

Kent Volunteer Fire Department SOP's

Greetings from the President of the Kent Volunteer Fire Department!

This book of Standard Operating Procedures (SOP's) has been prepared with your safety and best interest in mind.

The primary purpose of these written procedures is to establish and maintain efficient and uniform practices during fire department and ambulance operations. They are designed to bring together the many routine procedures that have been passed on over the years by word of mouth. By providing a written document for department operations, it is hoped that all members will be able to work together knowledgeably and safely. In addition, each member of KVFD will be able to understand clearly their individual responsibilities and expected actions. These SOP's shall be followed in conjunction with all applicable by-laws, departmental policies, procedures and the latest existing OSHA and OEMS regulations and NFPA recommendations. It is virtually impossible to regulate every incident encountered during fire department operations, therefore; while the provision of these procedures are to be utilized wherever possible, the chief and officers may be called upon to exercise common sense and ingenuity based upon their training, education and experience. The chief and officers are responsible for ensuring their their respective personnel have a complete and correct understanding off these procedures.

KENT VOLUNTEER FIRE DEPARTMENT

STANDARD OPERATING PROCEDURE

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KENT VOLUNTEER FIRE DEPARTMENT

SOP
1-1

May 1996

SYSTEM ESTABLISHMENT

1. PURPOSE: To establish an orderly system to generate, store and distribute recommended procedures for the safe and efficient operation of the Department.

2. PROCEDURES:

a. The President of the Department shall take the necessary steps to establish a book of Standard Operating Procedures (SOP's). These steps shall include, but not be limited to:

- (1) Initiate by-law changes to support the system
- (2) Ensure SOP Committee is appropriately staffed
- (3) Ensure the continuation of system

b. The SOP's shall be short, to the point, and cover only one subject.

c. All SOP's will be in the same format.

d. The SOP's will be divided into at least the following groups and numbered accordingly. The system may be expanded as needed.

<u>Section</u>	<u>Purpose</u>	<u>Number</u>
1	General	1-1 etc.
2	Tactics	2-1 etc.
3	Maintenance	3-1 etc.
4	Training	4-1 etc.

e. One book of SOP's will be maintained at the Fire House and one given to each member. New members will receive a book at initiation. The book will also contain a copy of the by-laws.

KENT VOLUNTEER FIRE DEPARTMENT

SOP
1-2

May 1996
Revised Jan. 2008

STANDARD OPERATING PROCEDURE PROCESS

1. PURPOSE: To establish a system for the proper chain of events to create a Standard Operating Procedure (SOP).

2. PROCEDURES:

- a. SOP's may be proposed by any Department member.
- b. SOP's will be presented in draft form of the final copy.
- c. The proposals will be presented to the SOP Committee first for review.
- d. The SOP Committee will prepare a final draft with recommendations, without changing content, and forward the draft to the Executive Committee for initial approval. This can be submitted to the Executive Committee via electronic mail (Email).
- e. The Executive Committee will review the draft to determine a need for such an SOP and make written comments as to content, (Encl. 1). The draft will be returned to the SOP Committee with written reasons and then returned to the writer.
- f. Once reviewed by the Executive Committee, a quorum will sign off (Encl.2) that they've read the proposed SOP.
- g. Once the draft is reviewed by the Executive Committee, it will be mailed or Emailed to the general membership at least 1 week before the next regular monthly meeting (Encl. 3).
- h. The draft and the Executive Committee's comments will be discussed at the next regular monthly meeting following membership mailing. Minor changes may be made at this point. Major changes may require resubmittal of the SOP through the process. The draft may be voted on at this meeting. If defeated, there will be no further discussion at that meeting.
- i. The writer of the proposed SOP may withdraw the draft at any time.
- j. Revisions to an existing SOP may be presented to the SOP Committee, which will forward suggested changes to the Executive Committee. If there are no objections expressed to the revisions, the membership will be Emailed or mailed the proposed changes 1 week prior to a meeting and it may be voted upon at that meeting. Any objections by the Executive Committee will trigger the original SOP procedures to be followed.

KENT VOLUNTEER FIRE DEPARTMENT

TO: Executive Committee
FROM: SOP COMMITTEE

SUBJECT: APPROVAL OF SOP MATERIAL

1. The following SOP material is submitted for your action.

2. ACTION

a. _____ Approved as is. Date _____

b. _____ Approved with the following changes.
Date _____

c. Disapproved for the following reasons. Return to author.
Date _____

Encl. 1-2.1

KENT VOLUNTEER FIRE DEPARTMENT

TO: See Distribution
FROM: SOP COMMITTEE

SUBJECT: APPROVAL OF PROPOSED STANDARD OPERATING PROCEDURE

Please read the attached proposed SOP and make written comments. Return the proposal to the KVFD SOP Committee within 10 days for comments to be considered. Please sign or initial your response. A non-reply will be considered a concur.

<u>DISTRIBUTION</u>	<u>CONCUR</u>	<u>NON CONCUR</u>	<u>DATE</u>
Chief			
Assistant Chief			
Assistant Chief			
Ambulance Chief			
Captain			
Captain			
Lieutenant			
Lieutenant			
President			
Secretary			
Treasurer			
Engineer			
Communications Officer			

Encl. 1-2.2

KENT VOLUNTEER FIRE DEPARTMENT

Dear Members:

The attached proposed Standard Operating Procedures (SOP's) are provided for your information.

They will be discussed and voted on at the next regular monthly meeting.

If you have comments or problems with any of this, please come and make yourself heard.

Your participation is encouraged and very important.

SOP Committee

Encl. 1-2.3

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-4

July 1996

FUNERAL PROCEDURES

1. PURPOSE: To outline the procedures to be taken when a member of the department dies.
2. PROCEDURES:
 - a. If an active member dies in the line of duty, the incident commander will take responsibility to notify the family as soon as possible due to the emergency circumstances.
 - b. In the event an active, veteran or auxiliary member of the Kent Volunteer Fire Department dies, the following steps will be taken:
 - (1) The President or a designee will contact the member's family to express condolences and request permission for the Fire Department to take part in the funeral. The President will explain what actions the Department could take with the family's approval.
 - (a) Flowers will be sent to the member's family with a sympathy card.
 - (b) The plaque will be hung outside the firehouse for a period of 30 days.
 - (c) The Department Charter will be draped with a black cloth for 30 days.
 - (2). If the family agrees to have Department participation, the President will notify all members of the time and place of the calling hours and funeral.
 - (a) A radio announcement on 33.70 will be made to notify other departments of the member's death and funeral arrangements.
 - (b) The members will attend the calling hours and funeral in full dress uniform, using the black pants.
 - (3) A Fire Department funeral procession will be held for a member who dies in the line of duty or a past chief.
 - (a) The procession will be coordinated by the family and the President. It may include any apparatus the Chief dictates, a Fire Department honor guard and the members in dress uniform.
 - (b) As has been the custom of the department, each member will place a single red rose on the casket during the wake.
 - c. If the family is not holding a funeral service, the department will gather at the grave at a time determined by the President to pay respects to the member, as long as it is not against the wishes of the deceased and the family.
 - d. The above actions will also take place in the event a past chief dies, regardless of whether an active or inactive member at the time.
 - e. In the event a past member, who became inactive but was not an officer, dies the Fire Department will send flowers and a sympathy card to the family.
 - f. When immediate family of an active member dies, the Fire Department will send flowers and a sympathy card to the member.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-5

May 1997
Revised Oct. 2009

REFRESHMENT COMMITTEE

I. PURPOSE: To outline the procedures to ensure that refreshments are provided for the regular monthly meeting and cleanup is provided following the meeting.

II. PROCEDURES:

- A. The Secretary shall assign a six-member refreshment committee and the chair, and will notify them each month in a timely manner via the regular meeting minutes.
 - 1. One of the six members will be named Chairman.
 - a. The Chairman is to contact each of the members about bringing a dish of food for the month's meeting.
 - b. The month's Chairman is responsible for picking up the drinks for the meeting. The drinks are to be picked up at Kent Wine and Spirit and shall be charged to the Department account. The Chairman must sign legibly and note the purpose on the receipt.
 - 2. After each regular monthly meeting, the Refreshment Committee shall clean up the tables, vacuum and ensure the kitchen is clean and the trash removed to the outside receptacle, and all alcohol removed from the building.

