understand signals
5. Use side mirrors
6. Check front corners
7. Maintain speed control

Emergency Vehicle Driver Training • 1997 VFIS OHT 63

Basic Maneuvers

Lane Changing

- Plan ahead
- Signal intention
- Practice space management
- Make the change of lanes smoothly

Emergency Vehicle Driver Training • 1997 VFIS OHT 64

Basic Maneuvers

Turning

- Always signal before turning
- Whenever possible turn from one proper lane into another proper lane

Emergency Vehicle Driver Training • 1997 VFIS OHT 65

Basic Maneuvers

Passing

- Check traffic both ahead and behind
- Check sides and double check blind spots
- Signal before initiating the pass
- Accelerate while changing lanes
- Signal before returning to the driving lane
- Check mirror before returning to the driving lane
- Cancel directional signal and resume cruising speed

Emergency Vehicle Driver Training • 1997 VFIS OHT 66

Basic Maneuvers

Negotiating Intersections

- Scan for possible hazards
- Slow down
- Change siren cadence
- Check options and avoid opposing lane
- Come to a complete stop
- Establish eye contact
- Proceed one lane at a time

Emergency Vehicle Driver Training ● 1997 VFIS OHT 67

Operating Under Adverse Conditions

Traction Implications

- Rain
- Snow & Ice
- Leaves

Adverse Handling Implications

- High Winds

Vision Implications

- Night Driving
- Precipitation

Emergency Vehicle Driver Training ● 1997 VFIS OHT 68

Crash Avoidance

Crash Avoidance

- Identify Escape Route
- Brake Smoothly & Firmly
- Accelerate Smoothly
- Steer to Avoid Head-On Impact

Emergency Vehicle Driver Training ● 1997 VFIS OHT 69

Placement of Vehicles at Emergency Incidents

- Placement on streets & highways
- Positioning so as to minimize the blinding effect of warning lights
- Identify potential hazards at scenes
- Identify safe distances from certain scenes
- Consideration for the ease of leaving the scene

Emergency Vehicle Driver Training ● 1997 VFIS OHT 70

The End

Emergency Vehicle Driver Training ● 1997 VFIS OHT 71



**Weekly Apparatus
Inspection &
Maintenance**

7/6/2010 Weekly Vehicle Inspection & Maintenance 1

Apparatus #

7/6/2010 Weekly Vehicle Inspection & Maintenance 2

Mileage (excluding tenths)

7/6/2010 Weekly Vehicle Inspection & Maintenance 3

Map books

- *Should be one for PH.*
- *May be others for Wh, MP, AH, NB, GV*

7/6/2010 Weekly Vehicle Inspection & Maintenance 4

Clipboard

- *Contains EMS reports, refusals, door tags*

7/6/2010 Weekly Vehicle Inspection & Maintenance 5

All 3 Knox box keys present

7/6/2010 Weekly Vehicle Inspection & Maintenance 6

Airport gate card present

7/6/2010 Weekly Vehicle Inspection & Maintenance 7

Radios

- **Portable**
- **Mobile**
- **Scans only RED, FG and NIFERN**

7/6/2010 Weekly Vehicle Inspection & Maintenance 8

Airport radio works

- ***Set to ground and tower freq.***
- ***Cue card present***

7/6/2010 Weekly Vehicle Inspection & Maintenance 9

Cell phone

7/6/2010 Weekly Vehicle Inspection & Maintenance 10

Tire pressures:

- **LF** • **RF**
- **LMO** • **RMI**
- **LMI** • **RMO**
- **LRO** • **RRI**
- **LRI** • **RRO**

7/6/2010 Weekly Vehicle Inspection & Maintenance 11

Tire condition good?

- ***Tread deep enough, no chunks or tears***

7/6/2010 Weekly Vehicle Inspection & Maintenance 12

Battery & terminal appearance, mounting is secure, & fluid is full

- *Any corrosion, water just covers cells, cables tight*

7/6/2010 Weekly Vehicle Inspection & Maintenance 13

Motor hose appearance

- *No cracking, leaks*

7/6/2010 Weekly Vehicle Inspection & Maintenance 14

V-belt appearance & tightness

- *Taught when pushed, no cracking*

7/6/2010 Weekly Vehicle Inspection & Maintenance 15

Windshield wiper solvent full

- *FULL*

7/6/2010 Weekly Vehicle Inspection & Maintenance 16

Power steering fluid level

- *Not all units use same fluid*

7/6/2010 Weekly Vehicle Inspection & Maintenance 17

Brake fluid level

- *FULL*

7/6/2010 Weekly Vehicle Inspection & Maintenance 18

Transmission fluid level

- ***FULL***
- ***Must check when motor is running***

7/6/2010 Weekly Vehicle Inspection & Maintenance 19

Fuel level

- ***SOP is to fill if at or below 1/2***

7/6/2010 Weekly Vehicle Inspection & Maintenance 20

Motor oil level

Not all units use the same oil

- ***Truck 9 used 40W***
- ***All others use 15W40***

7/6/2010 Weekly Vehicle Inspection & Maintenance 21

Coolant level

- ***Must use 50/50 mix.***

7/6/2010 Weekly Vehicle Inspection & Maintenance 22

Regular horn

Windshield wipers work

Heater works

7/6/2010 Weekly Vehicle Inspection & Maintenance 23

Flashlights

- ***Every flashlight has a charger base***

7/6/2010 Weekly Vehicle Inspection & Maintenance 24

Condition of all ladders & pike poles

- *Check for nicks, damage, halyard, etc.*

7/6/2010 Weekly Vehicle Inspection & Maintenance 25

Chain saw:

- **Chain tight?**
 - *Less than 1/4" slack between bar and chain*
- **Chain has all teeth?**
 - *Inspect each link*

7/6/2010 Weekly Vehicle Inspection & Maintenance 26

- **Starts and stops**
- **Chain brake works when saw is running**
 - **HOW TO DO THIS**
- **Saw fuel level**
- **Fuel can fuel level**
- **Saw chain oil level**
- **Saw tool kit present**

7/6/2010 Weekly Vehicle Inspection & Maintenance 27

Circular saw:

- **Blade tight?**
 - **Check with wrench**
- **V-belt appears OK**
 - *Taught when pushed, no cracking*
- **Starts and stops**

7/6/2010 Weekly Vehicle Inspection & Maintenance 28

- **Less than 1 in 4 teeth missing from blade**
 - *Inspect each tooth*
- **Saw blade case has 2 concrete and 2 metal blades**
- **Saw tool kit present**
- **Saw fuel level**
 - *Only fill on 1-gallon batches*

7/6/2010 Weekly Vehicle Inspection & Maintenance 29

Positive Pressure Fan:

- **Starts and stops**
- **V-belt appears OK**
 - *Taught when pushed, no cracking*

7/6/2010 Weekly Vehicle Inspection & Maintenance 30

Seat belts (all – cab & jump seats)
Mirrors
Brake lights, turn signals, hazards
Headlights, parking lights
Warning lights
Siren(s)
Air horn

7/6/2010 Weekly Vehicle Inspection & Maintenance 31

Check generator oil level

- *Do this before running it*

7/6/2010 Weekly Vehicle Inspection & Maintenance 32

Start generator.
Run for 20 min.

Put generator under load by plugging in lights and fans

7/6/2010 Weekly Vehicle Inspection & Maintenance 33

Condition of all axes, sledges, Halligan bars

- **File off all burs and mushrooming**
- **Sand off all splinters**
- **Paint or varnish as necessary**

7/6/2010 Weekly Vehicle Inspection & Maintenance 34

Passports and helmet shields present

- *Should be one for each riding position*

7/6/2010 Weekly Vehicle Inspection & Maintenance 35

SCBA

- **Check components of each**
- **Record levels**
- **Fill all at or under 4000 PSI**

7/6/2010 Weekly Vehicle Inspection & Maintenance 36

Spare SCBA cylinder levels

- **Fill all at or under 4000 PSI**

7/6/2010 Weekly Vehicle Inspection & Maintenance 37

Preconnects have arm loops & nozzle

- **1 nozzle to each side & 2 loops**

7/6/2010 Weekly Vehicle Inspection & Maintenance 38

Skid load has 2&1/2 nozzle, wye and hose pack with nozzle

7/6/2010 Weekly Vehicle Inspection & Maintenance 39

5-inch hose finish:

- **Loop with hydrant fitting folded inside.**
- **Strap with hydrant wrench around loop.**

7/6/2010 Weekly Vehicle Inspection & Maintenance 40

Smoke ejector

7/6/2010 Weekly Vehicle Inspection & Maintenance 41

REGULAR fuel can fuel level

7/6/2010 Weekly Vehicle Inspection & Maintenance 42

GAS/OIL MIX fuel can fuel level

- **Only fill on 1-gallon batches**

7/6/2010 Weekly Vehicle Inspection & Maintenance 43

EMS

- **Jump bag**
 - *Use inventory card if not sealed*
- **Portable oxygen level**
 - *Write in level. Fill if under 1500 PSI*
- **Backboard**
 - *Is there one (not all rigs have one)*

7/6/2010 Weekly Vehicle Inspection & Maintenance 44

All fire extinguishers charged & sealed

- **Weigh CO2 fire extinguisher and compare to weight on valve**
- **Weigh on scale in shop**

7/6/2010 Weekly Vehicle Inspection & Maintenance 45

Amkus system

- **Electric pump runs**
- **Electric pump hydraulic oil full**
 - *To be within 2 inches of top*
- **Hose on reels OK**
 - *On monthly, undo each reel and inspect*
- **Tools operate**

7/6/2010 Weekly Vehicle Inspection & Maintenance 46

- **Fully open and close each tool**
 - *Store properly*
- **Cutter blades & spreader tips OK**
 - *Inspect for nicks, damage, etc.*
- **Gas pump**
 - **Hydraulic oil full**
 - **Starts and stops**
 - **Motor oil full**
 - **Gas pump hoses OK**

7/6/2010 Weekly Vehicle Inspection & Maintenance 47

of 5-gallon jugs of AFFF

- **Write down how many**
- **On E & S make sure foam is up into tower**

7/6/2010 Weekly Vehicle Inspection & Maintenance 48

Foam system or eductor present

7/6/2010 Weekly Vehicle Inspection & Maintenance 49

Condition of hard suction hose and strainer

7/6/2010 Weekly Vehicle Inspection & Maintenance 50

Condition of porta-tank

7/6/2010 Weekly Vehicle Inspection & Maintenance 51

Once cool, check generator oil & fuel

7/6/2010 Weekly Vehicle Inspection & Maintenance 52

PUMP CHECK

- Fully open & close each valve 6x.
- Operate primer for 10 seconds
- Place apparatus into pump gear
- Open tank to pump and tank fill
- Throttle up to 150 PSI
- Set Relief valve
- Open & close tank fill checking RV

7/6/2010 Weekly Vehicle Inspection & Maintenance 53

Primer oil level

7/6/2010 Weekly Vehicle Inspection & Maintenance 54

**Water tank level
(visually check tank)**

7/6/2010 Weekly Vehicle Inspection & Maintenance 55

ROAD TEST

Drive three miles making a variety of turns, stops and starts.

