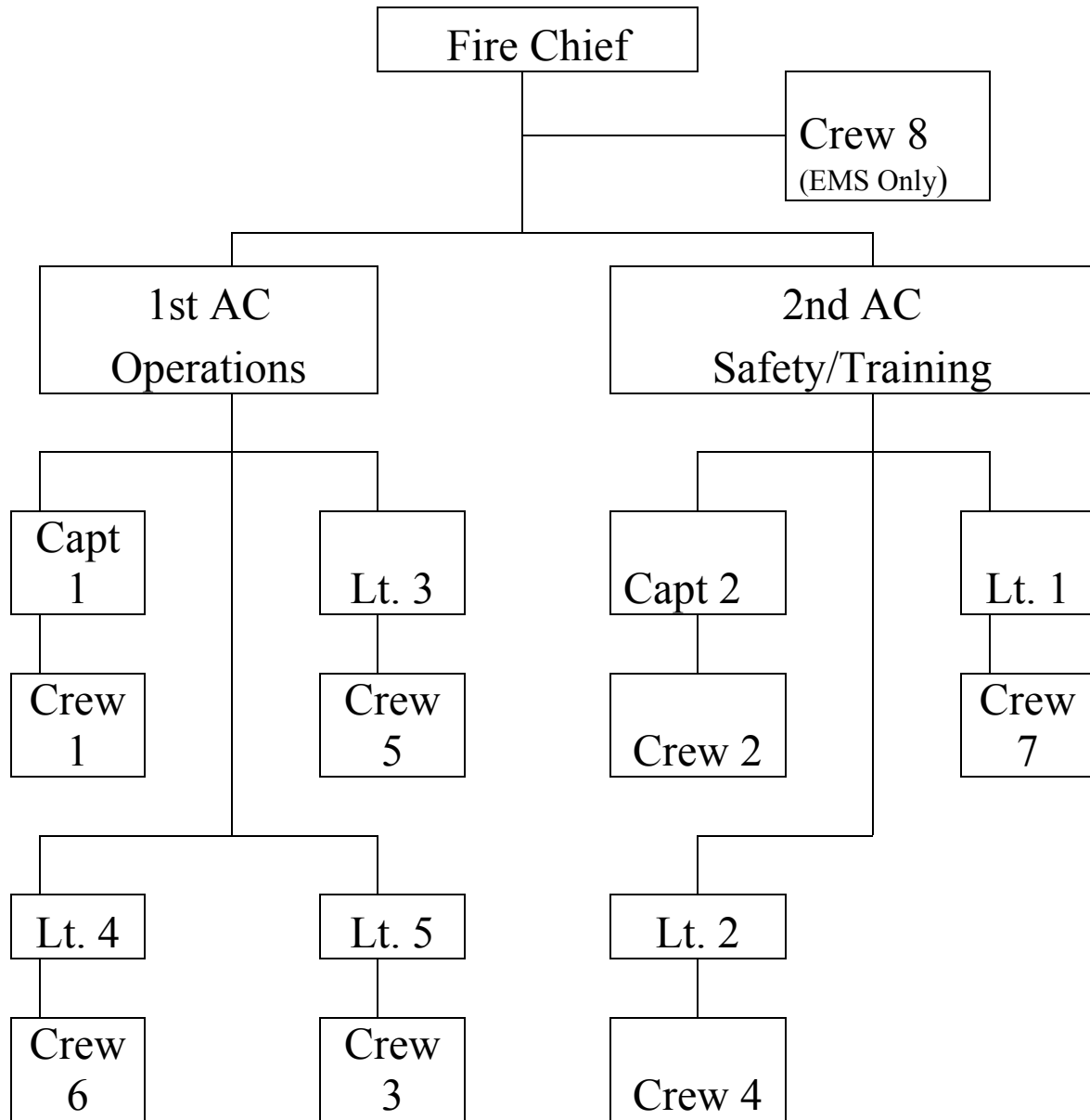


Grand Rapids Vol. Fire Department

Minimum Operation

Guidelines

Grand Rapids Fire Dept. Chain of Command



COMMUNICATIONS

PURPOSE: To provide guidelines for orderly and consistent radio communications on fire calls.

A. DISPATCH DESIGNATIONS

1. The designated central dispatch is the Wood County Dispatch Center for all calls in Wood County or Portage County Dispatch Center for all calls in Town in Portage County . The term **Wood County Dispatch or Portage County Dispatch** will be used when referring to county dispatch.
2. The secondary or back-up dispatch location will be the Grand Rapids Fire Station. The term **Grand Rapids Base** or **Base** will be used when referring to this base.

B. UNIT IDENTIFICATION

1. Units will use plain language identification when conducting radio communications.
2. Each Officer will also have a radio identifier:
 - a. Grand Rapids CAR 1 (Fire Chief)
 - b. Grand Rapids CAR 2 (1st Assistant Chief)
 - c. Grand Rapids CAR 3 (2nd Assistant Chief)
 - d. Grand Rapids Captain 1 or Captain “then state last name”
 - e. Grand Rapids Captain 2 or Captain “then state last name”
 - f. Grand Rapids Lieutenant 1 or Lieutenant “then state last name”
 - g. Grand Rapids Lieutenant 2 or Lieutenant “then state last name”
 - h. Grand Rapids Lieutenant 3 or Lieutenant “then state last name”
 - i. Grand Rapids Lieutenant 4 or Lieutenant “then state last name”
 - j. Grand Rapids RIT Lieutenant or Lieutenant “then state last name”

NOTE: For local operations of fire ground frequencies the community names may be dropped.

C. BASIC TACTICAL FREQUENCIES USAGE

WOFIR 3 - this is used to acknowledge page, for going in service until base is manned, and for Command/Base to talk with dispatch in emergencies only.

PTSAF - this is used to acknowledge page, for going in service until base is manned, and for Command/Base to talk with dispatch in emergencies only.

GRTWN – this is used for Command, Safety, and Staging. Base will monitor this channel and record all important information with times (Marc3 or WOTAC4 will be used as alternate channels).

MARC2 – this is used to communicate with any Air Med Units by the LZ

FG Black - this is used for Fire Operations & Attack. Operations officer will monitor IC channel for other information (FG Gray will be used as an alternate).

FG Blue – this is used for all fill site operations. Fill Site will monitor IC channel for other instruction. This channel will also be used for traffic control on 10-50 calls.

FG White – this is used if need as Vehicle Staging. Staging will monitor IC channel for information from Safety

FG Gold – This is used when Rehab is setup. Staging will monitor IC channel for information from Safety

Note: The Incident Commander may designate other frequencies as needed.

D. BASE RADIO OPERATIONS

1. Turn on indicator light to show radio is manned.
2. Contact Dispatching
 - a. Go in service to the correct dispatch center
Use WOFIR3 for calls in Wood County
PTSAF for calls in Portage County
 - b. Switch channel to GR Town (Marc 3 if IC activates this channel)
 - c. Ensure radio is in scan mode. If in scan mode, there will be a zig-zag line on the display screen. If it is not in scan mode, press P2 to put unit in scan mode
 - d. To talk to Wood County Dispatch
 1. Change to WOFIR3
 2. Receive information
 3. Change to back to IC channel
 - e. To talk to Portage County Dispatch
 1. Change to PTSAF
 2. Receive information
 3. Change to back to IC channel
3. Pull street locator and/or maps for fire location
4. Pull fill site locator
5. Do not leave this position unless relieved
6. Control of radio room is the base radio operator's job. Limit the number of people in room.
7. Base radio operator is responsible to report to Command if minimum staffing will not be met. Second page will be requested if minimum staffing is not met
1. Base Radio Operator will let Commander know if extra personnel are standing by at station.
9. Upon receiving emergency by telephone
 - a. Name, Address, Phone number, & problem
 - b. Advise them to contact Wood or Portage County Dispatching
 - c. Contact Wood or Portage County Dispatch on the phone or radio to have department paged as needed.

E. PRESCENE RADIO OPERATIONS

1. Messages will be kept short, precise, and use plain talk only (no 10-codes). Press the mic key and wait about 1 second before speaking. Speak clearly into the microphone, holding it 2-3 inches away from your mouth.
2. Department Officer, RIT member, or MFR will acknowledge the page to the correct dispatch center. Only one member needs to acknowledge the page ASAP

Example: “Wood County Dispatch, Grand Rapids CAR1 copy page”

3. Any unit going in service will radio the correct dispatch center until our base is in service.

Example: “Wood County Dispatch, Grand Rapids CAR 2 in service responding to 1234 Kellner Rd for a reported structure fire”

Example: “Wood County Dispatch, Grand Rapids Engine 1 in service responding to 1234 Kellner Rd for a reported structure fire”

4. Once our base is manned, all other units will go in service on GRTWN.

Example: “Grand Rapids Base, Grand Rapids T2 in service responding to 1234 Kellner Rd for a reported structure fire”

5. All units approaching the scene will radio the correct county dispatch upon its' arrival until base is in service.

Example: “Wood County Dispatch, Grand Rapids CAR 2 on scene.”

Example: “Grand Rapids Base, E1 on scene.”

Note: Grand Rapids base shall call correct county dispatch unit and give time of first do in station vehicle

F. FIRE GROUND RADIO OPERATIONS

1. The first arriving chief officer will conduct a scene size up and give a report to all inbound unit on IC channel.

EXAMPLE: "All Grand Rapids units, we have a two-story wood frame structure with fire showing on the “C” side. Car 2 assumes Kellner Command”

2. First arriving engine will radio IC as they approach the scene and give a visual scene size up.

EXAMPLE: "Kellner Command, E1 on scene. What are your orders?"

Note: Once orders are received, E1 will switch to FGBLK

All other arriving units will radio command if “safety or staging” has not been set up yet to receive their orders.

3. The transfer of command will only happen after a face to face meeting has happened on scene with the Officer of Engine 1 that is in command and the senior officer assume command. Once command as been transferred, a report will be made.

Example: “All Grand Rapids units, Grand Rapids CAR 1 has assumed Kellner Command”

The transfer of command does not have to be done. Should the senior officer wish to leave a junior officer in command, it will be his/her call.

3. Units released from an incident should radio base on GRTWN to inform of their status.
5. Non-emergency or administrative radio traffic may be broadcast for official business and use only and when the frequency is clear. Incident related communications will always take priority over other traffic.
6. The term "**MAYDAY**" will be used by any unit or company encountering an immediately perilous situation (lost, trapped, or in trouble) and will receive the highest radio priority.

Example of Mayday Radio Traffic:

CREW: “Mayday, Mayday, Mayday”.

IC: “All units on the fire ground, we have a Mayday, emergency traffic only. Unit announcing the Mayday, go ahead.”

CREW: “This is Interior Attack, we’re trapped in the basement and we need help. We entered the building from the C side sliding doors. Floor collapsed on us. Nor fire danger at this time”

IC: “Command copies, Interior Attack trapped in the basement. Command to RIT.”