INITIAL AUXILIARY CONTACTS

	<u>Home</u>	<u>Work</u>
Carol McCann	927-3743	927-3640

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-7

*Revised February 2003
Revised June 2014
Revised June 1, 2015*

TAX ABATEMENT

1. Purpose: To establish standards by which the Kent Volunteer Fire Department will certify to the Town of Kent which of its members are eligible for tax abatement in any given year.
2. Procedure:
 - A. The Personnel Committee, for the year of the Tax Abatement being reviewed and the current Personnel Committee, shall meet in January each year to review membership.
 - B. Members who have achieved the following during each calendar year will be eligible for tax abatement:
 - 1) Completed probationary period and be an active emergency member, as defined in the Kent Volunteer Fire Department Constitution and By-laws.
 - 2) Compiled a total of 60 points, according to the KVFD Point System. (Attachment 1-7.1)
 - a) Points must be earned from each of 3 categories- Continuing Education, Administration, and Emergency Response.
 - b) Discretionary points may be awarded by the Personnel Committee upon annual review of each member's participation.
 - C. Any member who has served at least 20 years of active emergency service to KVFD and has been eligible to receive the abatement for 15 years, shall be entitled to the maximum annual abatement of property taxes for as long as they reside and/or pay property tax in Kent.

NOTE: *Effective January 1, 2016, all current members shall be credited with their current years of service toward the 15 years of tax abatement requirement.*
 - D. If a member is dismissed from the department, the member shall not be eligible for the tax abatement.
 - E. A list of the KVFD members eligible for tax abatement for the following July shall be submitted by a majority vote of the two Personnel Committees to the Town of Kent by January 31. This list shall contain the addresses and the amount for which each member is eligible (see Attached Form 1-7.2)
 - F. The KVFD Records Clerk will update the members on a quarterly basis of points earned.
 - G. KVFD will notify the Board of Selectmen within 30 days of changing this SOP and/or the attached point system.
3. Records:
 - A. Point System of KVFD Attachment 1-7.1
 - B. The Tax Abatement list will be developed annually by the two Personnel Committees on those members eligible for tax abatement. Attached Form 1-7.2

Point System of KVFD

Activity		<u>Points</u>
Category #1		
Continuing Education		
Note: points awarded for year in which test is successfully completed.	Course/training up to 1 hour	1
	Course/training 2 to less than 5 Hours	2
Points awarded for educational classes will be as per hour requirements of the state for both fire and EMS certifications.	Course/training 5 to less than 10 Hours	3
	Course/training 10 to less than 20 Hours	5
	Course/training 20 to less than 40 Hours	10
	Course/training 40 Hours +	20
	Course/training- organize/lead (non-line officer or appointed training position) (in addition to attendance point)	1
Category #2		
Administration		
Elected/Appointed Positions	Monthly Department Meeting	2
	Monthly EMS Meeting	1
	Monthly Executive Committee Meeting (no point for EC members)	1
	Chair committee/lead event/detail (per non-emergency attendance) (in addition to attendance point)	1
	Participate in committee/event/detail (per non-emergency attendance)	1
	Executive Committee	25
	Engineer	20
	Appointed positions	20
Category #3		
Emergency Response		
	KVFD fire or ambulance emergency response per emergency attendance	2
<u>Points must be earned from each of the 3 category areas above.</u>		
Discretionary	At the discretion of the personnel committee	Up to 15
Note: Points do not carry over into other years.	Total Needed for Abatement:	60

Tax Abatement Records

For the tax year following the calendar year of _____, the following members of the Kent Volunteer Fire Department are eligible for Tax Abatement from the Town of Kent.

For the amount of \$1,000

[illegible]

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-8

December 2004

LOANING OF KVFD EQUIPMENT

1. PURPOSE: To establish an orderly system to loan out equipment owned by the Kent Volunteer Fire Department.

2. PROCEDURES:

a. Non-Emergency Equipment:

- 1) Any non-emergency equipment (tables, chairs, tents, etc.) owned by the department may be loaned out to emergency, non-emergency, veteran, and auxiliary members; as long as the equipment is not being used or planned on being used for a fire department event. The member must verify with the Equipment Loan Officer that the equipment is available and notify him/her of the planned use.
- 2) Any outside organization or party (Lions, Scouts, neighboring department, resident) must submit their request for use of non-emergency equipment to the Executive Committee in writing for approval. The Executive Committee reserves the right to approve or deny any request for use of equipment to these outside parties. The Executive Committee can also require a deposit or donation for use of any of this equipment by an outside party. The Fire Chief or President can authorize the use of non-emergency equipment to an outside party, in the event of short notice on rare circumstances.
- 3) The Executive Committee, Fire Chief and President will notify the Equipment Loan Officer within 24 hours of granting a request as to what is involved and who has been granted approval.
- 4) All non-emergency equipment will be tracked by the Equipment Loan Officer.

b. Emergency Response Equipment:

- 1) Emergency response equipment is any equipment that is used and/or could be used, or requested to respond to an emergency call. (Examples: fire apparatus, ambulance, pumps, tools, boats, ropes, rescue gear etc.)
- 2) Emergency response equipment may be used for non-emergency functions (parades, pool filling, drills & training) only with the authorization of the highest-ranking fire officer available and only to an active emergency member.
- 3) Any loan of emergency equipment will be noted on the board at the firehouse.
- 4) Emergency equipment is to remain in town and available to respond in the event of an emergency. Any use that requires the equipment to be removed from town, kept overnight, and/or removed from service, must be approved by a chief officer (excluding routine maintenance).

c. Tracking:

- 1) An Equipment Loan Officer will be appointed by the President annually in January. It is the responsibility of this officer is to track the loan and return of all non-emergency equipment of the department. This information will be maintained and kept in the radio room and made readily available to the Executive Committee officers.

d. Discipline:

- 1) Any member who fails to follow these procedures will lose the privilege of using or borrowing fire department equipment for personal use, for a period not to exceed six months, as decided by the Executive Committee.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-9

August 2009

FIREHOUSE

I. PURPOSE: To outline the procedures for use, access and upkeep of the Firehouse at 28 Maple Street.

II. PROCEDURES:

A. Firehouse Coordinator

1. The Executive Committee shall appoint a Firehouse Coordinator each year to oversee care and upkeep of the building. The job description is set by policy (see Enclosure 1-9.1 Firehouse Coordinator).

B. Building Access:

1. Access to the Firehouse building is established by policy (see Enclosure 1-9.2 Firehouse Access Policy)

a. The Executive Committee shall annually appoint a Technology Officer to be in charge of assigning four-digit codes for access to the building.

b. Keys are issued for keyed locks by policy (see Enclosure 1-9.3 Key Assignment Policy).

C. Rooms:

1. Use of the rooms of the Firehouse is established by policy (see Enclosure 1-9.4 Firehouse Room Policy).

a. File cabinets within the rooms will be as needed (see Enclosure 1.9.5 File Cabinet Assignment Policy).

D. Building Use:

1. The primary user of the Firehouse is the Kent Volunteer Fire Department.

2. An outside organization may request in writing the use of the meeting room and/or kitchen (see Enclosure 1-9.6 Building Use Policy).

E. Firehouse Cleaning:

1. In order to ensure the Firehouse is cleaned up regularly, a policy has been established (see Enclosure 1-9.7 Firehouse Cleaning Policy).

2. Trash and other materials are to be disposed of in accordance with the Department's Recycling and Waste Disposal Policy (see Enclosure 1-9.8 Recycling and Waste Disposal Policy).

F. Smoking: The Firehouse is a smoke-free building. There are smoking receptacles behind the antique apparatus bay and at the north east door to the apparatus bay.

G. Alcohol: Use of alcohol on Firehouse property is established by policy (see Enclosure 1-9.9 Firehouse Alcohol Policy).

I. Firehouse Coordinator Policy (Enclosure 1-9.1)

A. Duties: The Firehouse Coordinator of the Kent Volunteer Fire Department shall have the following responsibilities:

1. Overall: This position, appointed on an annual basis by the Executive Committee, is responsible for overseeing the care and upkeep of the Firehouse. The Firehouse Coordinator's name and contact information shall be published each year on the Department web site.
2. Scheduling: The Firehouse Coordinator shall be the contact person for use of the Firehouse by members (see the Building and Property Use Policy). Outside organizations will contact the President. The Firehouse Coordinator shall keep a master calendar to track the uses, which shall be posted weekly in the Firehouse and electronically on the member section of the web site.
3. Supplies: The Firehouse Coordinator shall ensure an ample supply of paper, plastic and cleaning supplies (e.g. paper towels, toilet paper, garbage bags, soap, laundry supplies, etc.) are maintained in the Firehouse.
4. Kitchen: Kitchen cleaning supplies and cleaning equipment will be kept separate and not used for other areas. The Firehouse Coordinator shall also ensure kitchen supplies are maintained.
5. Cleaning: The Firehouse Coordinator shall oversee the cleaning of the Firehouse. See the Cleaning Policy for details. **Approved May 4, 2009, amended Aug. 3, 2009.**

II. Firehouse Access Policy (Enclosure 1-9.2)

A. The Executive Committee shall appoint a Technology Officer, who is responsible for assigning four-digit access codes to the Firehouse.