- Handling OK?
- Steering OK?
- Braking OK?
- Acceleration OK?

7/6/2010 Weekly Vehicle Inspection & Maintenance 56

AERIAL PLATFORM CHECK

7/6/2010 Weekly Vehicle Inspection & Maintenance 57

Turn on platform air supply

- Air cylinder pressures:
 - #1 PSI
 - #2 PSI

7/6/2010 Weekly Vehicle Inspection & Maintenance 58

- Air Minder operates?
 - *With Aerial Master ON: Turn on both cascade bottles. Check display.*
- All 4 air lines in box at platform?
- Turn off air and bleed off system.
- Low air alarm sounds?
 - *With Aerial Master ON: Turn on both cascade bottles then turn off and bleed down. Does it alarm?*

7/6/2010 Weekly Vehicle Inspection & Maintenance 59

All four harnesses present at turntable?

7/6/2010 Weekly Vehicle Inspection & Maintenance 60

Axe, ladder & pike pole at tip of fly?

7/6/2010 Weekly Vehicle Inspection & Maintenance 61

Aerial hydraulic oil level:

- *Check with ladder in bedded position*
- *Fill out work order if not full*

7/6/2010 Weekly Vehicle Inspection & Maintenance 62

Engage Aerial Master & Aerial PTO.

- **Rear prove-out works?**
- **All 4 stabilizers operate?**
- **All 4 stabilizers have pins and are not bent?**
- **All 4 stabilizer pads are present and damage-free?**
- **Warning & work lights on stabilizers operate?**

7/6/2010 Weekly Vehicle Inspection & Maintenance 63

Turntable & Platform

- **Prove-out operates?**
- **Controls operate?**

7/6/2010 Weekly Vehicle Inspection & Maintenance 64

Any visible leaks or damage to aerial?

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Aerial raises/lowers extends/ retracts and rotates OK?

7/6/2010 Weekly Vehicle Inspection & Maintenance 66

Aerial beds OK?

7/6/2010 Weekly Vehicle Inspection & Maintenance 67

Intercom operates from all 3 positions?

7/6/2010 Weekly Vehicle Inspection & Maintenance 68

Aerial emergency power operates?

7/6/2010 Weekly Vehicle Inspection & Maintenance 69

Reflective fabric cover under platform present and in good condition?

7/6/2010 Weekly Vehicle Inspection & Maintenance 70

END OF INSPECTION

- All pump controls stored properly
- All compartments clean & neat
- Apparatus is clean and washed
- Windows cleaned
- Yes or no
- If NO, correct

7/6/2010 Weekly Vehicle Inspection & Maintenance 71

- Member(s) performing weekly
- Officer of station
- Date
- Item #, Comment /Deficiency

7/6/2010 Weekly Vehicle Inspection & Maintenance 72

CHAPTER 1.
TITLE AND DEFINITIONS

Sec. 1-105. Authorized emergency vehicle.

Emergency vehicles of municipal departments or public service corporations as are designated or authorized by proper local authorities; police vehicles; vehicles of the fire department; ambulances; vehicles of the Illinois Emergency Management Agency; and vehicles of the Department of Nuclear Safety.

CHAPTER 11.
ARTICLE II.
OBEDIENCE TO AND EFFECT OF TRAFFIC LAWS

Sec. 11-205. Public officers and employees to obey Act-Exceptions.

- (a) The provisions of this Chapter applicable to the drivers of vehicles upon the highways shall apply to the drivers of all vehicles owned or operated by the United States, this State or any county, city, town, district or any other political subdivision of the State, except as provided in this Section and subject to such specific exceptions as set forth in this Chapter with reference to authorized emergency vehicles.
- (b) The driver of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this Section, but subject to the conditions herein stated.
- (c) The driver of an authorized emergency vehicle may:
 - 1. Park or stand, irrespective of the provisions of this Chapter;
 - 2. Proceed past a red or stop signal or stop sign, but only after slowing down as may be required and necessary for safe operation;
 - 3. Exceed the maximum speed limits so long as he does not endanger life or property;
 - 4. Disregard regulations governing direction of movement or turning in specified directions.
- (d) The exceptions herein granted to an authorized emergency vehicle, other than a police vehicle, shall apply only when the vehicle is making use of either an audible signal when in motion or visual signals meeting the requirements of Section 12-215 of this Act.
- (e) The foregoing provisions do not relieve the driver of an authorized emergency vehicle from the duty of driving with due regard for the safety of all persons, nor do such provisions protect the driver from the consequences of his reckless

disregard for the safety of others.

- (f) Unless specifically made applicable, the provisions of this Chapter, except those contained in Section 11-204 and Articles IV and V of this Chapter, shall not apply to persons, motor vehicles and equipment while actually engaged in work upon a highway but shall apply to such persons and vehicles when traveling to or from such work.

CHAPTER 11.
ARTICLE IX.
RIGHT-OF-WAY

Sec. 11-907. Operation of vehicles and streetcars on approach of authorized emergency vehicles.

- (a) Upon the immediate approach of an authorized emergency vehicle making use of audible and visual signals meeting the requirements of this Code or a police vehicle properly and lawfully making use of an audible or visual signal,
 - 1. the driver of every other vehicle shall yield the right-of-way and shall immediately drive to a position parallel to, and as close as possible to, the right-hand edge or curb of the highway clear of any intersection and shall, if necessary to permit the safe passage of the emergency vehicle, stop and remain in such position until the authorized emergency vehicle has passed, unless otherwise directed by a police officer and
 - 2. the operator of every streetcar shall immediately stop such car clear of any intersection and keep it in such position until the authorized emergency vehicle has passed, unless otherwise directed by a police officer.
- (b) This Section shall not operate to relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons using the highway.
- (c) Upon approaching a stationary authorized emergency vehicle, when the authorized emergency vehicle is giving a signal by displaying alternately flashing red, red and white, blue, or red and blue lights or amber or yellow warning lights, a person who drives an approaching vehicle shall:
 - 1. proceeding with due caution, yield the right-of-way by making a lane change into a lane not adjacent to that of the authorized emergency vehicle, if possible with due regard to safety and traffic conditions, if on a highway having at least 4 lanes with not less than 2 lanes proceeding in the same direction as the approaching vehicle; or
 - 2. proceeding with due caution, reduce the speed of the vehicle, maintaining a safe speed for road conditions, if changing lanes would be impossible or unsafe.

As used in this subsection (c), "authorized emergency vehicle" includes any vehicle authorized by law to be equipped with oscillating, rotating, or flashing

lights under Section 12-215 of this Code, while the owner or operator of the vehicle is engaged in his or her official duties.

- (a) A person who violates subsection (c) of this Section commits a business offense punishable by a fine of not less than \$100 or more than \$10,000. A person charged with the offense must appear in court to answer the charges. It is a factor in aggravation if the person committed the offense while in violation of Section 11-501 of this Code.
- (b) If a violation of subsection (c) of this Section results in damage to the property of another person, in addition to any other penalty imposed, the person's driving privileges shall be suspended for a fixed period of not less than 90 days and not more than one year.
- (c) If a violation of subsection (c) of this Section results in injury to another person, in addition to any other penalty imposed, the person's driving privileges shall be suspended for a fixed period of not less than 180 days and not more than 2 years.
- (d) If a violation of subsection (c) of this Section results in the death of another person, in addition to any other penalty imposed, the person's driving privileges shall be suspended for 2 years.
- (e) The Secretary of State shall, upon receiving a record of a judgment entered
 1. suspend the person's driving privileges for the mandatory period; or
 2. extend the period of an existing suspension by the appropriate mandatory period.

Policy Title:	SAFE AMBULANCE OPERATION: Use of Lights and Sirens	No.	L - 2
Chiefs Approval:	3/19/04	Effective:	4/1/04
		Supersedes:	12/1/95
		Page:	1 of 2

I. INTENT

Operators of EMS vehicles are afforded the privilege of using emergency lights and sirens (L&S) to decrease their response time to and transport of patients with life-threatening or potentially life-threatening conditions under specific circumstances outlined by this policy. Operating emergency vehicles with lights and sirens increases the potential for EMS vehicle crashes. Studies have shown that L&S may only decrease transport time by a couple of minutes in most systems and by less than one minute in many systems. Every decision to use L&S to transport must be based on the patient's clinical condition, the estimated time saved by a L&S transport, and the increased risk of an EMS vehicle crash during a L&S transport (adapted from Pennsylvania Dept. of Health protocol).

II. POLICY

- A. **The EMS MD extends approval for ambulances to respond to an emergency call using lights and sirens.**
- B. All patients who require ALS care and/or meet **time-sensitive** patient criteria may be transported from the scene to a hospital ED **WITH** lights and sirens unless specifically contraindicated by the patient's condition. The EMS MD has declared that time sensitive patients and/or those who require ALS care under the auspices of System SOPs or direct medical control are considered to be *bone fide* emergencies and specifically authorizes EMTs to use lights and sirens while observing appropriate safe ambulance operation guidelines during transport.
- C. Transport of **unstable** patients who require ALS interhospital monitoring/interventions from one medical facility to another are also considered *bone fide* emergencies and may be conducted using lights and sirens while observing appropriate safe ambulance operation guidelines.
- D. All scheduled patient transports of stable patients from home to a medical facility, one medical facility to another, or from a medical facility to a patient's residence shall be conducted **WITHOUT** lights and sirens unless specifically ordered by the base station physician or an approved designee with the following exceptions:
 1. Paramedics and/or EMT-B's may request permission to transport using lights and sirens if they believe the patient's condition will be worsened by a delay equivalent to the time that can be gained by emergent transport using L&S.
 2. If a paramedic or EMT-B makes a reasonable attempt to contact a System base station with the intent of requesting permission to run with lights and sirens and cannot establish contact, the EMS Medical Director authorizes the paramedic or EMT-B to use their best judgment in determining the need for lights and sirens based on the patient's condition.
 3. At no time shall a patient's safety or best interest be jeopardized due to a failed communication attempt with a system base station.

III. SUPPORTING RATIONALE: 625 Illinois Compiled Statutes (ILCS) SECTION 11-1421. Conditions for operating ambulances and rescue vehicles.