RIT: “RIT....., go Command”

IC: “RIT, you are being activated and your task is to locate and rescue Interior Attack. They entered the C side of building and are trapped in the basement.”

RIT: “RIT, being assigned to locate and rescue the Interior Attack trapped in the basement.”

IC: “Command the Staging.”

STAGING: “Staging, go ahead command.”

IC: “Send crew of 3 to command to assist the RIT Team.”

STAGING: “Staging copies, team of 3 to command to assist the RIT Team”.

At this point the IC will direct all non emergency fire ground communication to switch to another channel. The down firefighter, sector officer, RIT, and IC will remain on the channel until rescue has been done.

G. SAFETY & STAGING RADIO OPERATIONS

1. Once Safety has been set up, the Safety Officer will announce this on GTWN.

EXAMPLE: “SO to all units and fire ground personal, Safety/Staging has been set up (give location). All inbound vehicle traffic will be directed to the Safety Officer on channel (name the channel)”.

2. Safety will now talk to all vehicles still responding to instruct them on staging of vehicles and ground personal for accountability.
3. Safety will monitor for any requests from IC for vehicles or ground personal.
4. Safety will, if the incident calls for it, assign a separate staging officer. This will be announced on GRTWN.

EXAMPLE: “Staging to all inbound units, Vehicle Staging has been set up (give location). All inbound units are to switch to FG WHITE”.

5. Staging will now switch to Fire Ground White and talks will all inbound vehicle. Once in staging, staging officer will direct vehicle personal to report Safety Officer for fire ground accountability and assignments.

H. FILL SITE RADIO OPERATIONS

1. Once the fill site has been set up, radio command on GRTWN.

Example: “Fill Site to Command. We have a fill site set up at (give location) All tankers are to switch to FIRE GROUND BLUE”

2. Fill Site officer will now talk with inbound tanker traffic.
3. Tankers will remain on this channel for the duration of this call.

APPARATUS RESPONSE

PURPOSE: To provide a guideline for which vehicle will respond to various types of fire calls

Staging for all Scenes: Unless directed, staging of vehicles will be set up about one (1) block from the scene

Carbon Monoxide Calls and Assist the Ambulance Calls

Engine 3	Investigation
Squad (As needed per IC)	For personnel

Single Vehicle Accident 10-50

Engine 3	Foam/Water/Extrication
B2	Traffic Control
Squad & B1	For Personnel & Traffic Control
Tanker 3 (as needed)	Water

Multi Vehicle Accidents 10-50

Engine 3	Foam/Water/Extrication
Engine 1	Foam & Water for Protection
B2	Traffic Control
Squad & B1	For Personnel & Traffic Control
Tanker 3 (as needed)	Water

Vehicle Fire Outside or on Highway(Not in Structure)

Engine 1	Attack
Tanker 3	Water
B2	Traffic Control
Squad & B1	For Personnel & Traffic Control
Tanker 2 (as needed)	Water

Vehicle Fires in Structure's or near.

Structure Fire Response

Wildland Fire

Brush 1	Attack
Tanker's	Attack/Water
Engine 1	Structure Protection/attack
Engine 3	Water Supply
Brush 2	Attack/Personnel
Squad	Personnel

Airport Calls (aircrafts in structure's or near)

Structure Fire Response for Hydrant

Structural Fires

Close to a Hydrant

Engine 1	Attack
Tanker's	Water
Brush 2	Hydrant Fill Site
Ladder 1	Backup Engine
	Vent Crew
Engine 3	Backup Fill Site
	Backup Engine
Squad	Personnel
Brush 1	Personnel

No Hydrant in Area

Engine 1	Attack
Tanker's	Water
Engine 3	Fill Site
Ladder 1	Backup Engine
	Vent Crew
Squad	Personnel
Brush 2	Personnel
Brush 1	Personnel

Mid State Fire Calls Structure

Engine 1	Attack
Ladder 1	Attack
Engine 3	Supply Engine
Squad	Personnel
Tankers	Water
Brush 2	Personnel
Brush 1	Personnel

Mutual Aid Call

The OIC, Officer, or Senior FF at the station will decide what to be sent.

If this is a MABAS Call, send only equipment that is listed on the card. Refer to MABAS book located in the Radio Room.

This is a guideline for Non-MABAS mutual aid Fire Calls

Request for Engine and personnel: Engine 3 and Squad

Request for Engine Crew for station coverage in Wis Rapids: Engine 1 - Attack
Brush 2 - Hydrant

Request for Supply Pumper for fill site: Engine 3

Request for Tanker(s) out side area: Tanker 3

(Note: If both tankers are need out side our area, call tanker(s) in to cover our area)

Request for personnel only: Squad and Brush 2

PROTECTIVE CLOTHING - FIREFIGHTING

PURPOSE: To assure that all personnel are prepared to safely begin fire or rescue operations immediately on arrival at an emergency scene.

SCOPE: This guideline shall apply to all personnel operating at the scene of any emergency incident or training exercise.

ENFORCEMENT: As with any safety guideline, primary responsibility rests with each individual. Department Officers are responsible for enforcement of this guideline.

A. PROTECTIVE CLOTHING DEFINITION

1. For the purpose of this guideline, full protective clothing will consist of the following:
 - a. Helmet with eye protection
 - b. Turn-out coat with liner
 - c. Turn-out pants with liner
 - d. Boots
 - e. Gloves
 - f. Nomex or PBI hoods

B. PROTECTIVE CLOTHING PROVIDED

1. Each member will be issued protective clothing by the Fire Department.
2. Each member will be responsible for their protective clothing, including care and maintenance. Any lost items shall be reported to the Fire Chief.
3. Alterations to any protective clothing, such as removal of coat or pants liners, is prohibited.
4. All protective clothing shall meet the provisions of the National Fire Protection Association and COMM 30 of the Wisconsin Administrative Code.

C. PROTECTIVE CLOTHING USE

1. Personnel should wear full protective clothing when responding to incidents. Protective clothing should be donned before boarding the apparatus. Full protective clothing is optional for drivers and command officers during the response.
2. Emergency operations will not begin until personnel have donned all necessary protective clothing. Personal safety will not be compromised in order to increase the speed of emergency operations.
3. Full protective clothing shall be worn by all personnel operating power tools, hydraulic tools, or forcible entry tools. Full protective clothing is also required of all personnel in an area where these tools are being used.

4. Personnel operating at the scene of a rescue or recovery incident will wear whatever equipment is necessary to assure personnel safety during the incident.
5. Gloves will be worn at all times when hand tools, power tools, hose, ladders, or other equipment is used that could cause injuries to the hands. This includes all work details and training exercises.
6. Helmets with chinstraps in place shall be worn by all personnel working in areas where there is a possibility that tools, equipment, or debris from above may fall.
7. On wildland fires where structures are not immediately in danger, or "crowning" has not occurred, turnout coats and pants may be substituted with Nomex cover-alls that are carried on the department vehicles. Also, high-top leather boots with steel toes may be worn instead of turnout boots.
8. Damage to protective clothing shall be reported to the Fire Chief as soon as possible. The Chief shall examine the damage article and order it replaced or repaired.
9. Incident Commanders may use their discretion to determine the appropriate level of protective clothing required for personnel working at incidents.

SELF-CONTAINED BREATHING APPARATUS

PURPOSE: The use of self-contained breathing apparatus (SCBA) is an essential part of the complete personal protective equipment package provided for Fire Department members. All personnel are expected to use SCBA whenever the need for respiratory protection is indicated.

SCOPE: This guideline will apply to all personnel operating at the scene of any emergency incident or training exercise. It is the Department's policy that personnel are not to be exposed to any hazardous atmosphere without the benefit of SCBA's.

ENFORCEMENT: Each member is responsible to work within this guideline.

A. DEFINITIONS

1. Use of SCBA: Wearing of SCBA with face piece in place, connected to the regulator, and breathing air from the SCBA cylinder.
2. Hazardous Atmosphere: Shall include the following:
 - a. Any atmosphere that is contaminated with smoke, gases, or other by-products of combustion.
 - b. Any atmosphere that contains any known contaminants not normally present in clean air.
 - c. Any atmosphere that is oxygen deficient or suspected of being oxygen deficient.

B. SCBA APPLICATIONS: The use of SCBA is mandatory for all personnel working under the following conditions:

1. Where the atmosphere is known to be hazardous.
2. Where the atmosphere is suspected of being hazardous.
3. Where the atmosphere may rapidly become hazardous:
 - a. In an active fire area.
 - b. Inside any building involved in fire.
 - c. In a potential fire or explosion area, such as a gas leak or fuel spill.
 - d. Where the smoke is visible in the atmosphere, including vehicle fires, dumpster fires, and outdoor rubbish fires.

- e. Where toxic products are present or suspected of being present, or could be rapidly released without warning.
- f. In unventilated confined spaces, unless specific tests are performed to assure the atmosphere is safe.
- g. In any below grade areas where an emergency exists, unless specific tests are performed to assure the atmosphere is safe.
- h. In any areas suspected of containing carbon monoxide, including all areas under overhaul after a fire.

C. SCBA USE RULES

1. Personnel using SCBA shall wear full protective clothing.
2. Personnel who use SCBA shall not have facial hair or beards that may interfere with the face piece seal. If eyeglasses are worn, the member shall use
3. frames that do not pass through the seal area of the face piece. The Department will follow Comm 30.12 (2) (d) when it comes to anything that interferes with the seal of the face piece.

If a member fails to comply with this requirement, the town and department officers will not be held responsible because the member failed to follow department rules.

4. SCBA removal is at the discretion of the Company Supervisor with the approval of the Incident Commander. Premature removal should be avoided especially during overhaul operations. Before removing SCBA, the atmosphere must be free of visible smoke the area must be thoroughly ventilated with provisions for continuous ventilation during the overhaul operation.
5. Each member is responsible for returning to service their SCBA Mask. If a problem is found with mask unit, it shall be tagged "out-of-service" and scheduled for repairs.
6. Each member is required to pass the annual fit test be authorized to wear an SCBA in the line of duty for this department. If a member fail to pass this testing, the member face piece will be turned in and said member will be assigned exterior duties only.

INCIDENT SAFETY

PURPOSE: To maintain the highest degree of safety for all personnel. To maintain this safety, we will follow the NIMS, ICS, and use our local accountability system on all calls

A. INCIDENT PERIMETER

1. The incident perimeter shall be the area inside an imaginary boundary that contains the potential hazards as a result of the incident.
2. The boundary is flexible, and is altered by various factors:
 - a. Areas of falling debris potential.
 - b. Areas of potential explosion.
 - c. Areas of smoke drift.
 - d. Areas subject to structural collapse.
 - e. Location of fire in relation to the center of the street or road and clear areas around the building (or vehicle).
3. All personnel entering the designated fire ground perimeter shall:
 - a. Wear full personal protective gear and SCBA.
 - b. Have crew intact.
 - c. Be assigned to a task, division, or group.
4. Yellow fire-line tape is used to keep civilians out of an area where a hazard exists. This tape can also be used as a warning devise for members authorized to operate within the perimeter.
5. Special hazards, such as hazardous materials incidents, will require specific perimeter restrictions. All members working at these incidents must be informed of the hazard areas.