B. Access to the Firehouse is granted as follows:

1. Active Emergency Members are issued a four-digit code for access to all key padded doors in the building, with the exception of the mechanical room. This code will be issued as soon as a member is voted into the Department, or as soon as required training is completed.
2. Non Emergency Members are issued a four-digit code for access to all key padded doors in the building, with the exception of the mechanical room.
3. Veteran Members - Upon request, are issued a four-digit code for access to all key padded doors in the building, with the exception of the mechanical room.
4. Auxiliary Members - Upon request, are issued a four-digit code for access to all key padded doors in the building, with the exception of the mechanical room.
5. Junior Members are issued a four-digit code for access to all key padded doors in the building, with the exception of the mechanical room.
6. Honorary Members are not granted coded entry access to the building.
7. Suspended Members are denied access to the building.
8. Emergency Management Director is issued a four-digit code for access to the main entrance door to the building only.
9. Outside organizations - Are issued a four-digit code for access to the Main Entrance door to the building only (see Building Use Policy).
10. The Fire Chief or the President may choose to allow access to non-department individuals who cooperate with KVFD. These individuals may include the Fire Marshal, Resident State Trooper, Patrol State Trooper, maintenance personnel, equipment suppliers, utility companies, etc.

11. Affiliate organizations that hold rotational meetings will be scheduled at the discretion of the Fire Chief (ie. NMAFC, Northwest Zone, LCD, etc.). **Approved May 4, 2009**

III. Firehouse Key Assignment Policy (Enclosure 1-9.3)

- A. Keys to locked rooms in the Firehouse are to be issued.
 - 1. The President shall issue keys and recover when positions change.
 - 2. Officers, appointed positions and committee chairs shall be provided with keys to locked rooms as spelled out in the policy.
 - 3. A committee chair shall be issued a key to the Officers' Room upon request, in order to conduct meetings there.
- B. The following will be assigned keys: Fire Chief, each Assistant Chief, Ambulance Chief, each Captain, each Lieutenant, President, Secretary, Treasurer, Financial Secretary, Bookkeeper, Records Clerk, Assistant Ambulance Chief, Engineer, Communications Officer, Technology Officer, Juniors Advisor, Emergency Management Director, instructors for classes and Past Chief Art Seabury. **Approved May 4, 2009**

IV. Firehouse Room Policy (Enclosure 1-9.4)

The rooms in the Firehouse are to be used as follows:

- A. Meeting Room/Kitchen: These rooms are for department functions and may be requested for use by outside organizations.
- B. Fitness Room: This room is for use by Active Emergency Members, Non Emergency Members, Veteran Members, and Auxiliary Members. Family members are able to use the room only when the Department member is present in the room. A Junior Member may use the fitness room when an advisor or Department member is present.
- C. Work Room: This room is for use by Department members, friends or family when a Department member is in the building present, or by visiting mutual aid departments. This room is for leisure activities, or small gatherings.
- D. Offices of officers:
 - 1. Fire Chief's Office: This room is for use by the Fire Chief for work, meetings and storage.
 - 2. Ambulance Chief's Office: This room is for use by the Ambulance Chief for work, meetings and storage.
 - 3. Officers' Office: This room is for use by the line and administrative officers for administrative work and file storage. A small meeting or training class may be held at the conference table, as long as it is not interfering with officer work being conducted. File storage will be allotted per File Cabinet Assignment Policy.
- E. Radio Room: This room is for in-house communications and standby operations.
- F. Responder Area: This area is used for completion and filing fire and EMS run reports.
- G. Apparatus Bays: This area is for the housing and maintenance of apparatus and emergency response equipment.
- H. Mezzanine area: unspecified storage
- I. Mechanical Room: This room contains building mechanical equipment. Access to this room will be limited to the officers and the Technology Officer. Access will be granted on a temporary basis for mechanical repair personnel.

J. Oxygen Storage: This room is designated for storage of oxygen. The door shall remain closed, except when removing bottles.

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K. Ambulance Storage: This room is for storage of all supplies and equipment for EMS calls and training.

L. Laundry Room: This room is for the cleaning of emergency gear and ambulance linens.

M. Emergency Operations Office: This room is dedicated as an office for the Emergency Management Director for the Town of Kent. **Approved Aug. 3, 2009**

V. Firehouse File Cabinet Assignment Policy (Enclosure 1-9.5)

A. Keys to locked file cabinets the Firehouse are to be issued.

1. The President shall issue keys, maintain the list and recover when positions change.

a. Officer's Office:

OO FILE CABINET #1	Records
OO FILE CABINET #2	Treasurers Records
OO FILE CABINET #3	Secretary
OO FILE CABINET #4	Financial Secretary, Bookkeeper, Treasurer
OO FILE CABINET #5	President, Training Records, Misc.
OO FILE CABINET #6	Assistant Chiefs, Captains, Lieutenants
OO FILE CABINET #7	Assistant Chiefs, Captains, Lieutenants
OO FILE CABINET #8	Technology Officer
OO FILE CABINET #9	Office Supplies

b. Ambulance Chief's Office:

AC FILE CABINET #1	Patient Care Records
AC FILE CABINET #2	Ambulance Chiefs Files
AC FILE CABINET #3	Ambulance Chiefs Files

c. Fire Chief's Office:

FC FILE CABINET #1	Fire Chief's Files
FC FILE CABINET #2	Fire Chief's Files
FC FILE CABINET #3	Building Documents

d. Radio Room:

RR FILE CABINET #1	Communication Officer storage and files
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Approved May 4, 2009

VI. Firehouse Building and Property Use Policy (Enclosure 1-9.6)

A. Overall: The Firehouse was built for the sole use of the Kent Volunteer Fire Department, however the Department has a tradition of sharing its facilities whenever practical.

B. Department Use: Use by the Department will take precedence in scheduling use of the Firehouse. Officers shall share their training calendars and any changes with the Firehouse Coordinator, so there will not be conflicting uses scheduled. The Secretary will share dates of special meetings and Executive Committee meetings with the Firehouse Coordinator. Committee chairs will also share their committee meeting dates and times with the Firehouse Coordinator.

1. The schedule shall be posted both at the Firehouse and on the Department web site.

2. In order to assist the Firehouse Coordinator, with scheduling, all shall make an effort to give timely notification of changes.

- C. Member Use: If a member would like to use a room in the Firehouse, he/she should make the request to the Firehouse Coordinator at least one week in advance. Members shall state the purpose, time, duration, date and if the use involves the public.
- D. Outside Organization Use:

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1. If an organization would like to use any portion of the Firehouse property for a one-time use, a written request should be sent to the President at least two weeks in advance. This request should include the purpose, time, duration, and date. A certificate of insurance may be required of the organization. Donations for use will be accepted by the Department. The organization is expected to clean up the area so it is ready for the next use.
2. Organizations that would like to use the meeting room on a monthly basis, should make an annual written request and include the dates, times and expected duration of each use. These will be submitted for approval by the Department members. This approval will expire each year on December 31, and a new request may be submitted each year.
3. Kitchen: If an organization wishes to use the kitchen for an event, a written request shall be submitted to the President. A certificate of insurance may be required of the organization. If there is a request to use the kitchen to provide food for a public event, the organization is required to go through the proper procedures and permitting with the Torrington Area Health District (TAHD) and provide proof of application to the Department in advance. A deposit of \$100 is required. This will be returned as long as all the equipment is cleaned and returned to its positions and is undamaged, and the kitchen is thoroughly cleaned. Donations for kitchen use will be accepted by the Department. Use of the kitchen includes all fixtures and utensils and equipment, but not the plastic and paper goods.
4. Once approval has been granted by the President, he/she will communicate with the Firehouse Coordinator who will then work with the outside agency. Four-digit coded access will be assigned and communicated to the outside agency by the Firehouse Coordinator.
5. Outside organizations will be required to fill out the Use Form posted on the Department's public web site, which will include contact information and a signature agreeing to the applicable Firehouse policies.