- A. (a) No person shall operate an ambulance or rescue vehicle in a manner not conforming to the motor vehicle laws and regulations of this State or of any political subdivision of this State as such laws and regulations apply to motor vehicles in general, unless in compliance with the following conditions:
 1. The person operating the ambulance shall be either responding to a *bone fide* emergency call or specifically directed by a licensed physician to disregard traffic laws in operating the ambulance during and for the purpose of the specific trip or journey that is involved;

Policy Title:	SAFE AMBULANCE OPERATION: Use of Lights and Sirens	No.	L - 2
Chiefs Approval: 3/19/04	Effective: 4/1/04	Supersedes: 12/1/95	Page: 2 of 2

2. The ambulance or rescue vehicle shall be equipped with a siren producing an audible signal of an intensity of 100 decibels at a distance of 50 feet from the siren, and with a lamp or lamps emitting an oscillating, rotating or flashing red beam directed in part toward the front of the vehicle, and these lamps shall have sufficient intensity to be visible at 500 feet in normal sunlight, and in addition to other lighting requirements, excluding those vehicles operated in counties with a population in excess of 2,000,000, may also operate with a lamp or lamps emitting an oscillating, rotating, or flashing green light;
 3. The aforesaid siren and lamp or lamps shall be in operation at all times when it is reasonably necessary to warn pedestrians and other drivers of the approach thereof during such trip or journey;
 4. Whenever the ambulance or rescue vehicle is operated at a speed in excess of 40 miles per hour, the ambulance or rescue vehicle shall be operated in complete conformance with every other motor vehicle law and regulation of this State and of the political subdivision in which the ambulance or rescue vehicle is operated, relating to the operation of motor vehicles in general, except laws and regulations pertaining to compliance with official traffic-control devices or to vehicular operation upon the right half of the roadway; and
 5. The ambulance shall display registration plates identifying the vehicle as an ambulance.
- B. The foregoing provisions do not relieve the driver of an ambulance or rescue vehicle from the duty of driving with due regard for the safety of all persons, nor do such provisions protect the driver from the consequences resulting from the reckless disregard for the safety of others.

John M. Ortinau, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N.
EMS Administrative Director

3M Opticom™ Priority Control System
DRIVER PREPARATION

Priority Control

Driver Preparation

3M Opticom™ Priority Control System
DRIVER PREPARATION

Fundamentals

Traffic Control

- Is subject to specific rules
- Is serious business
- Includes priority control naturally
- Requires an authorization process
- Has limitations for emergency responders

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DRIVER PREPARATION

Fundamentals

911 Support

1. Call in
2. Dispatch
3. Travel
4. Assist

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DRIVER PREPARATION

Fundamentals

Key Requirements

- Response
- Safety (managed liability)

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DRIVER PREPARATION

Fundamentals

Changing Trends

- Higher traffic levels
- Soundproofed vehicles
- Aging population
- Multiple vehicle responses
- Complex intersections
- More emergency calls

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DRIVER PREPARATION

Fundamentals

An ERM Tool

VIDEO

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DRIVER PREPARATION

Priority Signal Control

Like any Traffic Control Device it Must:

- Fulfill a need
- Command attention
- Convey a clear, simple meaning
- Command respect of road users
- Give adequate time for proper response

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DRIVER PREPARATION

The System

Operating Features Include:

- Vehicle classes recognized
- Individual vehicles identified
- Priority levels established
- Security encoded
- Intersection activity stored
- Communications

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DRIVER PREPARATION

The System

In the Vehicle

Emitter

- Runs continuously once activated
- Directional, line-of-sight broadcast
- Infrared energy transmission
- Driver controlled

Make sure the emitter is off when you reach your destination.

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DRIVER PREPARATION

The System

At the Intersection

Detector: _____
 Location is customized to fit intersection geometry

Confirmation light: _____
 Provides two-way communication

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DRIVER PREPARATION

The System

Within the Cabinet

Discriminator or Phase Selector

- Software/firmware
- Operates within strict rules
- Determines 200-2,500 foot detection range

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DRIVER PREPARATION

The System

In Summary

- Temporary intersection control, on demand
- A distributed, intelligent relay system
- First-come, first-served
- Control and responsibility is with the emergency vehicle driver

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DRIVER PREPARATION

System Variables

Time Delay Limitations

A typical signal can have a 12 second delay before turning green

- 6 seconds — Minimum green
- 4 seconds — Minimum amber
- 2 seconds — Red clearance time

= 12 second delay




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DRIVER PREPARATION

System Variables

Intersection Phasing

- Intersection-to-intersection (moving through the grid)
- Intersection-by-intersection (moving through one intersection)

Every intersection can be different.

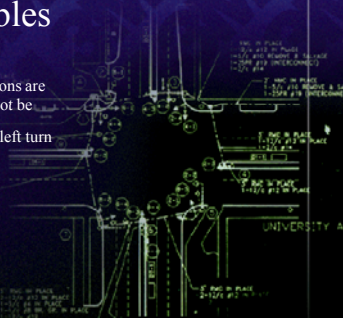


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DRIVER PREPARATION

System Variables

Installation Pattern

- Some signalized intersections are equipped and some may not be
- Never assume a protected left turn
- Atmospheric conditions and positioning changes can affect range



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DRIVER PREPARATION

System Variables

Multiple Use

- Public safety
- Public transportation
- Public works
- Others?




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DRIVER PREPARATION

System Variables

Neighbor Communities

- Mutual aid
- Priority controlled intersections
- System compatibility

Drive as if there is NO priority.



3M Opticom™ Priority Control System
DRIVER PREPARATION

Performance Variables

Interacting Agents

- Safe, efficient movement
- Technological interaction
- Policy decisions





Performance Variables

System Checks

- ✓ *Emitter function*
- ✓ *Out-of-normal conditions reported*
- ✓ *Delay time too short for traffic*
- ✓ *Delay times limit green availability*
- ✓ *Traffic clearing is unsatisfactory*
- ✓ *Interoperability specifics known*
- ✓ *Inter-community procedure known*



Remember the Basics

Remember...

- First-come, first-served
- Drive green lights
- Never assume you have a protected left turn
- Always turn off your emitter



Prospect Heights Fire District

MINIMUM PERFORMANCE STANDARD JOB PERFORMANCE REQUIREMENTS

Version:
2013 New
Member Task
Book

Name of Firefighter

JPR#	Part	Title	Date Completed	Officer
1	A	Safety – PPE		
	B	Safety – Accountability		
	C	Safety – Safe apparatus operations		
2	---	SCBA, Overhead donning		
3	---	SCBA, Coat/vest donning		
4	---	SCBA, Jump seat donning		
5	---	SCBA, Cylinder Replacement & Refilling		
6	---	SCBA, Maintenance		
7	---	SCBA, Air Consumption		
8	A	SCBA, Emergency skills – system check		
	B	SCBA, Emergency skills – MAYDAY		
	C	SCBA, Emergency skills – entanglement		
	D	SCBA, Emergency skills – failure/malfunction		
	E	SCBA, Emergency skills – lost or trapped		
	F	SCBA, Emergency skills – restricted passage		
	G	SCBA, Emergency skills – RIT SCBA		
9	Attic ladder	Ladders – One firefighter		
	Combination	Ladders – One firefighter		
10	Roof ladder	Ladders – One firefighter		
	24-ft ladder	Ladders – One firefighter		
11	24-ft ladder	Ladders – Two firefighter		
	35-ft ladder	Ladders – Two firefighter		
14	Rescue	Ladders – Use skills and maintenance		
19	Flat	Hose, 1.75 or 2.5 inch preconnected hose		
21	---	Hose, Shoulder load		
23	Forward lay	Hose, LDH		
	Reverse lay	Hose, LDH		
	Hand Jack	Hose, LDH Reverse lay		
24	LDH	Water Supply, Hydrant connection procedure		

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27	A	Hose, Standpipe operation: Deploy attack line		
	B	Hose, Standpipe operation: Supply FDC		
29	A	Search and Rescue – Primary search		
33	A	Forcible Entry – Opening doors		
	G	Forcible Entry – Use of K-tool		
34	A	Ventilation, – Negative pressure ventilation		
	B	Ventilation, – Positive pressure ventilation		
35	Axe/Maul	Ventilation, – Pitched Roof Operations		
	Saw	Ventilation, – Pitched Roof Operations		
37	---	Ventilation, – Removing window		
38	---	Aerial Apparatus		
39	A	Ropes and Knots – Knots		
	B	Ropes and Knots – Tool hoisting		
	C	Ropes and Knots – Care and maintenance		
40	Ladder Bail	Firefighter Survival and Rescue – Self-rescue		
	Hose Slide	Firefighter Survival and Rescue – Self-rescue		
	Wall Breach	Firefighter Survival and Rescue – Self-rescue		
	Locate Hose	Firefighter Survival and Rescue – Self-rescue		
43	---	Water Supply - Tanker Shuttle Operations		
44	---	Water Supply - Drafting Operations		
45	---	Water Supply - Tanker Nurse Operations		
48	All Sections	Control of utilities		
50	A	Communications – Use of telephones		
	B	Communications – Use of PHFD map book		
	C	Communications – Radio use		
	D	Communications – Emergency traffic & Building evacuation		

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JPR#01 SAFETY

INSTRUCTIONS TO EVALUATOR: Ask firefighter to demonstrate the proper donning of his/her protective clothing the ask the firefighter to demonstrate the proper riding of each position on a vehicle as listed below. Do not provide any assistance. You may use any piece of fire apparatus that allows the below items to be accomplished. Read instructions to firefighter.

INSTRUCTIONS TO FIREFIGHTER: First demonstrate the correct donning of your issued protective gear as demonstrated by the instructor in class. Next demonstrate how you would ride in each of the following positions on a fire apparatus. The evaluator will assign you to an apparatus. Demonstrate each as presented in class. The donning and riding of each position must be completed correctly to pass.

Section A - PPE

Within 60 seconds, don protective gear for response and operation at incident. OSFM 2-4.20	
1. Protective hood donned and inside coat. OSFM 2-4.20.2	
2. Boots on with suspenders up & fly secured shut. OSFM 2-4.20.3; 2-4.20.6	
3. Coat is donned with zipper fully zipped and flap closed. OSFM 2-4.20.5	
4. Collar is up and fastened across neck.	
5. Helmet atop head. OSFM 2-4.20.1	
6. Chin strap under chin.	
7. Ear flaps down and inside coat collar	
8. Gloves on both hands. OSFM 2-4.20.4	
9. Knit wristlettes under sleeves.	
10. Checks partner's PPE to ensure it is properly donned.	
Doff protective gear and prepare for next use. OSFM 2-4.22	
Pass or fail?	
Don safety glasses for response and operation at incident. OSFM 2-4.21.2	
Don hearing protection for response and operation at incident. OSFM 2-4.21.3	
Pass or fail?	