B. TACTICAL POSITIONING

1. Positioning may affect the safety/survival of personnel. Members must use caution when placed in the following positions:
 - a. Above the fire (floors/roof).
 - b. Where the fire can move behind them.

- c. Where supervisors cannot control position/retreat.
 - d. When involved with opposing fire-streams.
 - e. Combining interior and exterior attacks.
 - f. With limited access- one way in or out.
 - g. Operating under involved roof structures.
 - h. In areas containing hazardous materials.
 - i. Below grade fires (basements, etc).
 - j. Above or below grade perimeter.
2. Personnel safety is the primary reason for an effective and well timed offensive / defensive decision.

IS THE RISK TO PERSONNEL WORTH THE PROPERTY WE WILL SAVE?

3. When operating in the defensive mode, members should position as far from the involved area as possible while remaining effective. The intent is to use safe positions where possible in order to safeguard against sudden hazards such as backdrafts, structural collapse, etc.
4. When operating in an offensive mode, be aggressively offensive. A coordinated interior attack, directed at knocking down the fire, eliminates most safety problems.
5. Command must limit the number of personnel within the perimeter to those assigned to a necessary function. All personnel will be:
- a. Positioned in staging,
 - b. Assigned to a task or working within a division/group, or
 - c. Assigned to a Resource or Rehabilitation areas.

Individuals or crews must be restricted from wandering about the emergency scene. If personnel are not assigned to an area, or do not have a staff function to perform, they shall remain outside the fireground perimeter.

6. Ground crews must be notified and evacuated from interior positions before Aerial water-streams go into operation.

DO NOT OPERATE EXTERIOR STREAMS INTO AN AREA WHERE

INTERIOR CREWS ARE WORKING!

C. LADDERING

1. When laddering the roof, extend the tip of the ladder 2 to 3 feet above the roof line. This will provide a visible means of egress/escape.
2. When laddering buildings under fire conditions, place ladders near building corners or fire-walls. These positions are generally more stable if the structure fails.
3. When working above or below grade, try to provide at least two separate escape routes. Stairways, ladders, exits, etc, at opposite ends or diagonal corners of the building is preferred.

D. DIVISIONS/GROUPS

1. Personnel safety is the primary reason for organizing the scene. Dividing the scene into work areas, with designated supervision, will provide a way to control both the position and function of companies.
2. Division or group supervisors must account for the position and welfare of crew members.
2. Crews must not leave assigned position unless directed by the division or group supervisor.

E. REHABILITATION

1. Supervisors must frequently check the physical condition of their crew. When crews show signs of serious physical or mental fatigue, the entire crew should be reassigned to Rehabilitation (REHAB). When Squad is on scene, it will be set up as the REHAB area.
2. Companies will request reassignment to REHAB from the division or group supervisor. The request must indicate the crews' position and shall advise the need for a replacement crew
3. Individual crews shall not report to the REHAB area unless assigned by Command.
4. Crew members should report to and remain intact while assigned to REHAB.

F. SAFETY OFFICER

1. Command shall activate a Safety Officer at incidents involving an extreme danger to personnel. Command should activate this position at any situation where it will be advantageous to the overall safety of operations.

2. Activation of the Safety Officer in no way reduces the responsibility of all supervisors for the safety of their crews. Each member must use common sense and work within the intent of safety procedures.

G. STRUCTURAL COLLAPSE

1. Structural collapse is always a possibility when a building is subject to intense fire.
2. Signs of potential collapse are:
 - a. Cracks in exterior walls.
 - b. Bulges in exterior walls.
 - c. Sounds of structural movement - creaking, groaning, etc.
 - d. Smoke or water leaking through walls.
 - e. Flexible movement of a floor or roof where firefighters walk.
 - f. Interior or exterior bearing walls or columns leaning.
 - g. Sagging or distorted roof-lines.
3. These construction features or conditions have been known to fail prematurely, or contribute to early structural failure:
 - a. Parapet walls.
 - b. Large open (unsupported) areas, such as; supermarkets, warehoused, school, gyms, etc.
 - c. Large signs or marquees which may pull away from weakened walls.
 - d. Ornamental or secondary front or sidewalls which may pull away and collapse.
 - e. Lightweight truss, bar joist, or bowstring truss roof assemblies.
 - f. Unprotected metal beams and columns.
4. It is Command's responsibility to monitor collapse potential.

H. EVACUATION

1. When the extent of the fire prohibits control, or when the structure becomes unsafe, interior operations should be abandoned.

2. When conditions in the building become unsound:
 - a. Evacuate.
 - b. Regroup.
 - c. Do a PAR (personnel accountability report).
 - d. Re-deploy.
3. The method of evacuation selected will depend on the following circumstances:
 - a. Severity of hazard.
 - b. Type and extent of hazard.
 - c. Area affected by the hazard.
4. When an imminent hazard prompts an evacuation, notify all personnel using an **EMERGENCY TRAFFIC** on all radio frequencies being used. In addition, one or more apparatus shall be ordered to sound their air-horns. Apparatus Operators shall sound the air horn, using a sequence of air horn blasts that shall not exceed 10 seconds in length followed by a 10 second period of silence, and this done (3) times.

Example: “EMERGENCY TRAFFIC... ALL CREWS EVACUATE THE STRUCTURE”
 - a. Crews will assemble and promptly exit to a safe location.
 - b. Sector supervisor will again account for all crew members.
 - c. Division or group supervisors will account for all crews.
5. Evacuation is complete when all crew members are accounted for.
6. When the evacuation is complete, a more specific evaluation of the hazard can be made.
7. Evacuation generally involves a shift from offensive to defensive operations. **MAKE SURE THAT EVERYONE GETS THE WORD THAT THE STRATEGY HAS CHANGED.**
8. Crews retreating from interior operations often need hose-line protection. These situations represent a major function of back-up lines.

I. SEARCH AND RESCUE

1. Before entering an area to be searched, all search members should be familiar with a specific search plan including the overall objective, the search area,

individual

2. Whenever possible, searches shall be conducted by two or more members of a team.
2. Supervisors must be aware of the location and function of crew members during search operations.
3. Whenever a search exposes the crew to fire conditions (especially above the fire floor), the search team shall be protected with charged hose-lines as soon as possible.
4. If search crews operate without a hose-line, life-lines should be used when working in conditions of limited visibility.

J. MAYDAY

The term "May-Day" typically will be used in the following situations:

- By the member who is lost, trapped, or in trouble.
- By the company officer, sector officer, or other member who cannot account for an assigned fire fighter who is operating in the hazard zone. This "May-Day" would generally occur following a PAR report that fails to locate/account for the suspected lost member.
- By a member who witnesses or has confirmed that a fire fighter is lost or in trouble.

The term "**MAYDAY**" will be used by any unit or company encountering an immediately perilous situation (lost, trapped, or in trouble) and will receive the highest radio priority.

Example of Mayday Radio Traffic:

CREW: "Mayday, Mayday, Mayday".

IC: "All units on the fire ground, we have a Mayday, emergency traffic only. Unit announcing the Mayday, go ahead."

CREW: "This is Interior Attack, we're trapped in the basement and we need help. We entered the building from the C side sliding doors. Floor collapsed on us. No fire danger at this time"

IC: "Command copies, Interior Attack trapped in the basement. Command to RIT."

RIT: "RIT...., go Command"

IC: "RIT, you are being activated and your task is to locate and rescue Interior Attack. They entered the C side of building and are trapped in the basement."

RIT: "RIT, being assigned to locate and rescue the Interior Attack trapped in the basement."

IC: "Command the Staging."

STAGING: "Staging, go ahead command."

IC: "Send crew of 3 to command to assist the RIT Team."

STAGING: “Staging copies, team of 3 to command to assist the RIT Team”.

At this point the IC will direct all non emergency fire ground communication to switch to another channel. The down firefighter, sector officer, RIT, and IC will remain on the channel until rescue has been done.

Abandoning fire fighting positions during the rescue effort should be avoided. Command and crews should take aggressive measures to protect trapped or missing fire fighters from the effects of the fire. Efforts should be concentrated on reinforcing existing positions and keeping the fire out of the rescue area and providing appropriate ventilation and lighting. In some situations it may be appropriate to write off some areas of the building in order to relocate companies and crews to better protect the rescue effort.

Things to remember and do if you are the down firefighter

- Personnel giving the MAYDAY shall identify their team; provide their location, fire or hazard conditions, and the entry point used.
- PASS device shall be turned on to provide rescuer with an audible signal for locating missing or trapped personnel.
- Conserve remaining air the best you can (breathing and talking)

TACTICAL PRIORITIES

PURPOSE: To provide a basic format for tactical operations.

GOAL: To provide a guideline which emphasizes proven tactical principles along with the safety of department personnel.

A. DEFINITIONS

RESCUE: Action taken to protect occupants of involved structures or fire areas. To remove threatened persons from danger.

FIRE CONTROL: Actions taken to stop the forward progress of a fire and bring it under control.

PROPERTY CONSERVATION: Action taken to stop or reduce the loss of property.

B. POLICY

1. Tactical priorities are separate, yet inter-related, activities.
2. Tactical priorities are addressed in the following order:
 - a. Rescue.
 - b. Fire Control.
 - c. Property Conservation.
3. While Command must complete each priority in its' order, Command must overlap the activities of each to reach the current goal.

C. RESCUE

1. **PRIMARY SEARCH:** All initial actions will concentrate on the quick, thorough completion of a primary search. Actions are based on the size-up of conditions. Three available options include:
 - a. **NOTHING SHOWING ON ARRIVAL:** Command must order a rapid thorough search.
 - b. **WORKING FIRE:** Command may direct fire control operations in support of rescue activities, in order to gain entry and control access and escape. However, the priority remains RESCUE.

- c. FULLY INVOLVED: The extent and location of the fire may rule out a primary search. If conditions prohibit a primary search, Command will advise Companies to skip that task.

EXCEPTION: Command may skip the *Primary Search* task if there is certainty that there is no one in the structure, such as; a dwelling fire where the family meets the FD upon arrival and assures that everyone is out.

2. SAFETY OF PERSONNEL

- a. Command retains responsibility for the safety of operating personnel.
- b. Firefighters conducting a *Primary Search* shall wear full protective clothing and SCBA.
- c. Whenever possible, search teams are to be supported by charged hose-lines.
- c. Firefighters assigned to *Rescue* must note the path they followed during entry and be aware of alternate escape routes.