- E. Scheduled use will take precedence, except in the event of an emergency call.
- F. The President has the right to refuse a request if he/she deems it is not appropriate to be hosted in the Firehouse. The President also has the discretion to approve uses with short notice, but it is preferred to have as much notice as possible. In the absence of the President, the Executive Committee will handle building use requests. **Approved Aug. 3, 2009**

VII Firehouse Cleaning Policy (Enclosure 1-9.7)

- A. The Firehouse is to be cleaned by a rotating committee of volunteers at least once a month. The Firehouse Coordinator is in charge of overseeing this. In the event the cleaning is not being done, the Firehouse Coordinator is to communicate concerns with the President and report to the Executive Committee as he/she deems necessary.
 1. The monthly clean up is to include the areas of the meeting room, kitchen, front entrance and hall, ready room, radio room, exercise room, officers' office and bathrooms:
 - a. Vacuum the carpets in all rooms at least once a month.
 - b. Wipe down the kitchen counters, sink, stove, refrigerator, etc.
 - c. Mop the kitchen and hallway floors.

- d. Remove all garbage from the rooms and dispose of it in receptacles outside the building. Recyclables are to be disposed of in appropriate outside receptacles.
- e. Clean bathroom sinks, toilets, mirrors, and floors (including the toilet off the apparatus bay).

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- 2. As the areas are cleaned the person is to initial and date the form that is hung up in each room (see Enclosure 1-9.7.1)
- 3. The areas of the apparatus bays and those rooms connected to it (closets, etc), are to be cleaned through work details by the membership, except as noted. **Approved May 4, 2009**

VIII Firehouse Recycling and Waste Disposal Policy (Enclosure 1-9.8)

- A. The Department is committed to reducing the environmental impact of its operations by minimizing waste, maximizing recycling, and encouraging reuse in the Firehouse. The Department will follow the waste and recycling guidelines of either the Kent transfer station or of any commercial waste hauler with which the Department has a contract. A list of the guidelines will be posted and kept current. The Department shall provide multiple signed containers to assist members to dispose of all waste materials properly. Members are expected to use them. **Approved May 4, 2009**

IX. Firehouse Alcohol Policy (Enclosure 1-9.9)

Alcohol is permitted on the Firehouse property at the end of monthly meetings, drills, department functions, parades, etc. Any alcohol brought into the Firehouse must be removed from the building before leaving. Anyone under the legal age found drinking will be asked to leave and further enforcement will be enacted if necessary. **Approved June 6, 2005, amended Aug. 3, 2009**

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-10

March 2010

MEDICAL CLEARANCE

I. PURPOSE: To establish a system for the medical clearance of all active emergency members in accordance with federal and state OSHA (Occupational Safety and Health Administration) standards.

II. PROCEDURES:

A. Depending on an active emergency member's certification level, a member required to don a respirator must complete the OSHA Respirator Medical Evaluation Questionnaire Parts A and B (Encl. 1-10.1) each calendar year, unless specified otherwise by the reviewing physician. The questionnaire will be kept by the member's physician.

B. The Department has a policy that requires all members who are interior structural firefighters to have an annual physical with a physician. There is also a policy that all medical personnel must be fitted to wear respirators.

C. These members, who are required to don a respirator, must meet with a physician after completing the questionnaire and submit a signed Medical Clearance for Respirator Fit Testing Form (Encl. 1-10.2) to the Department.

D. Medical clearance must be obtained for these members to respond to emergency calls for EMS or as an interior firefighter.

E. There will be a grace period of one full year (12 months), after this SOP is approved, to allow all members to comply with these new requirements.

III. RECORDS

Encl. 1-10.1 Respirator Medical Evaluation Questionnaire

Encl. 1-10.2 Medical Clearance for Respirator Fit Testing Form



Kent Volunteer Fire Department, Inc.

*P.O. Box 355
Kent, CT 06757*

OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C to Sec. 1910.134:

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

To the employee:

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

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

Name _____ Today's date _____

Age _____ Male/ Female (circle one)

Height (ft, in) _____ Weight (lbs) _____

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):

The best time to phone you at this number:

Has your employer told you how to contact the health care professional who will review this questionnaire (select one): Yes No

Check the type of respirator you will use (you can check more than one category):

- a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
- b. _____ Other type powered-air purifying, half- face supplied-air, full-facepiece type, self-contained breathing apparatus.

Have you worn a respirator (select one): Yes No

If ``yes," what type(s): _____

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

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month Yes No

2. Have you ever had any of the following conditions?

Seizures (fits)	Yes No
Diabetes (sugar disease)	Yes No
Allergic reactions that interfere with your breathing	Yes No
Claustrophobia (fear of closed-in places)	Yes No
Trouble smelling odors	Yes No

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis	Yes No
Asthma	Yes No
Chronic bronchitis:	Yes No
Emphysema:	Yes No
Pneumonia	Yes No
Tuberculosis	Yes No
Silicosis	Yes No
Pneumothorax (collapsed lung)	Yes No
Lung cancer	Yes No
Broken ribs:	Yes No
Any chest injuries or surgeries:	Yes No
Any other lung problem that you've been told about:	Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath:	Yes No
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	Yes No
Shortness of breath when walking with other people at an ordinary pace on level ground:	Yes No
Have to stop for breath when walking at your own pace on level ground:	Yes No
Shortness of breath when washing or dressing yourself:	Yes No
Shortness of breath that interferes with your job:	Yes No
Coughing that produces phlegm (thick sputum):	Yes No
Coughing that wakes you early in the morning:	Yes No
Coughing that occurs mostly when you are lying down:	Yes No
Coughing up blood in the last month:	Yes No
Wheezing:	Yes No
Wheezing that interferes with your job:	Yes No
Chest pain when you breathe deeply:	Yes No
Any other symptoms that you think may be related to lung	Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack	Yes No
Stroke:	Yes No
Angina:	Yes No
Heart failure:	Yes No
Swelling in your legs or feet (not caused by walking):	Yes No
Heart arrhythmia (heart beating irregularly):	Yes No
High blood pressure:	Yes No
Any other heart problem that you've been told about:	Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest	Yes No
Pain or tightness in your chest during physical activity	Yes No
Pain or tightness in your chest that interferes with your job	Yes No
In the past two years, have you noticed your heart skipping or missing a beat :	Yes No
Heartburn or symptoms that is not related to eating	Yes No
Any other symptoms that you think may be related to heart or circulation problems:	Yes No

7. Do you currently take medication for any of the following problems?

Breathing or lung problems:	Yes No
Heart trouble:	Yes No
Blood pressure:	Yes No
Seizures (fits):	Yes No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9) _____

Eye irritation:	Yes No
Skin allergies or rashes:	Yes No
Anxiety:	Yes No
General weakness or fatigue:	Yes No
Any other problem that interferes with your use of a respirator:	Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:

Yes No

Questions 10-15 below must be answered by every employee who has been selected to use either a **full-facepiece** respirator or a **self-contained breathing apparatus (SCBA)**. For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently):

Yes No

11. Do you currently have any of the following vision problems?

Wear contact lenses:	Yes No
Wear glasses:	Yes No
Color blind:	Yes No
Any other eye or vision problem:	Yes No

12. Have you ever had an injury to your ears, including a broken ear drum:

Yes No

13. Do you currently have any of the following hearing problems?

Difficulty hearing:	Yes No
Wear a hearing aid:	Yes No
Any other hearing or ear problem:	Yes No

14. Have you ever had a back injury: Yes No

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet:	Yes No
Back pain:	Yes No
Difficulty fully moving your arms and legs:	Yes No
Pain or stiffness when you lean forward or backward at the waist:	Yes No
Difficulty fully moving your head up or down:	Yes No
Difficulty fully moving your head side to side:	Yes No
Difficulty bending at your knees:	Yes No
Difficulty squatting to the ground:	Yes No
Climbing a flight of stairs or a ladder carrying more than 25 lbs:	Yes No
Any other muscle or skeletal problem that interferes with using a respirator:	Yes No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:

Yes No

If ``yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:

Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:

Yes No

If ``yes," name the chemicals if you know them:

Have you ever worked with any of the materials, or under any of the conditions, listed below:

Asbestos	Yes No
Silica (e.g., in sandblasting)	Yes No
Tungsten/cobalt (e.g., grinding or welding this material)	Yes No
Beryllium:	Yes No
Aluminum	Yes No
Coal (for example, mining)	Yes No
Iron:	Yes No
Tin:	Yes No
Dusty environments:	Yes No
Any other hazardous exposures:	Yes No

Substance/Conditions Description of exposure (only if answer above is yes)

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you been in the military services?