Section B - Accountability

Demonstrate use of Passport Accountability System in training or at incident. OSFM 2-4.19	
1. Name tags properly applied to Passport	
2. Helmet shield properly applied	
3. Maintains team/crew unity at all times when inside hot zone	
4. Provides radio signature or division/group name, location and function with each PAR	
Pass or fail?	
Given a hazard zone situation, demonstrates by reciting, a Personnel Accountability Report (PAR)	
1. States current position/location	
2. States all members are accounted for	
3. States current SCBA air status of company	
4. Uses proper radio etiquette and order model	
Pass or fail?	

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Section C – Safe Apparatus Operations

Board front seat for response to incident. OSFM 2-4.15	
⇒ Protective gear donned before mounting cab.	
⇒ Applies and wears seat belt.	
Board jump seat for response to incident. OSFM 2-4.15	
⇒ Protective gear donned before mounting jump seat.	
⇒ Applies and wears seat belt.	
Demonstrate safety procedures for mounting, dismounting, and operating around apparatus. OSFM 2-4.16	
⇒ Firefighter is aware of traffic conditions and hazards	
⇒ Uses handrails; does not jump off	
⇒ Does not try to mount or dismount moving apparatus	
Demonstrates safe and proper backing of apparatus	
⇒ Maintains eye contact with driver	
⇒ Performs full arm motion signals to driver	
⇒ Performs crossed arms stop signal	
Pass or fail?	

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JPR#02 SELF-CONTAINED BREATHING APPARATUS

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read instructions to firefighter.

INSTRUCTIONS TO FIREFIGHTER: Don all of your turnout gear. Don SCBA using overhead method while wearing gloves. When finished with a skill state "finished."

STANDARD: Wearing full turnout gear the firefighter shall don SCBA within 60 seconds.

OVERHEAD METHOD

Inspects SCBA and insures ready status. OSFM 2-6.21	Pass or fail?
Don SCBA using overhead method. OSFM 2-6.15	Pass or Fail?
PREP	
#1 Checks cylinder pressure	
A) Continues only if pressure is greater than 4000 PSI	
#2 Opens cylinder valve	
A) Continues only if alarm rings	
#3 Compares pressures: regulator vs. cylinder	
A) Continues only if pressure is within 500 PSI of cylinder	
#4 Insures PASS is operational and ready. OSFM 2-4.21.1	
DONNING	
#5 Grasps frame or cylinder	
#6 Raises SCBA overhead and onto back while placing arms through shoulder straps	
#7 Connects waist strap and cinches Cinches shoulder straps Connects chest strap (optional)	
#8 Dons SCBA facepiece OSFM 2-6.18	
#9 Performs user seal check with facepiece	
#10 Places protective hood over head	
#11 Cinches helmet chin strap against neck, not face piece	
#12 Applies regulator and breaths	
#13 Checks Heads-Up display for proper operation	
#14 Signals completion in less than one minute	
	Pass or fail?

Doffs SCBA properly and safely. OSFM 2-6.19	Pass or fail?
1. Guards second stage of regulator	
2. Turns off cylinder	
3. Cancels PASS device	
Returns unit to ready status. OSFM 2-6.21	

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#03 SELF-CONTAINED BREATHING APPARATUS

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read instructions to firefighter.

INSTRUCTIONS TO FIREFIGHTER: Don all of your turnout gear. Don SCBA using vest/coat method while wearing gloves. When finished with a skill state "finished."

STANDARD: Wearing full turnout gear the firefighter shall don SCBA within 60 seconds.

VEST/COAT METHOD

	Pass or fail?
Inspects SCBA and insures ready status. OSFM 2-6.21	
Don SCBA using vest/coat method. OSFM 2-6.16	Pass or Fail?
PREP	
#1 Checks cylinder pressure	
A) Continues only if pressure is greater than 4000 PSI	
#2 Opens cylinder valve	
A) Continues only if alarm rings	
#3 Compares pressures: regulator vs. cylinder	
A) Continues only if pressure is within 500 PSI of cylinder	
#4 Insures PASS is operational and ready. OSFM 2-4.21.1	
DONNING	
#5 Grasps shoulder straps	
#6 Swings SCBA onto back	
#7 Places arms through shoulder straps	
#8 Connects waist strap and cinches	
Cinches shoulder straps	
Connects chest strap (optional)	
#9 Dons SCBA facepiece OSFM 2-6.18	
#10 Performs user seal check with facepiece	
#11 Places protective hood over head	
#12 Cinches helmet chin strap against neck, not face piece	
#13 Applies regulator and breaths	
#14 Checks Heads-Up display for proper operation	
#15 Signals completion in less than one minute	
	Pass or fail?

	Pass or fail?
Doffs SCBA properly and safely. OSFM 2-6.19	
4. Guards second stage of regulator	
5. Turns off cylinder	
6. Cancels PASS device	
Returns unit to ready status. OSFM 2-6.21	

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JPR#04 SELF-CONTAINED BREATHING APPARATUS

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read instructions to firefighter.

INSTRUCTIONS TO FIREFIGHTER: Don all of your turnout gear except for your helmet and gloves. Perform each of the skills asked for by the evaluator. When finished with a skill state "finished."

Wearing full turnout gear minus gloves and helmet the firefighter shall don SCBA, gloves and helmet within 60 seconds.

JUMP SEAT METHOD

	Pass or fail?
Inspects SCBA and insures ready status. OSFM 2-6.21; OSFM 2-4.21.1	
Don SCBA using jump seat method. OSFM 2-6.17	Pass or Fail?
#1 Does not attempt above while vehicle is moving	
#2 Sits in seat and places arms through shoulder straps	
#3 Connects waist strap and cinches Cinches shoulder straps while sitting forward and removing SCBA from holder Connects chest strap (optional)	
#4 Checks regulator	
A) Makes sure by-pass is off	
#5 Opens cylinder valve	
A) Continues only if alarm rings	
#6 Checks pressures	
#7 Insures PASS is operational and ready	
#8 Disembarks from jump seat area to outside apparatus	
<i>ONLY WHEN READY TO ENTER HAZARD AREA</i>	
#9 Dons SCBA facepiece OSFM 2-6.18	
#10 Performs user seal check with facepiece	
#11 Places protective hood over head	
#12 Cinches helmet chin strap against neck, not face piece	
#13 Connects face piece to regulator	
#14 Checks Heads-Up display for proper operation	
	Pass or fail?

	Pass or fail?
Doffs SCBA properly and safely. OSFM 2-6.19	
7. Guards second stage of regulator	
8. Turns off cylinder	
9. Cancels PASS device	
Returns unit to ready status. OSFM 2-6.21	

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JPR#05 SELF-CONTAINED BREATHING APPARATUS

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read the instructions to the firefighter. All necessary materials should have been assembled by the lead instructor prior to the exam.

INSTRUCTIONS TO FIREFIGHTER: Perform each skill as asked. You must demonstrate each skill as presented in class in order to pass.

Cylinder Replacement / Refilling

Demonstrate the changing of another firefighters SCBA cylinder while he is wearing the SCBA on his back. OSFM 2-6.29	Pass or fail?
Pass or fail?	
Demonstrate the changing of your own SCBA cylinder. OSFM 2-6.30	
Pass or fail?	
Demonstrate the correct procedure filling empty SCBA cylinders using the cascade. OSFM 2-6.31; 2-6.32	Pass or fail?
<ul style="list-style-type: none"> ▪ Checks to insure cylinder to be filled is within its hydrostatic test date ▪ Places cylinder to be filled in chamber ▪ Connects fill hose to cylinder ▪ Closes all drains and valves on cascade system ▪ Opens cylinder valve fully ▪ Assumes safe position to conduct filling operation ▪ Slowly opens first cylinder in cascade until SCBA cylinder reaches 4500 PSI or cascade cylinder equals pressure in SCBA cylinder. ▪ Repeats with subsequent cylinders in cascade working from lowest pressure to highest pressure until SCBA cylinder reaches 4500 PSI. ▪ Closes all drains and valves on cascade system ▪ Closes cylinder valve fully ▪ Drains air from fill hose ▪ Removes cylinder from chamber and returns it to proper location 	
Pass or fail?	

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JPR#06 SELF-CONTAINED BREATHING APPARATUS

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read the instructions to the firefighter. All necessary materials should have been assembled by the lead instructor prior to the exam.

INSTRUCTIONS TO FIREFIGHTER: Perform each skill as asked. You must demonstrate each skill as presented in class in order to pass.

Maintenance

Demonstrate daily/weekly maintenance of SCBA. OSFM 2-6.21	
#1	Follows skill card
#2	Ensures cylinder is full
#3	Stores in clean, dry location
Pass or fail?	
Demonstrate after use maintenance of SCBA. OSFM 2-6.21	
#1	Follows skill card
#2	Ensures cylinder is full
#3	Stores in clean, dry location
Pass or fail?	
Demonstrate proper cleaning and storage of SCBA. OSFM 2-6.20	
Facepiece	
#1	Removes heads-up display unit prior to cleaning facepiece
#2	Removes all debris with brushing action or flowing water
#3	Only cleans facepiece with approved cleaner (MSA Confidence Plus) and not an alcohol-based cleaner
#4	Hangs to air dry
#5	Stores in clean, dry location with bag over facepiece
#6	Does not store facepiece with head strap over lens
Harness, cylinder and regulator assembly	
#7	Removes all debris with brushing action or flowing water
#8	Avoids directing water into high pressure coupling
#9	Hangs to air dry
#10	Ensures cylinder is full
#11	Stores in clean, dry location
Pass or fail?	

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JPR#07 SELF-CONTAINED BREATHING APPARATUS: AIR CONSUMPTION

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform the item below. Read the instructions to the firefighter. All necessary materials should have been assembled by the lead instructor prior to the exam.

INSTRUCTIONS TO FIREFIGHTER: This is an air consumption course that uses typical fireground task to create moderate work. You must demonstrate all tasks in order to pass.

1. Perform the activities of the course until your air supply low air alarm activates.
2. Prior to low air alarm activation, determine point of no return and announce to "command"
3. Continue until you can no longer breathe with the same effort used before the low air alarm activated.

SAFETY BRIEFING:

- Walk, do not run.
- Keep situational awareness.
- Evaluator will ask for PARs.
- Do not continue if unable.
- Safety is first priority.