3. COMMUNICATIONS

- a. Search teams will:
 - 1. Report the discovery of fire victims, their location, and any help that is needed to carry out the rescue.
 - 2. Report fire location and direction of fire travel.
 - 3. Report the completion of their search in their assigned area.

- 4. SECONDARY SEARCH: Command must order a *Secondary Search* when *Fire Control* is achieved.

D. FIRE CONTROL

- 1. Command will select a strategy based upon factors considered during size-up. Size-up will include the use of the three sources of fireground information: visual factors, reconnaissance, and pre-fire planning. Factors considered during size-up include:
 - a. Fire extent and location.
 - b. Fire effect.
 - c. Life hazard.

- d. Savable property.
- e. Entry and tenability.
- f. Ventilation.
- g. Resources.

2. FIRE CONTROL STRATEGIES

- a. OFFENSIVE- An interior attack, with related support, directed toward quickly entering and bringing the fire under control.
- b. DEFENSIVE- An exterior attack, directed to first reduce fire extension and then bringing the fire under control.

3. BASIC STRATEGIC PLANS

a. OFFENSIVE PLAN-

1. Take Command.
2. First line- 1.75 inch line, aggressive, well-placed, interior attack from the unburned side.
3. Provide support activities.
4. Conduct primary search.
5. Second line- 1.75 inch line, back-up first line or cover secondary points of egress.
6. Pump water- provide adequate water for attack crews.
7. Quickly check results- react as necessary.
8. Third line – 2.5 inch line pull and charge for exterior attack.

4. FIRE STREAMS

- a. INTERIOR STREAMS- Handlines used for interior fire control or to support search efforts shall be at least 1.75 inch.
- b. EXTERIOR STREAMS- Use BIG fire streams (BIG FIRE-BIG WATER). Solid stream tips provide better penetration for heavy streams.

5. FIRE CONTROL CONSIDERATIONS

- a. FIRE CONTROL actions must support any RESCUE effort.
- b. Situations can change and demand a change of strategy.

- c. DO NOT direct exterior fire streams into a structure while people are in the building or area.
- d. An interior (Offensive) attack starts from the unburned side.
- e. Command must provide support (including forcible entry and ventilation) to carry out FIRE CONTROL.

6. SAFETY OF PERSONNEL

- a. Command must monitor changing conditions which effect the safety of personnel.
- b. Command must enforce the proper use of protective equipment and accountability.

C. PROPERTY CONSERVATION

1. FIREGROUND CONSIDERATIONS

- a. The earlier salvage operations begin, the less damage there will be.
- b. Property conservation actions are based upon the resources (particularly staffing) that are available to carry them out.
- c. Command should require additional staffing if salvage operations require assistance.
- d. If the fire is out shut-down fire streams to stop further water damage.
- e. Command must remember the trade-off between damage caused by the attack, and the damage caused by the fire.

2. SAFETY OF PERSONNEL

- a. Property conservation efforts move with more caution, compared to RESCUE or FIRE CONTROL. Personnel hazards are identified (i.e. structural hazards, hazardous materials, etc) and explained to assigned crews.

CARBON MONOXIDE CALLS

PURPOSE: The Fire Department is responsible only for investigating a reported carbon monoxide problem or a detector sounding. We are not there to repair the problem. We will advise the occupant(s) of our findings issue a Notice of Findings Form and assist them in exiting the structure (if necessary).

Scope: Our first priority is to protect human life. If there are any indications of illness related to this incident, the Officer in Charge will request an Ambulance be dispatched to the scene.

Objective: Grand Rapids Fire Department Members should follow the following guidelines when responding.

1. Enging 3 with a minimum of (4) four fire fighters will respond to the scene (non 10-33).
2. Two fire fighters will enter the structure in full turn out gear including SCBA with face piece ready with two fire fighters on standby in full turn out gear including SCBA with face piece ready.
3. The CO monitoring device should be zeroed to manufactures specs outside the structure and away from fire apparatus.
4. The 1st reading should be taken outside the structure and recorded.
5. The 2nd reading should be taken just inside the structure and recorded.
6. If readings inside the structure are above 35 PPM, fire fighters will complete donning of the SCBA before continuing operations in the structure.
7. Readings should be taken and recorded in all rooms of the structure.
8. If CO exists, advise the occupants to notify the gas company and or the heating company to respond.
9. The Officer in Charge will complete the Notice of Findings Form, and inform the occupants(s) accordingly.

Mutual Aid Response:

The Grand Rapids Fire Department shall provide Mutual Aid CO response to all neighboring Fire Departments in accordance with our mutual aid contracts. The Grand Rapids Fire Department response will be one fire fighter minimum with turn out gear and SCBA.

The responsible department will be required to supply a fully equipped crew before the Grand Rapids Fire Department personnel enter any structure.

Monitoring Equipment:

All CO monitoring devices will be maintained per manufacturer's specs. CO meters will be included on all weekly equipment check sheets. All personnel should receive periodic training on the use and care of the departments CO monitoring during Monthly Air Pack Maintenance inspections or as per manufacturers specifications.

Evacuation:

Reading of 100 PPM shall require immediate evacuation of the structure.

Reading of 10 to 99 PPM requires informing occupants that exposure over a period of time is dangerous and may cause severe illness.

Readings of 0 to 9 PPM shall be considered low risk.

TRAFFIC CONTROL AND VEHICLE DEPLOYMENT FOR 10-50'S

PURPOSE: The Fire Department is responsible scene safety of all members on scene. We will only stop traffic and set up flagging operations. We will not redirect/detour traffic unless directed by the Sheriff's

Scope: Our first priority is to protect human life when called upon to do traffic control.

Objective: Grand Rapids Fire Department Members should follow the following guidelines when responding.

1. Engine 3 is the first unit out the door and will respond directly to the scene.
 - a. Park vehicle in such a way to block the scene for safety of all scene workers
 - b. Crew will pull one 1 3/4' cross lay line and charge as needed for scene safety (white = 100' and yellow = 200')
 - c. Crew will deploy the JAWS as needed per IC and the eta of WCSR 3
2. B2 will be the next vehicle out the door with a crew of 4 and 2 portable radios.
 - a. Prior to leaving the station, remove the red sign bags from behind the rear seat and place them in the bed of the truck. Place the STOP/SLOW signs in the rear crew area.
 - b. B2 will respond to the scene in the best route decide by the Officer of the vehicle. IC will give scene size up and what line of traffic the crash is in.
 - c. As B2 approaches the scene, Officer of the vehicle will decide the correct location to deploy one member from the rear crew area. This member will exit the vehicle from the non-traffic side and will grab one red sign bag from the bed of the truck. Once the member has the bag and is clear of the vehicle, B2 will continue with its assignment. This member will set up the "EMERGENCY SCENE" sign. Once set up, you will walk towards the member that will be deploying the "STOP/SLOW" bring with you the red sign bag and the flashlights.
 - d. B2 will continue to towards the scene. The officer will then decide the correct location to deploy the next member from the rear crew area. Once this member exits the vehicle with a radio, the "STOP/SLOW", and has gotten sign pole from the rear of the truck (under hose reel), B2 will again proceed with its assignment. As the member with the "STOP/SLOW" sign, you will stop all traffic until proper flagging operations can be set up on all two lane town roads or county roads. If you are deploying on double lane highways (example: 13 or 54) you will only stop traffic if the accident is directly ahead of you on the same side of the highway you are being deployed on.
 - e. B2 will now pass through the scene (best way possible) to set up traffic notification and control of the traffic on the other side of the scene.
 - f. Once turned around, B2 Officer will decide the correct location to deploy the next "EMERGENCY SCENE" sign. Officer will grab the red sign bag from the bed of the truck. Once the Officer has the bag and is clear of the vehicle, B2 will continue to the scene. This member will set up the "EMERGENCY SCENE" sign. Once set up, you will walk towards the member that will be deploying the "STOP/SLOW" sign bring with you the red sign bag and the flashlights. You will assist with traffic control and cone deployment as needed.
 - g. As B2 driver approaches the scene, you will park the vehicle in such a way to block the scene for safety of all scene workers.

- h. Once B2 is parked, you as the driver will deploy the last “STOP/SLOW” sign and pole. As the member with the STOP/SLOW sign, you will stop all traffic until proper flagging operations can be set up on all two lane town roads or county roads. If you are on double lane highways (example: town roads or two line county roads). If you are deploying on double lane highways (example: 13 or 54) you will only stop traffic if the accident is directly ahead of you on the same side of the highway you are being deployed on.
- i. Both ends of the traffic control and flagging operations points will communicate on FG Blue.
- j. B1 will be the next vehicle to leave the station with 2 members and one portable radio. This vehicle will approach the scene and stag in such a way to mark the flagging operations on the opposite side of the scene that B2 is staged on. This crew will assist with traffic control, flagging operations, and deploy cones as needed. Use FG Blue to talk to B2 for instructions as needed.
- k. Squad will be the next vehicle to respond to the scene to assist with manpower for traffic control, flagging operations, or LZ setup.
- l. We will deploy a Tender (tanker) prior to B1 and Squad only if it is a vehicle fire.

WILDLAND FIRES

GOAL: To establish a Response and Operating Guideline for brush, grass, and wildland fires in the Grand Rapids Fire Department coverage area.

DEFINITION: Forest Fire means an uncontrolled wild or running fire occurring on forest, marsh, field, cutover, or other lands. (Wisconsin Statute 26.11 (2))

A. **GUIDELINE:** The Town of Grand Rapids consists of 2 separate classifications as far as jurisdictional responsibilities under the Wisconsin Statutes, therefore responses and operations will vary according to the location of the incident.

1. West of 32nd Street: Under the jurisdiction of the Fire Chief who is in charge of suppression and investigation of such fires.
2. East of 32nd Street: Under the Wisconsin Department of Natural Resources INTENSIVE Forest Fire Protection Area. DNR has the primary responsibility to suppress and investigate all wildland or forest fires.

B. **PROCEDURE:**

1. West of 32nd Street:
 - a. Dispatch will page the GRVFD.
 - b. Response will be as per APPARATUS RESPONSE GUIDELINES
 - c. Fire Department Officer will be in-charge as per INCIDENT COMMAND PROCEDURES.
 - d. Mutual aid can be requested from DNR if necessary, but Fire Department is still in charge.
2. East of 32nd Street:
 - a. If Dispatch receives a call regarding a wildland fire in the INTENSIVE area, Dispatch will page out DNR Fire Control and the Fire Department.
 - b. Respond as per APPARATUS RESPONSE GUIDELINES.
 - c. DNR Fire Control personnel, if present, will assume Command of the fire. Consultation between DNR and the Fire Department Officer should be held to coordinate suppression efforts and clarify the Fire Department's role.
 - d. On large, complex forest fires, the Fire Department will follow the DNR's STRUCTURAL FIRE PROTECTION GUIDE.