Yes No

If ``yes," were you exposed to biological or chemical agents (either in training or combat):

Yes No

8. Have you ever worked on a HAZMAT team?

Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):

Yes No

If ``yes," name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters:

Yes No

b. Canisters (for example, gas masks):

Yes No

c. Cartridges:

Yes No

11. How often are you expected to use the respirator(s) (select ``yes" or ``no" for all answers that apply to you)?:

a. Escape only (no rescue):

Yes No

b. Emergency rescue only:

Yes No

c. Less than 5 hours per week:

Yes No

d. Less than 2 hours per day:

Yes No

e. 2 to 4 hours per day:

Yes No

f. Over 4 hours per day:

Yes No

12. During the period you are using the respirator(s), is your work effort:

Light (less than 200 kcal per hour):

Yes No

If ``yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines

Moderate (200 to 350 kcal per hour):

Yes No

If ``yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

Heavy (above 350 kcal per hour):

Yes No

If ``yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:

Yes No

If ``yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions:

Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of Toxic Substance, Estimated maximum Exposure level per shift, Duration of exposure per shift

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

To the best of my knowledge, the information I have provided is true and accurate.

Employee Name

Date

Employee Signature



Kent Volunteer Fire Department, Inc.

P.O. Box 355
Kent, CT 06757

Medical Clearance for Respirator Fit Testing

Member name: _____ Age _____ Sex _____ Date of birth: _____

Type of respirator use requested: ___ disposable, ___ negative pressure (cartridge), ___ PAPR, ___ airline, ___ SCBA

I. Basis for recommendations on respirator clearance:

Recommendations below on medical clearance for respirator use are based on a review of (check all that apply):

- ☐ Mandatory OSHA Respirator Medical Evaluation Questionnaire
- ☐ Records of a medical examination, including physical exam, done on: _____
- ☐ Additional information supplied by employee's personal physician.
- ☐ Other information (specify): _____

II. Recommendations on medical clearance for respirator use: (Choose A, B or C below)

☐ **A. The employee is given medical clearance to use the following respirator(s) under the conditions noted (choose all that apply)**

- ☐ N, R or P disposable respirator (filter-mask, non-cartridge type only)
- ☐ Supplied air (air line) respirator
- ☐ Negative pressure air-purifying (cartridge) respirator -- either half or full-face
- ☐ Self-contained breathing apparatus (SCBA)
- ☐ Powered air purifying respirator (PAPR) -- either half or full face

When using respirators, the employee is approved to perform the following (choose one)

- ☐ Mild exertion /low heat stress
- ☐ Moderate exertion
- ☐ Heavy exertion
- ☐ Escape only
- ☐ Normal job duties
- ☐ Other Activity _____

Mild exertion (2-3 mets) e.g. lifting up to 10 lbs, extended walking on a flat surface, extended standing

Moderate exertion (4-5 mets) e.g. lifting 10 lbs, 5 lifts per min, fast walking (4 mph), gardening/digging, pushing, pulling

Heavy exertion (5-10 mets) e.g. jogging (10 min/mi), chopping wood, climbing hills, life-saving activities, fire fighting

This respirator clearance expires (circle one) 1 2 3 4 5 years from the date below (If not marked, clearance expires in 1 year)

☐ **B. The employee is not given medical clearance for respirator use because more information is needed**

(Specify what is needed to make a decision)

- ☐ 1. A medical examination, including a physical exam, is needed to make a decision
- ☐ 2. The following additional information is needed for review *(specify what)*: _____

☐ **C. The employee is not given medical clearance for respirator use because of the health problems as noted below (choose one below)**

- ☐ 1. A temporary health problem (which should be reevaluated in _____ months)
- ☐ 2. A health problem that appears permanent (routine re-evaluation is not needed)

Examiner / Reviewer Name (Print) _____

Phone number for questions _____

Examiner / Reviewer Signature: _____

Date: _____

Encl. 1-10.2

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-11

April 2011

EMS CALL INCENTIVE

I. PURPOSE: To establish a procedure for a per-call incentive for EMS response.

II. PROCEDURES:

A. Definition of response levels:

1. Transporting crew

a. This designation refers to the driver and certified crew, who transport a patient to a receiving hospital or Lifestar landing zone on board Kent Ambulance. This also includes the driver of the paramedic intercept vehicle.

2. First responders in the case of mutual aid transport

a. This designation refers to the medically certified responders, who respond to the scene on a call in town, and who provide care while awaiting a mutual aid transport ambulance.

3. On-scene assistance

a. This designation refers to any member on scene, who provides care as a certified responder and those members who respond for lift assist, but do not transport to the hospital or landing zone.

B. Incentives

1. The Department will offer members a per-call incentive based upon the level of response defined above. Incentives will be paid quarterly.

a. Transporting crew will accrue \$5.00 per call.

b. First responders in the case of mutual aid transport will accrue \$2.50 per call.

2. Quarterly totals accrued will be awarded in the form of gas cards.

C. Records

1. In cooperation with the Department Records Clerk, the Ambulance Chief will maintain record of call response and response level for any member who responds to EMS calls.

2. A report will be made available by the end of the first week of each quarter for the previous quarter. Any dispute/corrections must be submitted within seven days.

D. Procurement

1. In cooperation with the Department Treasurer, the Ambulance Chief will procure gas cards from a local vendor for each qualifying member. Members will receive one card per quarter valued at the amount accrued during the previous quarter.

2. Cards will be delivered to members by the end of the first month of the quarter.

E. Special Note

1. All EMS responders will automatically be enrolled in the incentive program.

a. Members may opt-in or opt-out of the program at any time.

2. If a member receives total incentives equal to or greater than the applicable IRS threshold, a form 1099 will be issued.

3. This SOP is effective upon its passage.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 1-12

April 2011

EMS SHIFT INCENTIVE

I. PURPOSE: To establish a procedure for a shift incentive for EMS responders.

II. PROCEDURES:

A. Shift requirements

1. All shifts must be entered in Rescue Booker.
 - a. In the case of shift swaps or other changes in coverage, the change must be logged in Rescue Booker or e-mailed to the Ambulance Chief.
2. Failure to respond to a call while on shift
 - a. Members are expected to respond to EMS calls during their shift. If extenuating circumstance exists, the Ambulance Chief must be notified by e-mail within 24 hours.
 - b. Absent extenuating circumstance, in the event a member does not respond to a call during a shift, the incentive for that shift will be forfeited.
 - c. A second offense within a one month period will forfeit shift incentives for that month.
 - d. A third offense within a quarter will forfeit shift incentives for the quarter.

B. Incentives

1. The Department will offer members an incentive based upon the member's certification level. Incentives will be paid quarterly.
 - a. A certified EMT (or higher), certified EMR, or department-certified driver will accrue \$10.00 per 12-hour shift or equivalent.
2. Quarterly totals accrued will be awarded in the form of gas cards.

C. Records

1. In cooperation with the Department Records Clerk, the Ambulance Chief will maintain records of members who have signed up for shifts.
2. A report will be made available by the end of the first week of each quarter for the previous quarter. Any dispute/corrections must be submitted within seven days.

D. Procurement

1. In cooperation with the Department Treasurer, the Ambulance Chief will procure gas cards from a local vendor for each qualifying member. Members will receive one card per quarter valued at the amount accrued during the previous quarter.
2. Cards will be delivered to members by the end of the first month of the quarter.

E. Special Note

1. All EMS responders will automatically be enrolled in the incentive program.
 - a. Members may opt-in or opt-out of the program at any time.
2. If a member receives total incentives equal to or greater than the applicable IRS threshold, a form 1099 will be issued.
3. This SOP is effective upon its passage.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-1

May 1997

INCIDENT COMMAND PROCEDURES

1. PURPOSE: To outline the procedures of establishing the Incident Command System for all incidents, regardless of the incident's size or complexity. The Kent Volunteer Fire Department follows the National Fire Academy's version of the Incident Command System (ICS).

2. SCOPE: ICS will apply to and be implemented at all emergency calls, except solely medical calls, and in any situation in which it is deemed necessary by the person in charge.