Don full PPE and SCBA breathing from SCBA

- Operate in teams of two members
- Has vision obscured but not blinded. OSFM 2-6.22 *The goal is for it to be cloudy not blurred.*
- Each member carries typical firefighting hand tools (irons, axe, maul, or sledge)
- Team communicates with each other and instructor/proctor
- Reports point of no return. OSFM 2-6.26
- Reports PAR as requested
- Uses safe climbing and lifting techniques
- Uses technique to maximize conservation of air. OSFM 2-6.24

Pass or fail?

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JPR#08 SELF-CONTAINED BREATHING APPARATUS, EMERGENCY PROCEDURES

INSTRUCTIONS TO EVALUATOR: Provide no assistance to the firefighter. Ask the firefighter to perform each of the items below. Read the instructions to the firefighter. All necessary materials should have been assembled by the lead instructor prior to the exam.

INSTRUCTIONS TO FIREFIGHTER: Perform each skill as asked. You must demonstrate each skill as presented in class in order to pass.

Section A

Demonstrate the SYSTEM CHECK procedure to be used in all SCBA emergencies encountered.	
<ul style="list-style-type: none"> ▪ Grasps facepiece and checks to insure seal is tight ▪ Does not remove facepiece unless there is a failure of the straps, lens or valving ▪ Insures regulator is securely attached ▪ Tries by-pass knob to insure it works OSFM 2-6.23 ▪ Follows hose to cylinder insuring it is attached, not leaking or damaged ▪ Insures handwheel is tight to cylinder ▪ Insures cylinder is fully open 	
Pass or fail?	

Section B

Demonstrate the MAYDAY procedure to be used when a firefighter emergency encountered. OSFM 2-5.11; 2-22.13; 3-16.4	
<ul style="list-style-type: none"> ▪ Pushes emergency button ▪ Transmits phrase MAYDAY over radio three times ▪ Does not wait for answer or acknowledgement ▪ States five components of LUNAR Location – Unit – Name - Assignment - Resources or rescue needed ▪ Activates PASS OSFM 2-22.12 ▪ Repeats above, with PASS reset, periodically until rescued 	
Pass or fail?	

Section C - Entanglement

Demonstrate the emergency procedure to be used if you become entangled while wearing SCBA.	
<ul style="list-style-type: none"> ▪ Notifies team member(s) of situation ▪ Notifies Incident Command of situation using MAYDAY ▪ Activates PASS ▪ Does not remove SCBA. ▪ Conserves air OSFM 2-6.24 ▪ Performs swim technique in attempt to clear entanglement. ▪ Exits hazard area immediately, with partner 	
Pass or fail?	

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Section D – Failure/Malfunction

Demonstrate complete emergency procedure to be used if failure or malfunction of your SCBA occurs.

- Notifies team member(s) of situation
- Notifies Incident Command of situation using MAYDAY
- Activates PASS
- System check performed
- Use of by-pass attempted
- Conserves air OSFM 2-6.24
- Does not remove facepiece unless there is a failure of the straps, lens or valving.
- If necessary, removes facepiece and seals regulator to face using own lips and breathes air.
- If out of air remove regulator from facepiece and covers with glove to act as filter.
- Exits hazard area immediately, with partner

Pass or fail?

Section E – Lost/Trapped

Demonstrate the procedure to be used if you are lost or trapped inside a structure.

- Stop
- Check air
- Control breathing
- If possible, notifies team member(s) of situation
- Notifies Incident Command of situation using MAYDAY
- Activates PASS
- If entangled or trapped, tries to free self
- Locates and uses safe haven if threatened by fire and cannot escape OSFM 2-22.14
- If lost, sweeps arm to find wall, then sweeps wall to find exit OSFM 2-22.10

Pass or fail?

Section F – Restricted Egress

Demonstrate emergency exit procedure for restricted passages.

Shift SCBA

- Declares MAYDAY and activates PASS
- Loosen SCBA harness without removing facepiece
- Shift SCBA to one side OSFM 2-6.27
- Passes through restricted passage maintaining control of SCBA
- Re-dons SCBA

Pass or fail?

Dump SCBA

- Declares MAYDAY and activates PASS
- Removes SCBA harness without removing facepiece OSFM 2-6.28
- Never removes both hands from SCBA harness
- Passes through restricted passage maintaining control of SCBA
- Re-dons SCBA

Pass or fail?

Section G – RIT AIR SUPPLY

Demonstrate use of the MSA Rescueaire II emergency air supply: OSFM 2-6.25

- Connection of high pressure air hose to UAC of another SCBA
- Connection of Extendaire hose to emergency air supply

Pass or fail?

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JPR#09 LADDERS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide any assistance to firefighter. Use standard pumper equipment. Ask the firefighter to perform each skill listed.

INSTRUCTIONS TO FIREFIGHTER: When asked by evaluator perform skill. You will be evaluated individually, not jointly. You must successfully complete each skill to pass. You may use any method contained in the course material.

Attic Ladder/Folding Ladder Carry & Raise

Using Attic Ladder/Folding Ladder, perform one Firefighter carry and raise against building wall. OSFM 2-9.19.1

EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:

⇒ Wear appropriate PPE	
⇒ Uses correct body mechanics on each raise	
⇒ Overhead electrical hazards and/or obstructions identified prior to raise	
⇒ Safe and proper location for resting/supporting ladder heel and tip identified	
⇒ Ladder is heeled on each raise, climb, and lowering	
⇒ Climbing angle checked prior to first climbing	
Climbs ladder and touches top rung then descends. OSFM 2-9.41.3	
Pass or fail?	

Combination Ladder Carry & Raise

Using Combination Ladder, perform one Firefighter carry and raise. OSFM 2-9.19.2

EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:

⇒ Wear appropriate PPE	
⇒ Uses correct body mechanics on each raise	
⇒ Overhead electrical hazards and/or obstructions identified prior to raise	
⇒ Safe and proper location for resting/supporting ladder heel and tip identified	
⇒ Ladder is heeled on each raise, climb, and lowering	
⇒ Climbing angle checked prior to first climbing	
Climbs ladder and touches top rung then descends. OSFM 2-9.41.4	
Pass or fail?	

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Name of Firefighter

JPR#10 LADDERS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide any assistance to firefighter. Use standard pumper equipment. Ask the firefighter to perform each skill listed.

INSTRUCTIONS TO FIREFIGHTER: When asked by evaluator perform skill. You will be evaluated individually, not jointly. You must successfully complete each skill to pass. You may use any method contained in the course material.

One FF Carry & Raise – Straight ladder

Using roof ladder, perform one Firefighter carry and raise of roof ladder against building wall.
OSFM 2-9.19.1

<i>EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:</i>	Pass or fail?
⇒ Wear appropriate PPE	
⇒ Uses correct body mechanics on each raise	
⇒ Overhead electrical hazards and/or obstructions identified prior to raise	
⇒ Safe and proper location for resting/supporting ladder heel and tip identified	
⇒ Ladder is heeled on each raise, climb, and lowering	
⇒ Climbing angle checked prior to first climbing	
⇒ Ladder is stable during raise	
Climbs ladder and touches top rung then descends. OSFM 2-9.41.1	
	Pass or fail?

One FF Carry & Raise – 24-foot extension ladder

Using 24-foot ladder, perform one Firefighter carry and raise of against building wall.
OSFM 2-9.19.2; 2-9.31

<i>EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:</i>	Pass or fail?
⇒ Wear appropriate PPE	
⇒ Uses correct body mechanics on each raise	
⇒ Overhead electrical hazards and/or obstructions identified prior to raise	
⇒ Safe and proper location for resting/supporting ladder heel and tip identified	
⇒ Ladder is heeled on each raise, climb, and lowering	
⇒ During raise ladder is upright and stable	
⇒ Halyard is slowly hand over hand while raised and lowered	
⇒ Halyard is tied off with proper know after raise	
⇒ Climbing angle checked prior to first climbing	
Climbs ladder and touches top rung then descends. OSFM 2-9.41.2	
Ladder is lowered and returned to storage in reverse order	
	Pass or fail?

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Name of Firefighter

JPR#11 LADDERS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide any assistance to firefighter. Use standard pumper equipment. Ask the firefighter to perform each skill listed.

INSTRUCTIONS TO FIREFIGHTER: When asked by evaluator perform skill. You will be evaluated individually, not jointly. You must successfully complete each skill to pass. You may use any method contained in the Course materials.

Two FF Carry & Raise

Using 24-foot ladder, perform two Firefighter carry and raise of against building wall.	Heel	Tip
<i>EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:</i>		
⇒ Wear appropriate PPE		
⇒ All commands clearly stated, when appropriate		
⇒ Uses correct body mechanics on each raise		
⇒ Overhead electrical hazards and/or obstructions identified prior to raise		
⇒ Safe and proper location for resting/supporting ladder heel and tip identified		
⇒ Ladder is heeled on each raise, climb, and lowering		
⇒ During raise, hands are clear, ladder is upright and stable		
⇒ Inside firefighter does not look up when lowering ladder into building		
⇒ Halyard is slowly hand over hand while raised and lowered		
⇒ Halyard is tied off with proper know after raise		
⇒ Climbing angle checked prior to first climbing		
Climbs ladder and touches top rung then descends. OSFM 2-9.41.2		
Ladder is lowered and returned to storage in reverse order		
Pass or fail?		

Using 35-foot ladder, perform two Firefighter carry and raise against building wall.	Heel	Tip
<i>EVALUATOR: Do not ask firefighter to perform the following skills but insure that each was completed:</i>		
⇒ Wear appropriate PPE		
⇒ All commands clearly stated, when appropriate		
⇒ Safe and proper location for resting/supporting ladder heel and tip identified		
⇒ Overhead electrical hazards and/or obstructions identified prior to raise		
⇒ Uses correct body mechanics on each raise		
⇒ Ladder is heeled on each raise, climb, and lowering		
⇒ During raise, hands are clear, ladder is upright and stable		
⇒ Inside firefighter does not look up when lowering ladder into building		
⇒ Halyard is slowly hand over hand while raised and lowered		
⇒ Halyard is tied off with proper know after raise		
⇒ Climbing angle checked prior to first climbing		
Climbs ladder and touches top rung then descends. OSFM 2-9.41.2		
Ladder is lowered and returned to storage in reverse order		
Pass or fail?		

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Name of Firefighter

JPR#14 LADDERS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide any assistance to firefighter. Use standard pumper equipment. Ask the firefighter to perform each skill listed.

INSTRUCTIONS TO FIREFIGHTER: When asked by evaluator perform skill. You will be evaluated individually, not jointly. You must successfully complete each skill to pass. You may use any method contained in the Course materials.