- e. If DNR is not present, and is not in radio contact, suppression efforts will be made by the Fire Department and incident management will be by Fire Department Guidelines.

SUMMONING HELICOPTER

Scope: This protocol is intended to serve as a guide when considering a request to call a helicopter to the scene of a medical emergency.

Purpose: To promote the timely, cost-effective and appropriate use of helicopter transportation of critically ill or injured patients to facilities able to meet their needs.

Authority: Initiate - The first person to recognize the need should make the request as soon as possible. Any ambulance personnel, first responder, rescue/ fire personnel, emergency department personnel, law enforcement officer or dispatcher may summon a helicopter to the scene of a medical emergency.

Cancel — Cancellation of the helicopter will be done by the highest level of care ambulance on scene or enroute to the patient.

Destination - The flight crew will primarily be responsible for determining the destination of the patient based on their assessment and protocols.

Stand-By — The term "stand-by" will not be used in reference to a helicopter request. Typically, when called, the helicopter will plan on launching and flying to the scene unless cancelled.

Indications to initiate a helicopter response:

- Ejection from automobile during crash
- Incident involving a head injury and the victim is unconscious • Death of another occupant in the same vehicle
- Fall from 20 feet or higher, use 10 feet for a child
- Any event with three or more critically injured patients • Seriously ill or injured patient in an inaccessible area
- Pedestrian/ bicycle accidents where victim is thrown or run over • A patient with serious burns or has injuries from an explosion
- Any penetrating injury to abdomen, pelvis, chest, neck or head (gunshot, knife wound, industrial accident)
- Crushing injuries to abdomen, chest or head
- Near drowning patients
- Vehicle rollover.
- Any high speed motorcycle, snowmobile, or AN crash. • Large animal (rodeo, horse, bull, etc) related injuries.
- Any incident where signs indicate that a person may be seriously injured, and the caller is not able to clearly relay the necessary information.

Initiation:

1. As soon as possible after being given information that a call may have an indication for helicopter transportation of a patient, the authorized person shall request the dispatcher to summon the helicopter to respond.
2. The authorized person will relay to other responders that a helicopter has been requested so that a landing zone may be established, etc.

3. Once on-scene, first responders will communicate pertinent information about the injured patient(s) to the ambulance service.

Dispatch:

1. The dispatcher will call the Spirit Medical Transportation Service (800)3204949 and provide them with the following information
 - Requesting service (ambulance)
 - Scene location including GPS coordinates when known
 - Indication for call/ known patient information
 - Communication frequency to be used (generally MARC II)
 - Landing zone information if known, including radio ID of LZ Coordinator
 - Other helicopters called to the area (even if it is a different incident)
2. Communication/ frequencies
 - The primary frequency use to communicate with helicopters is MARC II (151.280)
 - If requested, dispatch may activate MARC I repeater. The helicopter will still receive on MARC II.
 - Alternate frequencies
3. Confirmation of aircraft and ETA

Once notified that an aircraft is enroute and an Estimated Time of Arrival (ETA) is known the dispatcher will notify the responding ambulance and the scene incident commander.

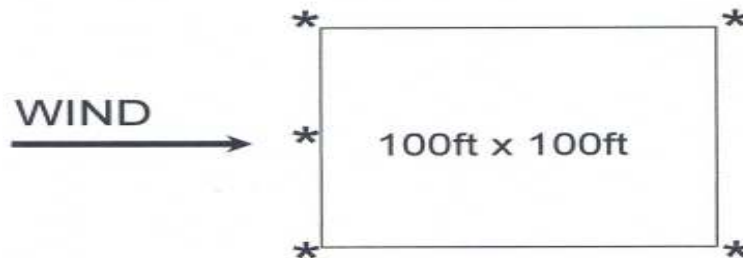
4. General Landing Zone (LZ) Guidelines
 - A. LZ Coordinator — any fire/ rescue, EMS or law enforcement person that has been trained to set up a helicopter landing zone may be appointed as the LZ Coordinator
 1. That person will have radio communication with dispatch and the incoming helicopter.
 2. The LZ Coordinator will brief the helicopter on the landing zone characteristics including any hazards.
 - B. Selection — the landing zone will have the following characteristics
 1. 100 x 100 feet minimum (when possible, make at 200 x 200 feet)
 2. Flat (no more than a 5 degree slope)
 3. Free of any obstructions (large rocks, signs, wires, trees, vehicles, debris, loose snow, fences, livestock, stumps). Always walk the LZ looking for obstructions
 4. Far enough from the scene to prevent hazard to rescuers and patients from the helicopter's winds or noise

C. LZ lighting — the LZ should be lit minimally on the four corners with flashlights, vehicle lights or commercial LZ marker lights. Do not use flares.

1. An additional light may be used to mark the wind direction. (see diagram)

D. Safety

1. Keep non-essential personnel back 200 feet.
2. Always assign a “Tail-rotor Guard”.
3. Do not approach the aircraft unless accompanied directed to by the flight crew.
4. Always remain within sight of the pilot. Do not go anywhere near the back half of the aircraft unless instructed to by a crew member.
5. No smoking or open flame near the LZ.



LINE OF DUTY DEATH

PURPOSE:

To provide guideline that outlines procedures and responsibilities to be fulfilled in the event of a serious injury or line of duty death to one of our members.

In the event of a line-of-duty death or serious injury the Officer in Charge (OIC) of the scene will insure the following tasks are completed:

1. Increase our response to an appropriate alarm level to handle the incident.
2. Notify the Fire Chief.
3. Notify the Police and Fire Commission and the Town Chairman.
4. Contact the AHJ (Police Department) and assist in securing, isolating, and evidence tagging of all personal protective equipment and equipment used by the affected member.
5. Details of the incident will not be transmitted via the radio or cellular phone.
6. Call for the coroner
7. Secure scene pending investigation by fire and police departments.
8. Document any witness including their name, address and telephone numbers for investigation.
9. Notify SFM.
10. Call for a Clergy to help with debriefing and notifying members (See clergy call list)
11. Call for a CISD Team (See call sheet)
12. Obtain personal information packet from file cabinet in the Chief's office.
THIS WILL BE DONE BY WHATEVER MEANS NECESSARY IF THE FIRE CHIEF IS NOT PRESENT.
13. The Fire Chief or his designee will issue all information to the media.

As soon as possible, have all members meet back at fire station so members can contact their immediate family after the debriefing.

DUTY DESIGNATIONS:

Fire Chief:	Serve as the Family Liaison Officer (FLO)
Public Information Officer (PIO):	Chief or Chief Officer will designate a PIO. All information will be issued by the PIO after clearance by the Chief or Chief Officer.
Operations Officer:	Will insure adequate manpower and equipment are at our station for call-outs.
Notification Officer:	FF Crew officer will accompany the Fire Chief to notify the family. An ambulance will stage approximately ½ mile from the family home.

NOTIFICATION OFFICER WILL:

1. Notify next of kin using personal information sheet. Notification will take place in person. Notification will take place in dress uniform.
2. Assist the family to the hospital if needed.
3. Assist the family with further notifications as needed.
4. Act as a liaison between the family and hospital.
5. Secure a quiet room for the family.
6. Concur with family for the release of information to the press. (Immediately notify the PIO when approved).
7. Assist the family in anyway possible.
8. Remain at the hospital until the family leaves or needs transportation.
9. Coordinate with the FD or PD to have a sentry at their home for the night. The sentry will be in a marked department vehicle and will shield the family from outsiders and provide any assistance that is necessary.

The Chief will make the official announcement to members of our department and then the media. The verbal announcement will be followed with typed copies for the media and one copy to be posted in our station.

As soon as possible the department will convene to plan all activities. Individual duties will be established to help coordinate responsibilities. The following duties will be assigned:

1. Response and Readiness Officer
2. Funeral and Procession Officer
3. Wake and Uniform Officer
4. Investigation Officer
5. Agency Notification Officer (PIO)

RESPONSE AND READINESS OFFICER WILL BE RESPONSIBLE FOR:

1. Secure the deceased personal effects from the fire station. Two individuals will complete this task and an inventory list will be completed and forwarded to the Fire Chief.
2. Provide for station and equipment personnel staffing for the duration of the funeral process.
3. Coordinate the Critical Incident Stress Debriefing team.
4. Oversee equipment readiness for funeral details.
5. Ready engine for casket and flowers.
6. Work with pallbearers in preparation for casket placement and removal.

FUNERAL AND PROCESSION OFFICER WILL BE RESPONSIBLE FOR:

1. Confirm time and place for wake, funeral and cemetery.
2. Meet with the funeral director, minister-handling rites, and visit the cemetery to formulate plans.
3. Coordinate the procession route with local police and identify and assign traffic control measures as needed.
4. Secure someone to take pictures and video.

WAKE AND UNIFORM OFFICER WILL BE RESPONSIBLE FOR:

1. Distributing black elastic badge shrouds.
2. Secure and install bunting for the station. Bunting can be secured through the IFCA.
3. Coordinate and assign the Honor Guard detail
 - 2 men assigned during all wake hours for 10-15 minute intervals.
 - Establish and conduct the fire department “walk through” at the memorial.

AGENCY NOTIFICATION OFFICER IS RESPONSIBLE FOR CONTACTING THE FOLLOWING:

1. Public Safety Officers Benefit Program
2. Fire Department Town of Grand Rapids Insurance Carriers
3. National Fire Academy/US Fire Administration
4. Transmit death and funeral information via WSFCA
5. Office of the State Fire Marshal
6. National Fallen Firefighters Foundation

TYPES OF SERVICES:

- Level 1 - Death as a result of a line-in-duty death or job related. This may include an inactive member whose death has stemmed from an injury sustained during active duty. Careers members and volunteers are included.
- Level II - Death of an active member, non job related. Career and volunteers are included.
- Level III - Death of an honorary member.

SUGGESTED OPTIONS:

LEVEL 1	LEVEL 2	LEVEL 3
*American Flag	*American Flag	*American Flag
Bagpiper		
Badge Shrouds	Badge Shrouds	Badge Shrouds
Color Guards		
Crossed Ladders		
Eulogy	Eulogy(if requested)	
Hearse	Hearse	Hearse
Flowers	Flowers	Flowers
Honor Guard	Honor Guard(if requested)	
Active Pall Bearers(if requested)	Active Pall Bearers(if requested)	Active Pall Bearers(if requested)
Station Bunting		
Vehicle Bunting	Vehicle Bunting	
Walk Through	Walk Through	Walk Through
Present Dept. Helmet	Present Dept. Helmet	

*Use only of deceased was a veteran

Department members are encouraged to notify the Chief of a retiree's death
At the conclusion of the funeral service the following announcement will be toned out and read over the radio:

“The members of the _____ fire department wish to thank _____ (rank and names) for (his/her) _____ (# of years of service) to the citizens of _____ (city/township/district). Although you are gone, you will not be forgotten.”