3. PROCEDURES:

- a. The first responder at a scene shall give a size-up upon arriving at a scene.
 - (1) Size-up shall include:
 - (a) Identity (radio number) of responder.
 - (b) Actual location of incident.
 - (c) Brief description of incident, including observations upon arrival.
- b. The first officer arriving shall assume Command and announce over the radio who is assuming command. This officer may be replaced by an officer of higher rank if the higher ranked officer deems it necessary to do so. It must be announced over the radio when doing so.
- c. The Incident Commander shall establish a Command Post and if necessary announce its location over the air.
 - (1) A formal Command Post location is to be designated whenever the IC feels it is required.
 - (2) The following shall be considered when making a selection:
 - (a) Safety — The command post should be far enough away from the incident to ensure the safety of its occupants.
 - (b) Quietness — The command post should be as quiet as possible to ensure adequate communications. It should be away from the noise of the scene but hopefully, still within sight of the incident.
 - (c) Communications — The command post should be equipped with whatever radios and or frequencies are needed, cellular phones, etc.
- d. Litchfield County Dispatch is to be given timely updates and notification of major changes.
- e. The IC shall develop an action plan, which may be investigative, offensive or defensive.
- f. The IC is to direct incoming units and issue assignments for incoming units.
- g. The IC is to designate and assign other positions within the ICS, as they are needed. Any element of command not delegated will be assumed by the IC. The range of supervision should not exceed five elements.
 - (1) Safety Officer — Responsible for monitoring scene conditions for possible safety concerns and can stop any individual action immediately, in the event of imminent danger of personnel or civilians, and can recommend an immediate halt to operations at any time through the Incident Commander.
 - (2) Staging Officer — Responsible for establishing equipment and/or manpower resources. Reports directly to the IC or, if Operations manned, directly to the Operations Officer. This position may be assigned to the first arriving apparatus and crew in the staging area, which will be the last unit to leave the staging area.

i. Paperwork:

- 1) All EMS paperwork must be completed at the firehouse or on department apparatus.
- 2) PCR's (Patient Care Run Forms): Once the PCR has been completed and faxed or left at the appropriate hospital, the PCR should be placed in the lockbox.
- 3) All other EMS paperwork: All other EMS-related paperwork should be filed in the appropriate place in the firehouse as soon as possible after the call.
- 4) Only the Fire Chief or Ambulance Chief may make an exception to this procedure.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-2

Approved September 1997
Revised December 2004, April 2011

EMERGENCY MEDICAL SERVICES

1. PURPOSE: To provide that Emergency Medical Services personnel are properly trained to respond in accordance with Department, Office of Emergency Medical Services and Occupational Safety and Health Administration guidelines ensuring personal safety and proper treatment of all patients.

2. PROCEDURES:

A. The Ambulance shall respond:

1. when dispatched
2. when requested by fire personnel
3. in accordance with established fire department protocol
4. In accordance with Priority Dispatch Guideline regarding hot and cold response.
 - a. Omega and Alpha designation – Ambulance to respond cold (no lights/siren)
 - b. Bravo, Charlie, Delta, Echo – Ambulance to respond hot (with lights/siren)
 - c. If no response designation is given by LCD – Ambulance to respond hot
 - d. Any on-scene certified medical responder may change the response designation.

B. The Ambulance crew will consist of at least one currently State Certified EMT-B, and one currently state-certified EMR. Additional personnel may consist of a Driver checked out on the Ambulance in accordance with Department procedures (see SOP 2-5). It is the responsibility of all EMS personnel to maintain current CPR certification. All crew members must meet OSHA guidelines for training in Bloodborne and Airborne pathogens and Hazardous Materials Operational.

C. All EMS personnel should refer to SOP 2-6 Radio Dispatch Procedures and SOP 2-7 Radio Communications Procedures for radio protocols.

D. The Ambulance may proceed to the scene when at least an EMT and an EMR:

1. are on the scene
2. will arrive at the scene prior to the arrival of the ambulance; or
3. are on board.

E. The Driver should stay with the vehicle unless requested to assist the EMS crew.

The driver may be asked to:

1. provide communications
2. bring supplies or equipment to the crew
3. be an additional working crew member
4. watch over the apparatus and its equipment
5. other duties as requested by medical personnel

F. The first responding certified EMS personnel is responsible for all Emergency Medical Services required, unless control is transferred to another medically qualified individual.

G. It is the responsibility of the ambulance crew to function as a team. In the event that there is a difference in opinion as to the treatment of a patient, the EMT with the highest level of medical certification will be responsible for the decision. It is then the responsibility of that individual to ensure that treatment meets the guidelines established by OEMS and Medical Control.

H. As per Connecticut Department of Public Health OEMS regulations section 19a-179-10b-1A-ii, there shall be “one EMT who shall attend the patient in the patient compartment of the ambulance at all times,” and medical treatment of all patients shall be in accordance with established OEMS and Medical Control guidelines.

I. Paperwork:

1. All EMS paperwork must be completed at the hospital, at the firehouse or on department apparatus.
2. PCR's (Patient Care Reports) All PCR's for traumas, cardiac arrests, or suspected CVA's are to be completed and left at the hospital. All other PCR's may be completed at the firehouse, provided patient demographics, medications/allergies, and pertinent past history have been left with the hospital. PCR's completed at the firehouse (including those for mutual aid transports) are to be faxed to the receiving hospital upon completion. A fax transmission report is to be attached to the hard copy of the PCR and left in the lockbox in the responder area. PCR's are to be completed immediately upon return to the firehouse.
3. All other EMS paperwork: All other EMS-related paperwork should be filed in the designated place in the firehouse as soon as possible after the call.
4. Only the Fire Chief or Ambulance Chief may make an exception to this procedure.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-3

December 1997
Revised Oct. 2009

DANGEROUS FIRE ENVIRONMENT ENTRANCE

1. PURPOSE: To provide guidelines for the safe entrance into a dangerous environment, for the purpose of fire attack, search and rescue, etc.
2. DEFINITION: A dangerous fire environment is one in which the air is unsafe to support human life or may become so. The atmosphere may be contaminated by smoke, heat or other toxic products of combustion. Usually a structure is involved, but not always, as in the case of a toxic brush, dump or automobile fire.
3. PROCEDURES:
 - a. Full personal protective equipment (PPE) will be worn: turnout gear, boots, gloves, helmet, nomex hoods and self-contained breathing apparatus (SCBA), etc.
 - b. All Fire Department members are to participate only in operations where they are trained to do so. Only Connecticut state certified Firefighter I's or higher are to enter dangerous environments of a scene.
 - c. Firefighters will not enter alone.
 - d. Entrance should not be made until the following things are accomplished:
 - (1) Consider ventilation and backdraft possibilities.
 - (2) Notify an officer of your intentions to enter area.
 - (3) A minimum team of two firefighters is needed for entry.
 - (4) The entry team should take adequate fire protection (ex: fire extinguisher, hose line, etc.)
 - (5) The next two available firefighters shall man the backup line for the entry team.
 - e. One member of the fire attack entry team will be designated to remain in contact with the Incident Commander by radio communication and lead the team.
 - f. One member of the fire attack team will carry the nozzle and another will carry an adequate forced-entry tool and a light.
 - g. Other members will assist with hose or other tools.
 - h. Other entry teams will be assigned as necessary for ventilation, search and rescue, etc.
 - i. Team members will remain in constant contact with one another with frequent count-offs, etc.
 - j. If at any time, the condition of an area or structure is deemed unsafe and evacuation of firefighters is required a (CODE 999) will be transmitted and a 10-second blast on apparatus air horns and/or sirens will be sounded. All firefighters are to exit the danger area without delay.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-4

December 1997

WIRES DOWN and UNCONTROLLABLE ELECTRICITY

1. PURPOSE: To establish guidelines for the safe handling of electrical power lines and other uncontrollable electricity situations. Due to the unpredictable nature of electricity, it is impossible to regulate all situations encountered by the firefighter. The following is a basic guideline designed to increase the margin of safety for all personnel.

2. PROCEDURES:

a. The Incident Commander shall establish a danger zone and remove all person from this area.

b. The danger zone will be:

(1) Wires down or tree limb on wires: at least two poles away from and not directly underneath the wires in the affected area in all directions.

(2) Uncontrollable electricity: 250 feet in all directions or further as deemed necessary.

c. The number of the affected utility pole is to be reported to Litchfield County Dispatch whenever it is possible to do so. The utility company's response is to be requested.

An estimated time of arrival is to be requested and noted when Northeast Utilities arrives on the scene.

d. At least one fire department member is to remain on the scene until the power company arrives, or it is determined safe. If it not possible to remain with the wires, steps are to be taken to block access to the area.

e. All wires are to be considered energized or "live."

f. All personnel shall be aware of the dangers associated with electricity, lightning, static electricity and energized electrical equipment. Personnel should refrain from looking directly at any arcing that may occur.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-5

November 1998
Revised Nov. 2011

APPARATUS DRIVER AND OPERATOR QUALIFICATION

I. PURPOSE: To establish minimum qualifications to operate and fire and ambulance apparatus for the Kent Volunteer Fire Department.