Rescue Skills

Rescue victim located inside window of upper floor room.	
1. Safe and proper location for resting/supporting ladder heel and tip identified	
2. Properly position ladder tip at windowsill for use in rescuing victim. OSFM 2-15.12	
3. Safely assist conscious victim down ladder. OSFM 2-9.50; 2-15.13	
4. Safely assist unconscious victim down ladder. OSFM 2-9.49; 2-15.13	
5. FF 1 enters window to lift victim OSFM 2-9.47	
6. FF 2 remains on ladder to receive and carry victim down	
a. Cradle	
b. Knee	
c. Straddle	
7. Ladder is heeled during either rescue technique	
8. Back-Up person used on ladder	
9. Rescuer and Back-Up person control rate of descent and victim	
	Pass or fail?

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Name of Firefighter

JPR#19 HOSE, 1.75 or 2.5 INCH PRECONNECT

INSTRUCTIONS TO EVALUATOR: Provide no assistance. Read instructions to firefighter. Use pumper as appropriate. All advances are performed alone. Packing is done as a member of a three firefighter company (two firefighters and yourself. you are to stay on the ground and feed the hose.) You may respond to questions as a company officer would.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform the following skills. I will specify which size hose line to use. You must pass each skill to pass the exam. Each advancement will be done by you alone. All packing will be done with another firefighter as your partner.

1.75 or 2.5 inch Preconnect / Flat Load

Advances a flat loaded preconnect 150 feet OSFM 2-10.25.4; 2-10.42	1.75 inch Pass/Fail	2.5 inch Pass/Fail
1. Grasps top loop and pulls nozzle with top 50 feet of hose onto shoulder		
2. Grasps other loop and advance all hose from bed		
3. Drops bottom loop when all hose is clear of the bed		
4. Advances with top 50 feet on shoulder		
5. Positions last 50 feet of hose near building entry point		
6. Flakes out last 50 feet of hose for advancement into building/fire area		
7. Signals for water		
8. Awaits water		
Pass or fail?		
Pack hose back onto engine. OSFM 2-10.25.4	1.75 inch Pass/Fail	2.5 inch Pass/Fail
1. Places swivel in correct direction		
2. Packs first 50 feet in flat load		
3. Dutchman used as appropriate OSFM 2-10.25.8		
4. Places bottom loops in correct positions		
5. Packs next 100 feet in flat load		
6. Places top loops in correct position		
7. Packs last 50 feet on top of top loop in a flat load		
8. Stores nozzle atop last 50 feet on primary pull side		
Pass or fail?		

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Name of Firefighter

JPR#21 HOSE, SHOULDER LOAD

INSTRUCTIONS TO EVALUATOR: Provide no assistance. Read instructions to firefighter. Use Engine or Squad, as appropriate. All advances are performed by two members of a company. Packing is done by a three firefighter company. You may respond to questions as a company officer would.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform the following skills. You must pass each skill to pass the exam. All advances are performed by two members of a company. Packing is done by a three firefighter company.

Performs lead out advancing 2&1/2 or 3-inch hose 300 feet OSFM 2-10.24.1; 2-10.25.4	FF1	FF2
1. Lays nozzle across body keeping away from crotch or knee;		
2. Grasps first reverse horseshoe and pulls onto shoulder		
3. Pulls hose from bed, steps away 10-15 feet and stops for next FF		
4. Second FF grasps second reverse horseshoe and pulls onto shoulder		
5. Second FF pulls hose from bed, steps away 10-15 feet and stops		
6. First FF moves another 10-15 feet away from second FF		
7. Second FF unflakes or drops third reverse horseshoe clearing bed		
8. Both FFs begins to walk out hose		
9. FF 1 does not drop any hose until FF2 is has flaked out all of his hose		
10. FF 2 only starts to drop hose one hose from bed in straight and tight		
11. FF 2 uses hand to guide hose off shoulder		
12. FF 1s hose should be placed as close to fire area as safely possible		
13. FF 1 then flakes out his hose		
14. FF 1 check nozzle and signals for water		
15. FF 1 and 2 await water		
Pass or fail?		
Performs a standard lead out as described above then adds wye and hose pack to leader tip. OSFM 2-10.29.2	FF1	FF2
1. Firefighter 1 applies wye to leader tip		
2. Firefighter 2 deploys hose pack and flakes out hose		
3. Firefighter 1 signals for water once hose is ready		
4. Firefighter 2 charges wye fully opening valve		
5. Firefighter 2 chase out kinks while advancing towards nozzleman		
6. Firefighter 1 bleeds hose line of air and checks nozzle pattern		
7. Both firefighters perform buddy check and prepare to advance into hazard area		
Pass or fail?		
Add second hose line to wye. OSFM 2-10.29.2	FF3	FF4
1. Firefighter 3 applies wye to leader tip		
2. Firefighter 4 deploys hose pack and flakes out hose		
3. Firefighter 3 signals for water once hose is ready		
4. Firefighter 4 charges wye fully opening valve		
5. Firefighter 4 chase out kinks while advancing towards nozzleman		
6. Firefighter 3 bleeds hose line of air and checks nozzle pattern		
7. Both firefighters perform buddy check and prepare to advance into hazard area		
Pass or fail?		

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Repack shoulder load. OSFM 2-10.25.4	
1. Packs first 400 feet of 2&1/2 or 3-inch hose in flat load	
2. Dutchman used as appropriate OSFM 2-10.25.8	
3. Packs last 200 feet of 2&1/2 or 3-inch hose in flat load to right side of bed as follows: OSFM 2-10.25.3	
4. Bring hose to far right side	
5. Forms reverse horseshoe of 60 feet of hose	
6. Flat load next 15-20 feet	
7. To the left of first horseshoe and on top of the flat load form a second reverse horseshoe of 60 feet of hose	
8. Flat load next 15-20 feet	
9. To the left of second horseshoe and on top of the flat load form a third reverse horseshoe of 60 feet of hose	
10. Place nozzle to left of horseshoes atop flat load and at tailboard	
11. Dresses and finishes load	
	Pass or fail?
Makes hose pack of 1.75 inch X 150 feet	
1. Lays out strap	
2. Length is 6 feet maximum	
3. Hose is laid out	
4. Coupling set joined at end of strap on bottom of load	
5. Each 75-ft section in single stack	
6. Solid Bore nozzle on end at top of load	
7. Connects hose pack to wye	
8. Cinches all straps appropriately	
	Pass or fail?

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Name of Firefighter

JPR#23 LARGE DIAMETER HOSE FORWARD AND REVERSE LAYS

INSTRUCTIONS TO EVALUATOR: Provide no assistance. Read instructions to firefighter. Use Pumper or Pumper, as appropriate. All advances are performed alone. Packing is done as a member of a three firefighter company (two firefighters and yourself. you are to stay on the ground and feed the hose.) You may respond to questions as a company officer would.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform the following skills. You must pass each skill to pass the exam. Each advancement will be done by you alone. All packing will be done with another firefighter as your partner.

Forward lay

Lay 300 feet of LDH hose in a forward lay from a hydrant. OSFM 2-12.14	
1. Pulls hose from apparatus and wraps hydrant base with hose or strap	
2. Has at least 10 extra feet of hose to make connection	
3. Insures there is 4.5 inch NST hydrant X Storz adapter and hydrant wrench at hydrant	
4. Follows orders to either reboard apparatus or stay at hydrant	
5. Does not stand on hose (kneels) as apparatus proceeds with hose lay	
	Pass or fail?
Repack above hose in flat load. OSFM 2-10.25.4	
1. Hose loaded flat	
2. All couplings a rear of hose bed	
3. Places last coupling on edge of hose bed. OSFM 2-10.25.7	
	Pass or fail?

Reverse lay

Lay 300 feet of LDH hose in a reverse lay from fire to hydrant. OSFM 2-12.15	
1. Pulls hose from apparatus and positions at attack pumper	
2. Has at least 10 extra feet of hose to make connection	
3. Follows orders to either reboard apparatus or stay at hydrant	
4. Does not stand on hose (kneels) as apparatus proceeds with hose lay	
	Pass or fail?
Repack above hose in flat load. OSFM 2-10.25.4	
1. Hose loaded flat	
2. All couplings a rear of hose bed	
3. Places last coupling on edge of hose bed. OSFM 2-10.25.7	
	Pass or fail?

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JPR#24 WATER SUPPLY, - HYDRANT CONNECTION PROCEDURE

INSTRUCTIONS TO EVALUATOR: Read instructions to student. Use any of the pumping apparatus. Perform this skill at hydrant.

INSTRUCTIONS TO FIREFIGHTER: Using the designated piece of apparatus and upon the instructors Signal, connect the pumper to the hydrant so it may receive water.

LDH OSFM 2-10.38; 2-12.19

1. Selects hydrant bag or assembles necessary tools	
2. Selects LDH	
3. Pulls hose to hydrant & wraps if lead out	
4. Opens appropriate port on hydrant and flushes slowly to keep debris from being trapped in bonnet	
5. Connects gate valve to appropriate port on hydrant. OSFM 2-10.29.1	
6. Connects hose to a different appropriate port on hydrant	
7. Connects other of hose to appropriate port on pump	
8. Fully opens hydrant charging line	
<i>Should open at least 15 full turns</i>	
▪ Ask student how many turns it took to open hydrant	#
▪ Have student close hydrant and count number of turns aloud	#
Pass or fail?	

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JPR#27 HOSE, STANDPIPE OPERATION

INSTRUCTIONS TO EVALUATOR: Provide no assistance. Read instructions to firefighter. Use PumperR or Pumper, as appropriate. All advances are performed alone. Packing is done as a member of a three firefighter company (two firefighters and yourself. you are to stay on the ground and feed the hose.) You may respond to questions as a company officer would.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform the following skills. You must pass each skill to pass the exam. Each advancement will be done by you alone. All packing will be done with another firefighter as your partner.

Section A – Hose Pack

Deploy standpipe hose pack from standpipe onto fire floor. OSFM 2-10.32	
1. Assembles correct equipment	
2. Chooses correct standpipe connection based on building characteristics and fire location	
3. Removes and cap and flushes standpipe	
4. Connects adapter or wye as needed	
5. Connects hose to standpipe	
6. Flakes out hose	
7. Positions member at stairwell door and valve.	
8. Charges line before advancing onto fire floor	
	Pass or fail?
Repack hose pack	
1. All tools into bag	
2. Each length packed	
3. Strap secured around hose properly	
4. Hose pack stored on apparatus in correct location	
	Pass or fail?

Deploy 2&1/2 inch hose from simulated standpipe onto fire floor. OSFM 2-7.36	
1. Assembles correct hose amount per firefighter <i>200 feet of 2&1/2 carried in 50-100 ft bundles using 2-3 FFs</i>	
2. Uses good technique with carry	
3. Assembles hose into attack line	
4. Chooses correct standpipe connection based on building characteristics	
5. Removes and cap and flushes standpipe	
6. Flakes out hose (going up stairs, if possible)	
7. Positions member at stairwell door and valve.	
8. Charges line before advancing onto fire floor	
	Pass or fail?