The Fire Chief will designate an Investigation Officer to head an Investigation Team as soon as possible. The objective of this team is to thoroughly analyze and document the events leading to the death or serious injury and to make recommendations to prevent a similar occurrence. A final report shall be written and forwarded to the Fire Chief. The Investigation Officer will keep the Fire Chief apprised of the investigations status. All members of our department shall give complete cooperation to the members of the team.

THE INVESTIGATION TEAM WILL BE RESPONSIBLE FOR:

1. Assisting in the gathering and analysis of all physical evidence relating to the event and preserve the chain of evidence.
2. Collect written statements from all department personnel involved.
3. Interview and collect statements from any witnesses to the incident.
4. Gather all call tapes, reports, radio logs, etc. that are pertinent to the investigation.
5. Collect copies of the autopsy report, medical treatment records, injury reports and information related to the incident.
6. Maintaining a liaison with other agencies or teams involved in the investigation of the incident.

Five Principles of Notification

In Person

- Always do the notification in person, never by phone!
- For family members living out of the local area, arrange for authorities in that area to make the notification in person.
- Immediately find the firefighter's emergency contact information to know who needs to be notified in person. Usually, the spouse (or unmarried partner) and parents of the firefighter should be the first priority.

In Time and with Certainty

- Before making notification, have positive identification of the deceased firefighter. Obviously, errors in identity can cause extreme trauma.
- Never discuss a fatality over the radio. This may result in a family member receiving the news before you can notify them in person.

- Quickly gather as much information about the incident as possible before making the notification. Survivors will have questions.
- Get to the survivors quickly. Don't let the media notify them first.

In Pairs

- Have two people present to make the notification. Survivors may experience severe emotional or physical reactions when they learn of the death.
- Use the employee's emergency contact information to identify a uniformed member of the fire service to accompany the department's representative. It is helpful to have the department chaplain or a friend of the firefighter's family, too.
- Take two vehicles, if possible. This will allow one of you to take a survivor to the hospital, if necessary, while the second person stays with other survivors.
- Before you arrive, decide who will speak and what that person will say.

In Plain Language

- Clearly identify yourself and present identification, then ask to come in.
- Notification should take place in a private setting.
- If you don't know the family member, make sure you are talking to the right person.

- Begin with "I have very bad news," or "I'm so sorry to have to tell you this."
- Use the words "died" and "dead" rather than terms such as "passed away" so the message is absolutely clear. Speak slowly. Get to the point quickly.
- Calmly answer the survivor's questions. It is fine to say, "I don't know" if you don't.
- Use his or her name when referring to the firefighter rather than saying "the body."

With Compassion

- Allow survivors to express emotions. Do not try to talk them out of their grief.
 - Accept your own emotions. It's okay if you cry during notification, but stay calm.
 - Never leave immediately after making a notification. Offer to help the survivor call friends or family members. Do not leave before someone else arrives.
 - Do not take the firefighter's personal items with you when you make the notification. Tell the family they will receive them later. Most survivors will need some time before they feel able to deal with these items.
 - Provide the survivor the opportunity to see the deceased firefighter; even if the body is badly disfigured. Offer to transport the family to where the firefighter is, and help prepare them for what they will see.
 - Before leaving, write down important information, including the names and phone numbers of the department personnel who will work with the family.
 - Have one member of the department stay with the family, unless the family declines.
-

Health Maintenance

PURPOSE: To provide guidelines for the health safety of our MFR.

No member will be assigned to emergency response duties until appropriate medical personnel have performed six physical assessments. At a minimum, this will consist of a possible health history, vital signs, and lung sounds.

Work restrictions for reasons of infection control may be initiated by the Chief, Medical Officer or Designated EMS Officer. These may be temporary or permanent. As an example, members with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and/or decontamination of patient care equipment.

All members will be offered immunization against hepatitis B. The risks and benefits of immunization will be explained to all members, and informed consent obtained prior to immunization.

Members may refuse immunizations, or may submit proof of previous immunization. Members who refuse immunization will be counseled on the occupational risks of communicable disease, and required to sign a refusal of immunization form. Members who initially refuse immunization may later receive immunization upon request.

All members will receive annual health evaluations to include vital signs and respiratory assessment.

Any member returning to work following debilitating injury, illness, or communicable disease (occupational or non-occupational) will be cleared by his/her Medical Doctor and written proof submitted to the Chief, Medical Officer or Designated EMS Officer to resuming emergency response duties.

The department and Medical Director will maintain records in accordance with Federal OSHA CFR 29, Part 1910.1030. Member participation in the Infection Control Program will be documented, including:

- Name of member
- Hep B Immunization record(s)
- Circumstances of exposure to communicable diseases
- Post-exposure medical evaluation, treatment, and follow-up

Infection control records will become a part of the member's personal health file and will be maintained for duration of employment plus thirty years.

Medical records are strictly confidential. Medical records will be maintained in the office of the Chief and will be kept with personnel records. Medical records will not be released without the signed written consent of the member. There will be no exceptions to this policy for Department Administration, Governmental Administration (with the exception of court orders), or insurance companies. Records of participation in member assistance programs or critical incident stress

debriefing are considered medical records.

Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of individual members cannot be determined from the abstract.

Infection Control Training

PURPOSE: To provide guidelines for Infection Control Training.

All members providing emergency services will be required to complete:

- Initial infection control training at the time of assignment to tasks where occupational exposure may occur.
- Refresher infection control training at least annually thereafter.

All infection control training materials will be appropriate in content and vocabulary to the educational level, literacy, and language of members being trained.

Training will comply with NFPA Standard 1581 and OSHA Regulation 29 CFR Part 1910.1030 and shall include:

- An accessible copy of 29 CFR Part 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the department exposure control plan and how the employee can obtain a copy.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated, notification that the vaccine and vaccination will be provided at no charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the department is required to provide following an exposure incident.
- An explanation of the signs and labels and/or color-coding required for biohazard materials; information on the proper storage and disposal of biohazard materials.
- Opportunity for interactive questions and answers

Infection control trainers shall be knowledgeable in the entire program elements listed above, particularly as they relate to emergency services provided by this

department.

Written records of all training sessions will be maintained for three years after the date on which the training occurs. Training records will include:

- The dates of the training sessions,
- The contents or a summary of the training sessions,
- The names and qualifications of persons conducting the training, and
- The names and job titles of all persons attending the training sessions.

Station or Equipment Environment

PURPOSE: To provide guidelines for Storage, decontamination, and disposal areas.

1. Equipment decontamination and disinfection (laundry/dirty utility room)
2. Storage of clean medical equipment and infection control personal protection equipment will be in on the storage racks in the apparatus bay. Medical and PPE Equipment will be signed in and out via the log located on the storage rack.
3. Cleaning or Storage of contaminated or biohazard waste

Under no circumstances will kitchens, bathrooms, or meeting areas be used for decontamination or storage of contaminated patient care equipment or infectious waste.

Decontamination of all contaminated work surfaces or equipment will be done with an appropriate disinfectant.
4. Clean equipment immediately or as soon as feasible when it has become contaminated
5. At the end of the work shift if the surface or equipment may have been contaminated since the last cleaning, it will be cleaned.
6. Dispose of contaminated PPE with the ambulance service.

Personal Protective Equipment - EMS

PURPOSE: To provide guidelines specification, purchase, storage, and issue of personal protective equipment (PPE)

Standards for personal protective equipment will be developed by the EMS Committee and updated or modified as needed.

The department is responsible for the supply, repair, and replacement of equipment and infection control PPE.

The Chief, Medical Officer or Designated EMS Officer will determine proper stock supply levels of PPE both for stations and for response vehicles.

Available PPE (in addition to PPE for rescue and EMS response) will include disposable gloves, rubber gloves for disinfection purposes, facemasks, eye protectors, full-face shields, sharps containers, and leak proof disposal bags.

All First Responders will be issued a pocket mask with a one-way valve and disposable gloves. Replacement pocket masks will be carried on the Squad vehicle and stocked at the station.

Selection and use of personal protective equipment

Emergency response often is unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the workplace, in the field it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in doubt, select maximal rather than minimal PPE.

Disposable gloves will be worn during any patient contact when potential exists for contact with blood, body fluids, non-intact skin, or other infectious material. All members will carry extra pairs of disposable gloves.

Gloves will be replaced as soon as possible after a call, soiled, torn, or punctured. Hands must be washed after glove removal.

Disposable gloves will not be reused or washed and disinfected for reuse.

Where possible, gloves should be changed between patients in multiple casualty situations. Hands should be cleaned with disinfectant sanitizer that is carried in the medical bag.

Leather gloves will be worn in situations where sharp or rough edges are likely to be encountered. Latex gloves are to be worn in conjunction with leather gloves.

Heavy-duty utility gloves may be used for the handling, cleaning,

decontamination, or disinfection of potentially contaminated patient care equipment.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a facemask and eye protection. When treating a patient with a suspected or known airborne transmissible disease, a facemask will be used. The first choice is to mask the patient, if this is not feasible, mask the member(s).

Response gear Jump suite, helmet, and goggles will protect clothing from splashes and are preferable in rescue or vehicle extrication activities. The decision to use barrier protection to protect clothing, and the type of barrier protection used, will be left to the member. Firefighting jackets or NFPA approved coveralls, and helmets will always be worn for vehicle extrications. Remember leather cannot be cleaned if body fluids are splashed onto leather parts of gear.

Summary

- If it is wet, it is infectious - use gloves
- If it could splash onto your face, use eye shields and mask or full face shield.
- If it is airborne, mask the patient or yourself
- If it could splash on your clothes, use a coveralls or EMS coat
- If it could splash on your head use appropriate barrier protection.

PPE PLAN FOR INFECTIOUS EXPOSURE:

NOTE: Department-issue jackets or shirt, shoe/boots, and pants shall be worn on all medical responses. Protection below is required in addition.

TASK/SITUATION	Gloves	Prot Clothing (Jump suit & HH)	Eye Gear	Mask
Any light contact with blood or other body fluids.	X			Optional
Heavy bleeding or large amounts of fluids, including vomiting, childbirth, urine/fecal contamination, etc.	X	X	X	X
Spraying/splattering body fluids or situations when this can be anticipated.	X	X	X	X
Extrication	X	X	X	Optional

Personnel should wear correct PPE for the call they are responding to. If protective clothing is required, should be donned before leaving your vehicle.

MFR will start any Emergency operations until personnel have donned all necessary PPE. Personal safety will not be compromised in order to increase the speed of emergency operations.

MFR Personnel operating at the scene of a rescue or recovery incident will wear whatever equipment is necessary to assure personnel safety during the incident.

Damage to protective clothing shall be reported to the Fire Chief as soon as possible. The Chief shall examine the damage article and order it replaced or repair.