II. DEFINITION: Fire and ambulance apparatus is any vehicle owned by the Kent Volunteer Fire Department.

III. PROCEDURES:

- A. All candidates will possess a valid Connecticut driver's license.
 - 1) To operate fire apparatus, drivers must also pass the state Department of Motor Vehicle's test for the Commercial Driver's License A, B, or a license with a Q restriction.
 - 2) Drivers of Truck 3-0, Truck 4-0 and the Ambulance do not need to have a Commercial Driver's License.
 - 3) The chief and engineer, or designees, must ride with the candidate to verify and signoff that he/she is able to drive and operate the pump on each vehicle as indicated on the signed form. Enc. 2-5.1.
 - 4) All ambulance drivers will ride and train on at least six calls with a qualified driver and be approved by the Ambulance Chief, Fire Chief and/or Engineer. Enc. 2-5.2.
- B. All driving candidates will submit to the Records Clerk their driver's license number for a motor vehicle check.
- C. Any candidate with a DWI/DUI conviction in the last 5 years is disqualified.
- D. All fire apparatus driver candidates will complete a department recognized pump operator's training course, within the first year of eligibility.
- E. All existing drivers upon passage of this SOP will be grandfathered.
- F. Motor vehicle report violations will be reviewed and examined by the Executive Committee.
- G. All approved drivers will submit a copy of their driver's license annually in January to the Records Clerk for a DMV check.
- H. Every driver must acknowledge that he/she has read and fully understands the State of Connecticut statute section 14-283 on the "Rights of Emergency Vehicles." Enc. 2-5.3.
- I. Since breach of this procedure could place members and civilian motorists in danger, any member in violation of these procedures, or with serious motor vehicle violations, shall be subject to action by the Executive Committee, which could result in temporary or permanent loss of department vehicle driving privileges.

4. RECORDS:

- | | | | |
|-------|-------------------------------------|-------|---|
| 2-5.1 | Driver qualification form | 2-5.3 | Connecticut General Statutes Section 14-283 |
| 2-5.2 | Ambulance driver qualification form | 2-5.4 | Sample driving course |



Kent Volunteer Fire Department, Inc.

P.O. Box 355
Kent, CT 06757

Driver and Operator Qualification

We hereby certify that _____ is a member of the Kent Volunteer Fire Department, has a State of Connecticut Commercial Drivers License A, B, with or without a Q restriction, and is qualified to drive the following apparatus:

- ___ Engine 1
- ___ Engine 2
- ___ Engine 5
- ___ Hazmat 7
- ___ Pumper 6
- ___ Rescue 8

- ☐ can operate the pump on all the applicable Kent Volunteer Fire Department apparatus
- ☐ is familiar with operation and location of equipment on each truck
- ☐ is familiar with the radio procedures and signals used by the Department
- ☐ is familiar with the post-trip procedures and the form to be filled out by drivers

Fire Chief

Engineer or Chief's designee

Date

Date

I certify that I have completed the requirements of SOP 2-5 to become an Apparatus Driver and Operator. I have read and fully understand the State of Connecticut statute section 14-283 on the Rights of Emergency Vehicles. I understand that I must complete a pump operator's course and an Emergency Vehicle Operator's Course within one year.

Signature

Date

This member has also completed a pump operator's course.

Date

This member has also completed an Emergency Vehicle Operator's Course.

Date



Kent Volunteer Fire Department, Inc.

*P.O. Box 355
Kent, CT 06757*

Ambulance Driver Qualification

We hereby certify that _____ is a member of the Kent Volunteer Fire Department, has trained on at least six emergency EMS calls with a qualified ambulance driver and is qualified to be a driver of the Kent Volunteer Fire Department Ambulance and:

- ☐ is familiar with operation and location of equipment on the ambulance
- ☐ is familiar with the radio procedures and signals used by the Department
- ☐ is familiar with the post-trip procedures and the form to be filled out by drivers

Fire Chief/or Engineer

Ambulance Chief

Date

Date

I certify that I have completed the requirements of SOP 2-5 to become an Apparatus Driver and Operator. I have read and fully understand the State of Connecticut statute section 14-283 on the Rights of Emergency Vehicles. I understand that I must complete an Emergency Vehicle Operator's Course within one year.

Signature

Date

This member has also completed an Emergency Vehicle Operator's Course.

Date

Connecticut Motor Vehicle Laws

14-283. Rights of emergency vehicles. Obstruction of.

(a) "Emergency vehicle", as used in this section, means any ambulance or emergency medical service organization vehicle responding to an emergency call, any vehicle used by a fire department or by any officer of a fire department while on the way to a fire or while responding to an emergency call but not while returning from a fire or emergency call, or any state or local police vehicle operated by a police officer answering an emergency call or in the pursuit of fleeing law violators.

(b) The operator of any emergency vehicle may (1) park or stand such vehicle, irrespective of the provisions of this chapter, (2) proceed past any red light or stop signal or stop sign, but only after slowing down or stopping to the extent necessary for the safe operation of such vehicle, (3) exceed the posted speed limits or other speed limits imposed by or pursuant to section 14-218a or 14-219 as long as he does not endanger life or property by so doing, and (4) disregard statutes, ordinances or regulations governing direction of movement or turning in specific directions.

(c) The exemptions herein granted shall apply only when an emergency vehicle is making use of an audible warning signal device, including but not limited to a siren, whistle or bell which meets the requirements of subsection (f) of section 14-80, and visible flashing or revolving lights which meet the requirements of sections 14-96p and 14-96q, and to any state or local police vehicle properly and lawfully making use of an audible warning signal device only.

(d) The provisions of this section shall not relieve the operator of an emergency vehicle from the duty to drive with due regard for the safety of all persons and property.

(e) Upon the immediate approach of an emergency vehicle making use of such an audible warning signal device and such visible flashing or revolving lights or of any state or local police vehicle properly and lawfully making use of an audible warning signal device only, the operator of every other vehicle in the immediate vicinity shall immediately drive to a position parallel to, and as close as possible to, the right-hand edge or curb of the roadway clear of any intersection and shall stop and remain in such position until the emergency vehicle has passed, except when otherwise directed by a state or local police officer or fireman as provided in section 7-313a.

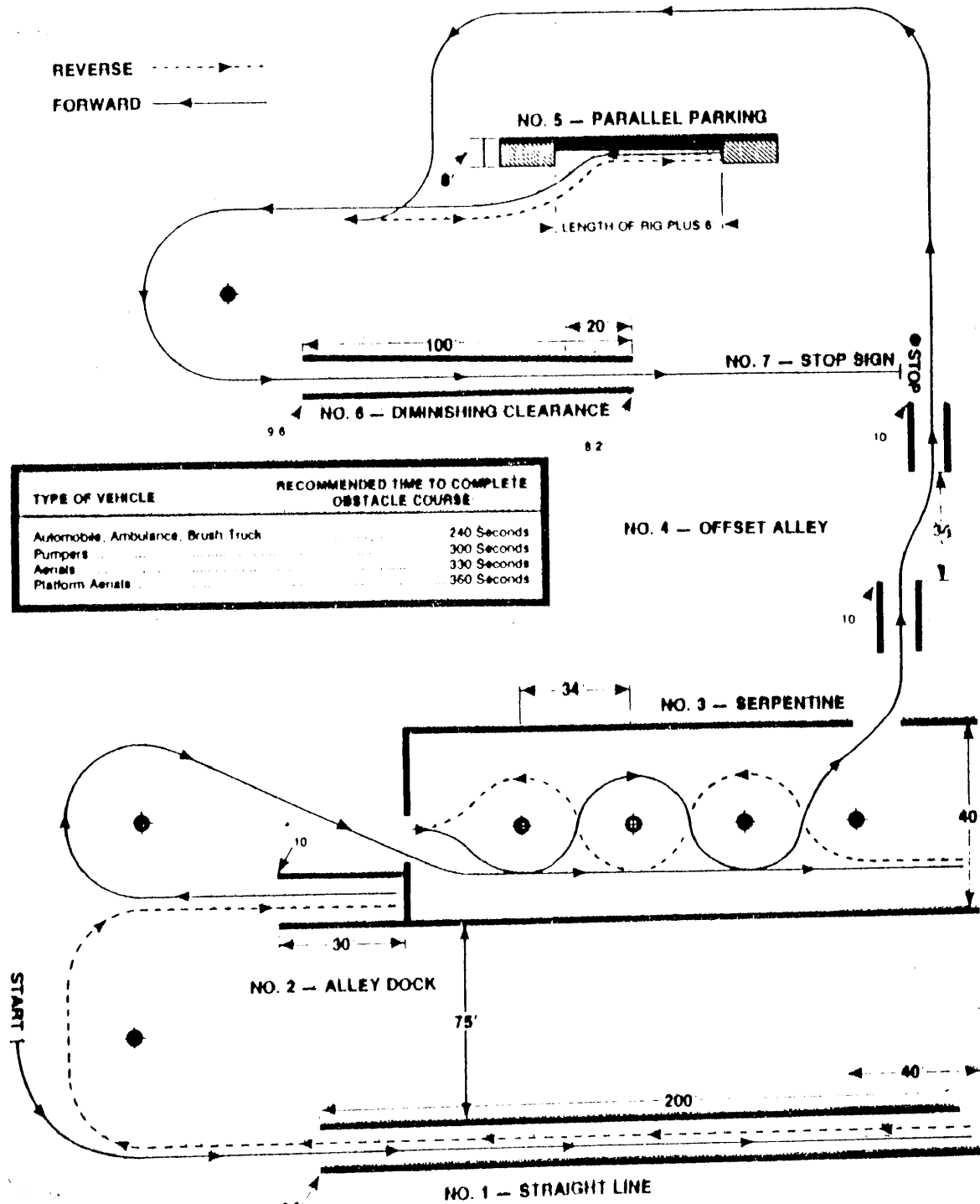
(f) Any officer of a fire department may remove, or cause to be removed, any vehicle upon any public or private way which obstructs or retards any fire department, or any officer thereof, in controlling or extinguishing any fire.