Section B – Supply FDC

INSTRUCTIONS TO FIREFIGHTER: Perform the following:

Connect proper hose to FDC to standpipe or supply sprinkler system OSFM 2-10.36	
▪ Chooses correct siamese and length hose	
▪ Properly connects hose(s) to FDC	
▪ Signals/notifies pump operator that connection is complete.	
	Pass or fail?

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JPR#29 SEARCH AND RESCUE

INSTRUCTIONS TO EVALUATOR: Direct a team of two or three firefighters to search all or part of a designate structure. Observe the firefighter during the application of the skill and when the firefighter provides repeated competent performance note a passing mark for the appropriate item below. If at the end of the lesson the firefighter cannot perform competently note any observable problems under the comments section.

INSTRUCTIONS TO FIREFIGHTER: As a company, perform a primary search of a residential area using the most appropriate technique. Follow all applicable operational guidelines.

Section A – Primary Search

Perform primary search for victims and fire. OSFM 2-15.8	
1. Follows buddy system; operates in teams of two or more.	
2. Maintains voice, visual or touch communication with team members	
3. Uses rope or hose as main guide	
4. Wears proper PPE and SCBA	
5. Carries minimum tools (1 striking, 1 prying, flashlight, radio, rope bag or hose)	
6. Makes all turns in same direction	
7. Stays low	
8. Crawls if visibility is impaired	
9. Feels out in front and to sides, around furnishing and objects during the search	
10. Maintains contact with wall, rope or hose	
11. Locates exits as search progresses	
12. Maintains situational awareness and does not place self between fire and exit	
13. Navigates stairs safely	
14. Exits through same door entered	
15. Uses OATH with rope to communicate, if needed	
16. Notifies Incident Command of where search was terminated or when search was completed.	
	Pass or fail?
Demonstrates techniques to maximize air in SCBA OSFM 2-6.26	
Operates in area of complete obstruction of vision (thick, heavy smoke) to conduct search. OSFM 2-6.22	
	Pass or fail?

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JPR#33 FORCIBLE ENTRY

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Assemble the items and ask the student to find each of the items listed below. Once he located the item asked for ask the firefighter to demonstrate how it is used. Ask the firefighter to then describe the maintenance of the tool. Provide no assistance.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform a variety of skills. You must perform each item asked of you correctly in order to pass.

Section A - Doors

Utilizing a prop and equipment of this organization, member demonstrates:	Pass or fail?
1. Prying a wood door that opens away using a Halligan bar. OSFM 2-13.16.1	
2. Prying a wood door that opens towards using a Halligan bar. OSFM 2-13.16.1	

Section G – Thru-the-Lock

Utilizing a prop and equipment of this organization, member demonstrates use of K-tool on tumbler OSFM 2-13.17.2	Pass or fail?
▪ Properly applies K-tool to lock cylinder	
▪ Properly inserts Halligan bar into K-tool	
▪ Uses proper technique and adequate force when striking Halligan	
▪ Removes lock cylinder properly OSFM 2-13.17.1	
▪ Uses appropriate tool to actuate locking mechanism	

On all of the above evolutions the firefighter:

⇒ Uses eye protection	
⇒ Wears full turn-out gear	
⇒ Observes safety precautions	
Pass or fail?	

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JPR#35 VENTILATION: PITCHED ROOF OPERATIONS

INSTRUCTIONS TO EVALUATOR: Do not provide any assistance to the firefighter. Use equipment found on apparatus. Use the simulated roof prop for the appropriate evolutions. Observe behavior during application and when skill is developed indicate so below.

INSTRUCTIONS TO FIREFIGHTER: None.

Safely and correctly demonstrate the ventilation of a pitched roof. OSFM 3-11.7		Pass/Fail?
Preparation		
1. Correct length ladder for roof height selected		
2. Before approaching work area in hazard zone, correct equipment assembled at apparatus: <ul style="list-style-type: none"> ▪ Roof ladder ▪ Pike pole or other hook of appropriate length ▪ Axe(s) ▪ Halligan bar if only one axe or no pick head axe is selected ▪ Saw with appropriate blade 		
3. Ladder for roof access is raised in compliance with applicable JPR		
4. Saw started and checked before ascending to roof		
Execution		
5. PPE and SCBA on and operational		
6. Safely advance roof ladder up properly positioned extension ladder OSFM 2-9.30; 2-9.46		
7. If hooks are turned out before ladder is carried or raised up ladder, they are positioned away from the ladder team.		
8. Properly and safely positions roof ladder onto pitched roof. OSFM 2-9.46		
9. Roof checked for integrity before stepping off ladder		
10. Steps off ladder and onto roof safely. OSFM 2-9.48		
	Using axe or maul OSFM 2-14.25	Using saw OSFM 2-14.26
11. Correct tools have been assembled and taken to the roof. OSFM 2-9.43		
12. Carries tools (such as an axe) up ladder safely. OSFM 2-9.43		
13. Rafters/Joists sounded out. OSFM 2-14.22		
14. Safety procedures observed		
15. Back up man guides saw man with hand / Saw man know hand off signal		
16. Furthest and highest cuts made first / FF works cuts back toward ladder		
17. Avoids cutting framing members		
18. Hole of at least 16 square feet made		
19. Roof pulled back		
20. Ceiling pushed through after fire vents		
21. Firefighters report to IC job done		
Pass or fail?		

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JPR#37 VENTILATION, REMOVING WINDOW

INSTRUCTIONS TO EVALUATOR: Do not provide any assistance to the firefighter. Use equipment found on pumper. Use the simulated window prop for the appropriate evolutions. Observe behavior during application and when skill is developed indicate so below.

INSTRUCTIONS TO FIREFIGHTER: None.

Correctly demonstrates breaking a simulated glass window on the 2nd story of a house from a ladder. OSFM 2-13.16.2; 2-14.18; 2-14.19; OSFM 3-11.7	Pass or fail?
1. Properly position ladder aside window for use in breaking out glass OSFM 2-9.45	
2. PPE and SCBA on and operational	
3. Correct tools have been assembled and taken up the ladder. OSFM 2-9.43	
4. Positions self up wind	
5. Uses leg lock on ladder at work location. OSFM 2-9.44	
6. Holds tool safely and correctly	
7. Begins breaking glass high and works low and toward self OSFM 2-14.20.1; 2-14.20.2	
8. Safety procedures observed	
9. Cleans out window frame of glass	
	Pass or fail?

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JPR#38 AERIAL APPARATUS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide assistance to firefighter.

INSTRUCTIONS TO FIREFIGHTER: Perform the following skill alone using equipment provided.
You must pass each item to pass this exam.

Demonstrates use of ladder belt on ladder OSFM 2-9.44	Pass or fail?
▪ Correctly applies ladder belt	
▪ Chooses correct anchor in aerial platform	
▪ Connects ladder belt to platform anchor	
Pass or fail?	
Connects SCBA to aerial platform air supply	Pass or fail?
▪ Chooses correct air connection in aerial platform	
▪ Connects SCBA to platform air connection	
▪ Breaths from platform air supply	
Pass or fail?	
Wearing full PPE and SCBA, climb the entire length of a designated aerial ladder to the tip and descend.	Pass or fail?
1. Use safe technique	
2. Does so in a smooth and continuous motion	
3. Demonstrates use of ladder belt on ladder OSFM 2-9.44	
Pass or fail?	

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JPR#39 ROPES AND KNOT

INSTRUCTIONS TO EVALUATOR: Do not provide any assistance. Assemble the items for this test: utility lines, all items listed below and a 50-foot section of 2&1/2 inch hose with nozzle. Read instructions to firefighter. You will need a rope for the firefighter. Ask first ask firefighter to perform each item below. Next, ask the firefighter to tie and hoist each of the items listed below. Last ask firefighter to store rope.

INSTRUCTIONS TO FIREFIGHTER: When asked, tie or present the appropriate knot or element of a knot. When finished with the knot tying you will be asked demonstrate rope inspection and bagging. You need to complete each item successfully to pass.

Skill	Pass or Fail?
-------	---------------

Section A - Knots

Tie a Bowline OSFM 2-8.9	
Tie a Clove hitch in the middle of a rope OSFM 2-8.10; 56-17.10	
Tie a Clove hitch with the end of a rope OSFM 2-8.10; 56-17.10	
Tie a figure eight on a bight knot OSFM 2-8.11; 56-17.2	
Tie a figure eight follow through OSFM 2-8.12; 56-17.3	
Tie a figure eight stopper OSFM ; 56-17.1	
Tie a half hitch OSFM 2-8.15	
Tie an overhand safety knot OSFM 2-8.14	
Tie a Becket bend OSFM 2-8.13	
Tie a handcuff knot OSFM 2-8.16	

Section B - Hoisting

Tie and hoist at least 12 feet a: OSFM 2-8.22	Knot(s) to be used	
1. Pick head axe OSFM 2-8.23	Clove hitch/Fig 8 and half hitch	
2. Pike pole OSFM 2-8.23	Clove hitch and half hitch	
3. Ladder OSFM 2-8.20	Bowline/Fig 8	
4. Fire extinguisher OSFM 2-8.24	Clove hitch and half hitch	
5. Dry hose line with nozzle OSFM 2-8.25	Clove hitch and half hitch	
6. Charged 1&1/2-inch hose line with nozzle OSFM 2-8.21;2-10.40	Clove hitch and half hitch	
7. Charged 2&1/2-inch hose line with nozzle OSFM 2-8.21;2-10.40	Clove hitch and half hitch	

Section C – Care & Maintenance

Identifies a life safety rope	
Identifies a utility rope	
Identifies a personal rope	
Correctly inspects utility rope for chemical damage, cuts and abrasions, internal damage, mildew and rot, stretch, and thermal damage. OSFM 2-8.17	
Laid rope <ul style="list-style-type: none"> ▪ Exterior appearance free of mildew, mechanical or chemical damage, flaws, or signs of wear ▪ Interior appearance free of mildew, mechanical or chemical damage, flaws, or signs of wear 	
Kermantle rope <ul style="list-style-type: none"> ▪ Exterior appearance free of mildew, mechanical or chemical damage, flaws, or signs of wear ▪ Under tension, length of rope felt for indication of core compression or damage. 	
Correctly cleans and maintains rope using hose and bristle brush. OSFM 2-8.18	
Correctly bags rope for storage OSFM 2-8.19	

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JPR#40 FIREFIGHTER SURVIVAL AND RESCUE – SELF-RESCUE SKILLS

INSTRUCTIONS TO EVALUATOR: Provide no assistance. None of these skills are to be performed under live fire conditions. Any smoke used shall be from a smoke machine. It will be necessary to use either a Saving Our Own prop or develop a location to accomplish the skills. Read instructions to firefighter below.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform various self-rescue and RIT skills. While all necessary safety precautions have been taken, this is still a possibility that you can become injured. Under the supervision of an officer or instructor and operating as a member of a company, demonstrate each of the following skills as if you were doing so at an actual emergency. When indicated you will work with others, otherwise you will function alone.