EMS Scene Operations

PURPOSE: To provide guidelines for scene safety

The blood, body fluids, and tissues of all patients are considered potentially infectious, and Standard Precautions/Body Substance Isolation procedures will be used for all patient contact.

The choice of personal protective equipment is specified in SOP # IC 4. Members will be encouraged to use maximal rather than minimal PPE for each situation.

While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to limit splashing, spraying, or aerosolization of body fluids.

The minimum number of members required to complete the task safely will be used for all on-scene operations. When lifting and moving patients, ensure that there are sufficient members to protect the responders and the patient. Members not immediately needed, will remain a safe distance from operations where communicable disease exposure is possible or anticipated.

Hand washing is the most important infection control procedure.

Member will wash hands:
After removing PPE
After each patient contact
After handling potentially infectious materials
After cleaning or decontaminating equipment
After using the bathroom
Before eating

Hand washing with soap and water will be performed for at least fifteen seconds. If soap and water are not available at the scene, a waterless hand wash (towellettes or sanitizer) may be used, provided that a soap and water wash is performed immediately upon return.

Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of operations. Refer to SOP IC #6.

Used needles and other sharps shall be disposed of in approved sharps containers. Needles will not be recapped, resheathed, bent, broken, or separated from disposable syringes. **The most common occupational blood exposure occurs when needles are recapped.**

Sharps containers will be easily accessible on-scene

Disposable resuscitation equipment will be used whenever possible. For CPR, the order of preference is:

1. Disposable bag-valve mask.
2. Bag-valve mask with disposable mask and rest of unit can be disinfected.
3. Demand valve resuscitator with disposable mask.

4. Disposable pocket mask with one-way valve.
5. Mouth-to-mouth resuscitation.

Mouth-to-mouth resuscitation will be performed only as a last resort if no other equipment is available. All members, who are first responders, will be issued pocket masks with one-way valves to minimize the need for mouth-to-mouth resuscitation. Disposable resuscitation equipment will be kept readily available during on-scene operations.

Personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated.

After use, all PPE will be disposed of at the ER in appropriate containers marked for biohazard waste. If unable to dispose of PPE at ER, all PPE will be placed in leak proof bags, color coded and marked as a biohazard, and transported back to the ER for proper disposal.

The Department POI will handle on-scene public relations. The public should be reassured that infection control PPE is used as a matter of routine for the protection of all members and the victims that they treat. The use of PPE does not imply that a given victim may have a communicable disease.

No medical information will be released on scene. Media queries will be referred to the Department POI. Patient confidentiality will be maintained at all times.

At conclusion of on-scene operations, all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

Post-Response (Housekeeping)

PURPOSE: To provide guidelines for after a call.

I. EQUIPMENT

1. Reserve equipment will be maintained to replace grossly contaminated equipment if needed.
2. Minor contamination can be cleaned and decontaminated in the field.
3. When gross contamination occurs, the crew on duty is to notify the Chief, Medical Officer, or Designated EMS Officer.

EQUIPMENT AND CLEANING AND DISINFECTION PROCEDURE:

Cleaning and disinfection guidelines vary depending on the medical condition of the patient and the type of contamination if any. Disinfection procedures are dictated by need. If the patient has no outward symptoms of infection (e.g., active coughing or sneezing) and is not a high risk of exposure (e.g., copious amounts of body fluids), disinfection procedures are minimal. If the patient exhibits any signs of being an exposure risk, the guidelines that follow should be used after transport is complete.

REMEMBER: WASH FIRST, AND THEN DISINFECT!!!!

THOROUGH CLEANING

When treating an infectious or high-risk patient, specific procedures should be followed to avoid cross-contamination:

Disposal: all disposable biohazardous waste must be properly disposed of in garbage bags provided and then at an appropriate biohazardous disposal receptacle at the ER or with the ambulance. Sharp items such as needles and vials must be disposed of using a puncture-proof container, and may not be placed in garbage bags.

GLOVES SHALL BE WORN WHENEVER HANDLING CONTAMINATED WASTE.

Disinfect by wiping: reusable equipment that will not have invasive or mucous membrane contact (e.g. backboard, stretchers) must be cleaned thoroughly, then wiped down with an approved disinfectant solution. If the equipment will come in contact with a patient's skin or mucous membranes, it must be rinsed thoroughly with clean water after disinfection. If the equipment has moving parts that become contaminated, procedures listed below for disinfecting by soaking should be used. If the moving parts involve biomedical equipment or objects that cannot be soaked, saturation of the area should be performed using the approved disinfectant.

Gloves must always be used when performing any disinfecting function, and proper precautions should be used as indicated by the chemical company's MSDS sheets or package labeling.

Disinfect by soaking: reusable equipment that has or may come in contact with mucous membranes or been used during invasive procedures must be disassembled, cleaned thoroughly, and then placed in an approved detergent disinfectant for the prescribed length of time recommended by the manufactures.

Bleach soak:

20 minutes if the item will not come in contact with the patient's mucous membranes

30 minutes if the item will come in contact with the patient's mucous membranes

ALWAYS RINSE THOROUGHLY AFTER DISINFECTING EQUIPEMENT

Gloves and masks must always be used when performing any disinfecting function using hazardous chemicals, and proper precautions should be used as indicated by the chemical warning labels and MSDS sheets.

Items contaminated with infective material (e.g. oxygen tubing, mask, etc.) must be treated as biohazard, following the cleaning or disposal procedures previously mentioned in this section.

BAG CLEANING / DISINFECTION TABLE

<u>Article</u>	<u>Decontamination Procedure</u>
Backboard	2
BP cuffs: cloth	2
BP cuffs: tubes, gauge, bladder	2
Electronic Equip	2
AED	2
Oxygen equip: flow meters	2
Oxygen equip: regulators	2
Oxygen equip: tanks	2
Pocket Masks	1 or 3
Scissors	3
Splints: metal	3
Stethoscope	2
Straps: plastic	2
Suction unit	1

1- Dispose

Dispose of in bag, seal and then place in waste container at ER or station. Sharp objects such as needles, stylets, and vials should be disposed of in puncture-proof containers.

2 - Clean and Disinfect by Wiping

Item must be cleaned and all debris removed. AFTER initial cleaning, wipe down with cloth soaked in an approved disinfectant. If object will come into contact

with patient's skin or mucous membranes, rinse with clean water and allow to air dry, otherwise just air dry.

3 - Clean and Disinfect by Soaking

Item must be thoroughly cleaned with all debris removed, and soaked in detergent disinfectant. The product manufacturer's instructions for usage should be followed. After disinfection, items must be rinsed thoroughly.

- II. All MFR shall report back to the fire station to complete the required paper work, do an incident review if needed, and restock if necessary.

Post-Exposure Protocols

PURPOSE: To provide guidelines for exposures.

Any member exposed to potentially infectious material will immediately wash the exposed area with soap and water, or saline wash if the eyes are involved.

Any member having an occupational communicable disease exposure will immediately report the exposure to the Chief, Medical Officer, or Designated EMS Officer. Needle stick injuries will be reported immediately to the Chief, Medical Officer, or Designated EMS Officer.

The member will fill out an accident/exposure report for located in the radio room file cabinet (3rd drawer) within twenty-four hours for any of the following exposures:

- Needle sticks injury.
- Break in skin caused by a potentially contaminated object.
- Splash of blood or other potentially infectious material onto eyes, mucous membranes, or non-intact skin.
- Mouth-to-mouth resuscitation without pocket mask/one-way valve.
- Other exposure that the member may feel is significant.

The report will include details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time.

The Chief will review the communicable disease exposure report and forward it to the Medical Director as needed.

The Chief, Medical Officer, or Designated EMS Officer will evaluate the report for exposure hazards. If a possible exposure occurred, medical evaluation will be arranged no later than 24 hours post-exposure. If no exposure took place, the Chief, Medical Officer, or Designated EMS Officer will counsel the member on exposure hazards. The communicable disease exposure report will be filled out, indicating disposition of medical management, and file the report in the member personal health file.

The Chief, Medical Officer, or Designated EMS Officer will perform or refer members for infection control retraining or for stress management counseling if indicated. Spousal counseling will be available.

The source patient will be traced to the receiving medical facility by the Chief. The Chief will notify the receiving facility that a communicable disease exposure took place, and request an infectious disease determination, as provided under the Ryan White Act of 1990. The receiving facility staff will make requests for consent to test the source patient for HIV and HBV. The source patient has the right to refuse such testing under present laws.

The Medical Director or designee will provide appropriate diagnostic workup and treatment of members with communicable disease exposures. Services may include long-term follow-up and member or spousal counseling.

Under the Ryan White Act, medical treatment facilities will notify the Chief of any patient transported by members of the department with a diagnosis of an airborne transmissible disease. When so notified, the Chief will contact members involved and schedule medical evaluation with the Medical Director of the department.

Although not required by the Ryan White Act, medical treatment facilities may provide similar notification of diagnosis of blood borne or other potentially communicable disease if a member provided care or transportation to the source patient, and if disease transmission could have taken place. This policy will be carried out through cooperative agreements between medical treatment facilities and this department. Patient confidentiality will be preserved in any notification procedure.

Compliance and Quality Monitoring/Program Evaluation

PURPOSE: To provide guidelines for Compliance and quality monitoring

The Chief, Medical Officer, or Designated EMS Officer will collect compliance and quality monitoring data including:

- Inspections of station facilities and equipment
- Observation of on-scene activities
- Member training attendance
- Members signing up for required call time
- Review of Run Reports
- Analysis of reported exposures to communicable diseases

A semi-annual quality and compliance report will be done.

Program evaluation

The Infection Control Program will be reevaluated at least annually by the Chief to ensure that the program is both appropriate and effective.

In addition, the Infection Control Program will be reevaluated as needed to reflect any significant changes in assigned tasks or procedures; in medical knowledge related to infection control; or in regulatory matters.

Department Requirements for Medical First Responders

PURPOSE: To provide guidelines for requirements for MFR.

1. Complete MFR or higher level course
 - a. Must obtain and retain state certification or licensure
 - b. Must obtain and retain a valid CPR card
2. Become familiar with and have a thorough understand of the department and town policies and procedures.
3. Become familiar with operations of the ambulance service for Grand Rapids
4. Become familiar with the location of equipment commonly used by MFR on the ambulance.
5. Have a thorough understanding of the ems equipment and location of said equipment we use
6. Have the knowledge and know the location of equipment and restocking of said equipment.
7. Understand how to properly answer and respond to a call for service
8. Understand your role as MFR on ems incident
9. Understand your role as MFR on a fire incident
10. For ems members trained as firefighters, when to report for a call as a firefighter
11. Have a thorough understanding of how to properly complete the required paper work for an ems call
 - a. Incident (Run) Report
 - b. Refusal of Care/Treatment
 - c. Exposure Report form
 - d. Injury Report Form

Signing up and fill Call Times

PURPOSE: To provide guidelines for call time.

1. All MFR are required to take a minimum of forty (40) hours of call time per month unless otherwise authorized by Chief, Medical Officer, or Designated EMS Officer.
2. There will be a maximum of two members signed up at any time. Additional staffing can be added by the crew on duty if the call sounds like it will require this.
3. Signing up for call is a first come first serve bases. This means that the first two members that signs up for a given day gets to chose their hours they are able to volunteer and cover. Next person to sign up can grab the hours not taken by the first two members and so on. It is our policy that we will only have two members on at any given time unless pre-approved
4. All new members are required to sign up as a “third” in order for them to become familiar with how our department operates. They will operate in a third personal response role until they feel comfortable to assume primary response and patient care. If a member is training/shadowing, the member must call the other(s) on call to let them know. New members are required to respond to six (6) calls with patient contact before being allowed to sign up as one of the two person crew for primary calls.
5. If you are unable to fill a shift you signed up for, it is your responsibility to find a replacement prior to the start of your shift. If you have to drop time that you signed up for, you will need to let your partner know about. If you can’t find someone to fill the time you are dropping, you will be required to inform the chief or the EMS officer. Remember, you have signed up first and others that could have didn’t. So, what is a good reason to drop time – you are sick, kids are sick and you have to watch them, called into work, or a death in the family to name a few. This follows the same rules set forth in our bylaws about attending meetings and trainings.
6. Only the person that is dropping call can “white out” their times. Again, you must try and find some one to take this time. If you “white out” someone’s time out and they didn’t give that time up that you have just taken from them, you will be subjected to disciplinary actions as outlined in the department by-laws.
7. If you are required to assist in staffing an ambulance, it is your responsibility to notify your partner, Chief, or Officer that you will not be able to respond to calls.
8. Below are several examples of how to and how not to sign up for call time.

Correct Example with only two members responding at any given time:

Name or Number		Mid	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	Mid
Sunday	Joe 1	x	x	x	X	X	X	X	x														x	X	X	x
	Joe 2	X	X	X	X	X	X	X	X	X	x							X	X	X	X	X	X	X	X	x
	Joe 3									X	X	X	X	X	X	X	X	X	X	X	X	x				

Correct Example with only two members responding at any given time with one member training:

Name or Number		Mid	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	Mid
Sunday	Joe 1	x	x	x	X	X	X	X	x														x	X	X	x
	Joe 2	X	X	X	X	X	X	X	X	X	x							X	X	X	X	X	X	X	X	x
	Joe 3									X	X	X	X	X	X	X	X	X	X	X	X	x				
	Joe 4 (Training)										X	X	X	X	X	X	X	X	X	X						

Incorrect Example with more than two members on at any given time:

Name or Number		Mid	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	Mid
Sunday	Joe 1	x	x	x	X	X	X	X	x														x	X	X	x
	Joe 2	X	X	X	X	X	X	X	X	X	x							X	X	X	X	X	X	X	X	x
	Joe 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	x	X	X	X	X

Joe 3 can not sign up for mid – 7am & 9pm – mid as joe1 & joe2 have already signed up first for these shifts!!!!

Signing out/Checking in Equipment

PURPOSE: To provide guidelines for EMS equipment

- 1.** MFR are required to sign out or sign in any equipment that is removed from or returned to the station.
 - a.** Medical bags, vest, splints, and AED will be signed out via the log located on the equipment storage shelves.
 - b.** Radio and pagers will be signed out via the log located in the radio room by this equipment.
 - c.** You may sign any of the equipment out up to one (1) hour prior to you shift starting. You should inventory the MFR bag prior to starting you shift.
 - d.** All equipment will be returned to the station after your shift is done. You will log in all returned equipment. If you had any runs or used any supplies, restock the items to putting the bag back into service. You have one (1) hour after your shift ends to return all equipment that was checked out.
- 2.** It is the responsibility of the MFR checking out any equipment to insure that their equipment is ready for duty. It is also your responsibility to ensure any equipment you check back in can be checked back out.

EMS Radio Operations

PURPOSE: To provide guidelines for radio use on ems calls.

MFR Unit(s) will use plain language when conducting radio communications.

Messages will be kept short, precise, and use plain talk only (no 10-codes). Press the mic key and wait about 1 second before speaking. Speak clearly into the microphone, holding it 2-3 inches away from your mouth.

1. Upon receiving a page for a call for service, responder(s) shall answer up to dispatch on “WoFir3”.

Responder: “Dispatch from Grand Rapids EMS unit XX”

Dispatch: “Go ahead Grand Rapids EMS”

Responder: “Grand Rapids EMS acknowledges page. We are in service and en route to 123 48th St S.

Dispatch: “Grand Rapids EMS in service at 1845”

2. Once you acknowledge the page, switch your radio to the “TOWN” channel to communicate with other Grand Rapids MFR or GRPD. If you are having problems with the town channel, announce on “WoFIR3” that you will be switching to “WoTac4” for this call. You will not use “WoFIR3” as a channel to talk to your partner as this is the paging channel.
3. First arriving MFR on scene will radio dispatch on “WoFir3” or “WoTac4” if you have announced the channel switch.

Responder: “Dispatch from Grand Rapids EMS”

Dispatch: “Go ahead Grand Rapids”

Responder: “Dispatch, mark Grand Rapids EMS on Scene (or approaching the scene)”

Dispatch: “Grand Rapids EMS on scene at 1846”

4. Once you have been released from the scene by the IC or ambulance crew, one person shall radio dispatch on “WoFir3” or “WoTac4” if you have announced the channel switch.

Responder: “Dispatch from Grand Rapids EMS”

Dispatch: “Go ahead Grand Rapids”

Responder: “All Grand Rapids EMS units are clear of the scene and available for call”

Dispatch: Grand Rapids EMS clear of the scene and available at 1847”

5. If you need to have a conversation with dispatch via the radio, you will announce that you are switching to “WoTac4”. Give dispatch a few seconds to turn that channel up as it is not one that is monitored by dispatch but is always recorded. Then have your conversation with dispatch. Again, you will not tie up the paging channel “WoFir3” with a conversation, request for direction, or so on.

Rehabilitation

PURPOSE

To provide guidance on the implementation and use of a rehabilitation process at the scene of a(n) emergency, or training exercise per discretion of the Incident Commander.

SCOPE

All personnel attending or operating at the scene of an emergency or training exercise.

RULES

1. Rehabilitation shall commence when emergency operations and/or training exercises pose a health and safety risk.
2. The incident commander shall establish rehabilitation according to the circumstances of the incident. The rehabilitation process shall include the following:
 - a. Rest
 - b. Hydration to replace lost body fluids
 - c. Cooling (passive and/or active)
 - d. Warming
 - e. Medical monitoring
 - f. Emergency medical care if required
 - g. Relief from extreme climatic conditions (heat, cold, wind, rain)
 - h. Calorie and electrolyte replacement
 - i. Accountability
 - j. Release

RESPONSIBILITIES

The incident commander (IC) shall be responsible for the following:

1. Include rehabilitation in incident/event size-up.
2. Establish rehabilitation (rehab) to reduce adverse physical effects on firefighters while operating during emergencies, training exercises, and extreme weather conditions.
3. Designate and assign a supervisor to manage rehabilitation.
4. Ensure sufficient resources are assigned to rehabilitation.
5. Ensure EMS personnel are available for emergency medical care of firefighters as required.

The Rehabilitation Officer shall be responsible for the following:

1. Don the Rehabilitation Officer vest.
2. Whenever possible, select a location for rehabilitation which will allow utilization of the Squad truck. If this vehicle is not already on location, the request shall be made to have the vehicle brought to the location for rehab purposes. The vehicle and rehab area shall be set up away from the emergency scene. *See Appendix A for recommendations.*
3. Ensure personnel in rehabilitation “dress down” by removing their bunker coats, helmets, hoods, and opening their bunker pants to promote cooling (prior to entering the rehab area).
4. Provide the required resources for rehabilitation. *See Appendix B for recommendations.*
5. Time personnel in rehabilitation to ensure they receive at least but not limited to 10 minutes of rest.
6. Ensure personnel rehydrate themselves.
7. Ensure personnel are provided with a means to be actively cooled where required.
8. Maintain accountability and remain within rehabilitation at all times.
9. Document members entering or leaving rehabilitation.
10. Inform the Accountability/Safety Officer if a member requires transportation to and treatment at a medical facility. This shall never occur over the radio.
11. Serve as a liaison with EMS personnel.

EMS personnel shall be responsible for the following:

1. Report to the incident commander and obtain the rehabilitation requirements.
2. Coordinate with the rehabilitation officer.
3. Identify the EMS personnel requirements.
4. Check vital signs, monitor for heat stress and signs of medical issues.
See Appendix C for acceptable vital signs for release of personnel from rehab.

5. Document medical monitoring. All medical treatment records will be maintained per HIPPA policies. All medical monitoring records will be considered a part of the incident documentation and will be submitted and maintained along with the incident report.

6. Provide emergency medical care and request transportation to medical facilities as required.

7. Inform the Accountability/Safety Officer and the Rehabilitation officer when personnel require transportation to and treatment at a medical facility. This shall never occur over the radio.

8. Document emergency medical care provided.

PROCEDURES

1. All personnel shall maintain hydration on an ongoing basis

2. Members shall be sent to rehabilitation as required.

3. All members shall be sent to rehabilitation following the use of two (2) 30-minute SCBA cylinders or one (1) 45- to 60-minute SCBA cylinder. Shorter times shall be considered during extreme weather conditions.

4. Active cooling (e.g., wet towels, forearm immersion) shall be applied where temperatures, conditions, and/or workload create the potential for heat stress.

5. In hot, humid conditions, a minimum of 20 minutes of active cooling shall be applied following the use of the first and each subsequent SCBA cylinder.

6. Personnel in rehabilitation shall rest for at least but not limited to 10 minutes prior to being re-assigned or released.

7. EMS personnel shall provide medical monitoring and emergency medical care as per medical protocol.

8. If a member is demonstrating abnormal vital signs, he or she shall be monitored frequently during rehabilitation.

9. Personnel who are weak or fatigued with pale clammy skin, low blood pressure, nausea, headache, or dizziness shall be assessed by EMS personnel.

10. Personnel experiencing chest pain, shortness of breath, dizziness, or nausea shall be transported to a medical facility for treatment.

11. Members shall drink water during rehabilitation. After the first hour, a sports drink containing electrolytes shall be provided.

12. Nutritional snacks or meals shall be provided as required during longer duration incidents.

13. No tobacco use shall be permitted in or near the rehabilitation area.

As with any safety guideline, primary responsibility
rests with each individual

Members of the department responsible for
enforcement of this guideline

Revised Date: 09/2011