Wearing full PPE and SCBA, alone demonstrate following skills as presented in NFA

1) Ladder bail Participant wears Class 1 safety harness and is belayed by instructor NFPA 1407 section 7.10.2	Pass or fail?
a) Crawls over window sill onto ladder head-first	
b) Uses proper hand techniques while getting on to ladder	
i) Hooks ladder with one arm	
ii) Grasp ladder lower with other arm	
c) Rotates and pivots onto ladder	
d) Maintains control of self and performs in steps, not single maneuver	
e) Descends to ground as safely as possible	
Pass or fail?	
2) Hose slide bail Participant wears Class 1 safety harness and is belayed by instructor NFPA 1407 section 7.10.2	Pass or fail?
a) Ensures hose is out window, taught and secure to use	
b) Uses proper hand techniques while getting on to hose	
c) Maintains control of self and performs in steps, not single maneuver	
Pass or fail?	
3) Wall breach	Pass or fail?
a) Declares MAYDAY	
b) Activates PASS	
c) Opens wall	
d) Displaces or removes stud	
e) Shifts SCBA	
f) Passes to other side of wall with SCBA on. OSFM 2-6.27; 2-22.16	
g) Redon's SCBA	
h) Declares PAR to IC	
i) Maximizes air supply duration. OSFM 2-6.26	
Pass or fail?	
4) Locate and follow out hose line OSFM 2-22.11	Pass or fail?
a) Declares MAYDAY	
b) Activates PASS	
c) Locates hose	
d) Determines direction to safety	
e) Follows hose out of hazard zone	
f) Declares PAR to IC	
g) Maximizes air supply duration. OSFM 2-6.26	
Pass or fail?	

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JPR#43 WATER SUPPLY - TANKER SHUTTLE OPERATIONS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide assistance to firefighter.

INSTRUCTIONS TO FIREFIGHTER: Perform the following skills as a member of a company.
Each person will be graded individually. If you see something that is not being done correctly or at all tell your partner so you will get credit. You must pass each item to pass this exam.

Set up for porta-tank operations and for drafting. OSFM 2-12.16	Pass or fail?
1. Safely removes tank from apparatus	
2. Positions tank-to-tank tube on uphill side	
3. Clamps used on tank-to-tank tube OSFM 2-12.19	
4. Hard suction hose removed safely from apparatus	
5. Low level suction strainer attached	
6. Hard suction correctly attached to pump	
7. Only rubber mallet is used to tighten fitting	
8. Two(2) 50 to 100 foot, 3 inch hose attached to siamese or pump-off appliance.	
9. Pump-off device connected to/section of hard suction w/siamese placed in tank.	
10. Equipment set up to transfer water between two portable water tanks. OSFM 2-12.18	
	Pass or fail?

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JPR#44 WATER SUPPLY - DRAFTING OPERATIONS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide assistance to firefighter. Use district tanker and engine.

INSTRUCTIONS TO FIREFIGHTER: Perform the following skills as a member of a three-person company. Each person will be graded individually. If you see something that is not being done correctly or at all tell your partner so you will get credit. You must pass each item to pass this exam.

Set up hard suction hose for drafting from the pond/lake: OSFM 2-12.17	
1. Hard suction hose removed safely from side	
2. Floating suction strainer attached	
3. Hard suction correctly attached to pump	
4. Only rubber mallet is used to tighten fitting	
Pass or fail?	

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JPR#45 WATER SUPPLY - TANKER NURSE OPERATION

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Do not provide assistance to firefighter. Use district tanker and squad or engine.

INSTRUCTIONS TO FIREFIGHTER: Perform the following skill alone using Tanker 9. You are not expected to charge the hose but simply make the hose connection. You must pass each item to pass this exam.

Connect Tanker 9 discharge to attack pumper suction/intake port using 100 feet of 3-inch hose loaded in accordion load on Tanker 9 for such purpose.	Pass or fail?
1. Opens rear compartment and grasps male coupling	
2. Drags hose to attack pumper and connects to auxiliary 2-1/2 inch intake	
3. Returns to Tanker 9 and removes all hose from rear compartment	
4. Flakes out all hose so as not to interfere with road traffic or portable tank set up	
5. Grasps female coupling and drags to pump panel	
6. Attaches female coupling to discharge port	
7. If present, notifies engineer or Tanker 9	
8. Notifies engineer of attack pumper hose is connected	
Pass or fail?	

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JPR#48 CONTROL OF UTILITIES

INSTRUCTIONS TO EVALUATOR: Provide no assistance. Read instructions to firefighter below. Do not have the firefighter operate an actual valve or switch; use simulation for both shut off and lock out.

INSTRUCTIONS TO FIREFIGHTER: Using the provided props and tools shut off the following utility services to a building:

Section A – Shut Off Valves

Demonstrate safe shut off of:	Pass or fail?
1. Flow of natural gas at meter using valve. OSFM 2-4.17.1	
▪ Use tool to turn valve ¼ turn perpendicular to pipe	
2. Flow of gas at Mueller pin-off tee	
▪ Use tools to remove cap, loosen collar, turn stem close and tighten collar	
3. Flow of gas at appliance using valve.	
▪ Use tool to turn valve ¼ turn perpendicular to pipe	
4. Flow of LP gas at valve. OSFM 2-4.17.1	
Pass or fail?	

Section B – Shut Off Electric

Demonstrate safe shut off of:	Pass or fail?
1. Electricity using circuit breaker panel OSFM 2-4.17.3	
2. Electricity using fuse panel	
3. Water at connection to supply system OSFM 2-4.17.2	
Pass or fail?	

Section C – Lock-out/Tag-out

Demonstrate proper application of lock-out/tag-out equipment to:	Pass or fail?
1. Disconnect switch	
▪ Disconnects power	
▪ Applies lock-out device	
▪ Applies lock	
2. Circuit breaker panel	
▪ Disconnects power	
▪ Applies lock-out device	
▪ Applies tag	
▪ Applies lock	
3. Quarter turn valve	
▪ Shuts off valve	
▪ Applies lock-out device	
▪ Applies tag	
▪ Applies lock	
4. Valve wheel	
▪ Shuts off valve	
▪ Applies lock-out device	
▪ Applies tag	
▪ Applies lock	
Pass or fail?	

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JPR#50 COMMUNICATIONS

INSTRUCTIONS TO EVALUATOR: Read instructions to firefighter. Provide no assistance. Ask firefighter to perform each item listed below. Perform the exam in the radio room.

INSTRUCTIONS TO FIREFIGHTER: You will be asked to perform several skills. Perform each as you would in an emergency.

Section A – Telephone Use

Answer business phone call from member of public. OSFM 2-5.8	Pass or fail?
1. Proper greeting given	
2. Professional etiquette used	
3. Determines purpose of call	
4. Routes call/takes message as appropriate	
	Pass or fail?
Answer the emergency phone and obtains: OSFM 2-5.7	Pass or fail?
1. Proper greeting given	
2. Address of problem	
3. Problem facts obtained: Number of victims, hazards, etc.	
4. Call back number	
5. Caller's name	
6. Controls conversation	
7. Hangs up last	
	Pass or fail?
Use RED phone to call RED. OSFM 2-21.7	Pass or fail?
	Pass or fail?

Section B – Map Use

Given a Grid Map Book of Prospect Heights:	
1. Find GRID 991	
2. Find Burning Bush lane	
3. Find Leon lane	
<i>Does FF ask if you want east or west</i>	
Pass or fail?	

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Section C – Radio Use

Using radio, demonstrate the following : OSFM 3-4.10	Using mobile radio	Using portable radio
1. Turn radio on and off		
2. Select frequency required/requested		
3. Turn SCAN on and off		
4. Adjust volume level		
5. Change battery		
Pass or fail?		
Demonstrate routine traffic using any radio OSFM 2-5.9		Using portable radio
1. Insures radio is ON and proper channel is selected		
2. Begins messages with unit being called then own signature		
3. Pauses immediately after keying radio to ensure message is complete. Does same at end before unkeying.		
4. Speaks in clear, calm tone and does not use slang; Words are professional		
5. If message is not acknowledged after several attempts, changes frequencies and reattempts		
Using radio, demonstrate transmitting and communicating the following information: OSFM 3-1.6; 3-1.7; 3-1.8		Using any radio
1. Issue arrival report <ul style="list-style-type: none"> ▪ First, clears dispatch using order model ▪ Second, states: <ol style="list-style-type: none"> 1) Radio ID/Signature 2) Location by stating address or common name of property 3) Size, height, and type of occupancy 4) Smoke or fire conditions using one of the five standard descriptions 5) Task to be performed by company, location it will be performed, and objective of the task 6) Assume command 7) Request a code 4 as appropriate 		
2. Issue CAN report <ul style="list-style-type: none"> ▪ Uses order model ▪ Begins with location ▪ States conditions, actions and needs ▪ Ends with PAR 		
3. Issue PAR report <ul style="list-style-type: none"> ▪ States affirmatively has or does not have PAR ▪ Give other pertinent info using CAN format 		
4. Request for Code 4		
5. Request for MABAS Box Alarm <ul style="list-style-type: none"> ▪ Uses order model ▪ States box type requested ▪ States level of alarm requested ▪ Identifies Level 2 staging area ▪ Identified location of command post 		
6. Request for special teams assistance		
Pass or fail?		

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Section D – Emergency Procedures

Demonstrate declaration and transmission of Emergency Traffic using any radio OSFM 2-5.10

- | | |
|---|--|
| 1. Insures radio is ON and proper channel is selected | |
| 2. Begins with firm, clear and forceful but not shouting statement of Emergency Traffic 3 times | |
| 3. Pauses briefly to allow radio traffic to clear | |
| 4. States location, unit ID, nature of ET and action to be taken or not taken | |
| 5. IC should then conduct PAR and insure acknowledgement by divisions/groups | |
| 6. If message is not acknowledged after several attempts, changes frequencies and reattempts | |

Pass or fail?

Demonstrate sounding building evacuation signal using any fire apparatus. OSFM 2-5.12

- | | |
|---|--|
| 1. Sounds proper number of blasts on air horn | |
| 2. Blasts last proper length of time | |

Pass or fail?

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