(g) Any person who wilfully or negligently obstructs or retards any ambulance or emergency medical service organization vehicle while answering any emergency call or taking a patient to a hospital, or any vehicle used by a fire department or any officer or member of a fire department while on the way to a fire, or while responding to an emergency call, or any vehicle used by the state police or any local police department, or any officer of the division of state police within the department of public safety or any local police department while on the way to an emergency call or in the pursuit of fleeing law violators, shall be fined not more than fifty dollars or imprisoned not more than seven days or both.

(h) Nothing in this section shall be construed as permitting the use of a siren upon any motor vehicle other than an emergency vehicle, as defined in subsection (a) of this section, or a rescue service vehicle which is registered with the Department of Motor Vehicles pursuant to section 19a-181.

Sample driving course

DRIVING OBSTACLE COURSE



KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-6

September 2004,
Revised 2011

RADIO DISPATCH PROCEDURES

PURPOSE: To establish the procedures by which Kent Volunteer Fire Department will be dispatched by Litchfield County Dispatch (LCD).

PROCEDURES:

A. Priority of the Call

1. LCD determines the initial priority of the call, but may not verbally announce it over the air. An officer can determine and LCD will repeat it back over the air.
 - a) Hot Response: Critical life-threatening or non-life-threatening emergency
 - b) Cold Response: Routine Non-Emergency

B. Radio Terminology

1. Dispatch Terminology – on Channel 1

- Technical Emergency – An emergency involving LCD.
 - a) Only LCD is to declare a “Technical Emergency.”
 - b) A “Technical Emergency” indicates LCD’s facility and/or ability to communicate has been jeopardized.
 - c) KVFD shall staff its radio base station and provide dispatch services for the department. Once ready, KVFD radio base station is to notify LCD using the intra-county radio system.
 - d) A “T-1” is a test of this emergency.
- Area Wide Emergency – Emergency that is a wide-area incident.
 - a) Only LCD is to declare an Area Wide Emergency.
 - b) A wide-area incident, intentional or unintentional, has occurred or is imminent.
 - c) LCD will staff additional dispatchers and radio positions within LCD will be activated and staffed.
 - d) KVFD is to staff its firehouse and prepare for emergency and non-emergency deployment.
 - e) Once ready, KVFD is to notify LCD using the intra-county radio system
 - f) LCD documentation during an Area Wide Emergency is limited. LCD makes every effort to document pertinent information on Hot Response incidents. However, on Cold Response incidents called in directly to the firehouse, KVFD is to record its own “Incident Number,” and “Dispatch Time.”
 - g) All Hot Response and Cold Response incidents are handled by LCD in the normal way. LCD will contact CL&P or other needed agencies for these types of incidents.
 - h) All Cold Response incidents received by LCD are given to the KVFD radio base over the intra-county radio system. LCD will provide an incident number, dispatch time, and time given to the base. KVFD will handle these incidents through coordinating field radio units on scene channel 4. KVFD will contact CL&P or other needed agencies for Cold Response incidents.
 - i) A “T-2” is a test of this emergency.

2. Response Terminology – also on Dispatch (Channel 1)

Plain language shall be used (some examples below)

Responding to Station

Awaiting a Crew

Responding to the incident

On scene of incident

3. Command Terminology: To be used by officer in command or Ambulance

Plain Language shall be used (some examples below)

- Enroute to facility/ambulance destination (ex: New Milford Hospital; landing zone)
- At ambulance destination
- Incident under control
- Department clear of incident scene or Ambulance clear of ambulance destination
- Department in-service and available
- Incident closed and completed

C. Radio Channels

1. Dispatch Channel (1) is to be used for the following:
 - All dispatching from LCD done on this channel
 - Responding officers are to use Dispatch to radio "Responding to or Enroute to Station" and "Responding to the scene"
 - Responding apparatus to radio "Awaiting a Crew" and "Responding to the scene"
 - First Radio Unit on a scene to radio "On scene" and advise size-up
 - First apparatus on scene to radio "On scene"
 - Assigned EMS Duty Crew (or first four responders to EMS incident) to radio "Responding to Station" and "Responding to the scene"
 - EMS Apparatus and personnel to radio "On scene"
2. Command Channel(s)
 - (1) Command 2 – not used at this time (reserved for future use)
 - (2) Command 3:
 - Channel used for critical and important communication between LCD and Incident Commander and/or LCD and Section Officer
 - Used for critical communication between a mutual aid chief officer while enroute to an incident and the incident commander
 - Used for on-scene command communications with sector chiefs or officers.
3. Scene Channel(s): Kent is to use Scene 4 (4-12 is available)
 - Scene Channels are pre-assigned one per town
 - If additional scene channels are needed, LCD will assign an incoming department's scene channel.
 - The Incident Commander may request a channel change.
 - LCD may request a Department's scene channel.
 - The channel is used for routine communications for scene operations, both before and upon "On scene"
 - The channel is also for use by Department base radio and field radio units.
4. Air Tactical Channel: 14

Used by field radio units to communicate with responding air support (Life Star, Trooper 1, etc.)
5. Traffic Channel

The channel used by field radio units to coordinate traffic control at a scene of an incident. Primarily used by Fire Police.
6. Weather Channel

Radios will only receive this channel, which receives the National Weather Service from Albany, NY (162.500). Located atop Mohawk Mountain in Cornwall, CT.
7. Intra-county
 - Channel to be used in the event a "Technical Emergency" or an "Area-Wide Emergency" is declared by LCD.
 - UHF repeaterized radio channel

- Department base radio control stations
 - This channel should not be used during normal operations
 - Weekly test conducted on Thursday evenings
8. KVFD repeater
- Channel may be used for communications for scene operations, both before and upon "on scene"
 - Channel may be used for Department communications.
 - VHF repeaterized radio channel
9. KVFD fire ground direct
- Channel may be used for communications for scene operations, both before and upon "on scene"
 - Channel may be used for Department communications.
 - VHF non-repeaterized radio channel
 - The fire ground direct does not go through the repeater.

D. Additional Information

Further documentation can be found in *LCD Radio System Operational Protocols*, which is located in the KVFD Radio Room.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 2-7

September 2004
Revised May 2007, Sept. 2011

RADIO COMMUNICATION PROCEDURES

I. PURPOSE: To establish the procedures by which Kent Volunteer Fire Department will operate radio communications.

II. PROCEDURES:

A. After dispatch, the following procedures will be followed:

1. Fire Response:

- a) The officers responding to a call are to sign on and indicate their response to a call on Dispatch 1 to LCD.
- The language to be used is Radio Number first, then the message (one may use “responding” or “enroute.”) For example: “Kent 2 to LCD responding to the scene.” If no acknowledgement received from LCD, repeat message.
- b) Apparatus drivers are to indicate their response on Scene 4 or the repeater channel to the station to get a truck. For example: “Kent 544 enroute to the Firehouse.”
- c) Once in the apparatus, the driver informs which apparatus is responding.
- For example: “Kent Engine responding.” If an officer is the driver that should also be indicated, such as “Kent 2 with Engine responding.”
- d) If no officers have signed on after the second tone, certified firefighters are to indicate their response to the call (to prevent a third tone) on Dispatch 1 to LCD. This can include telephoning into LCD (see enclosure 2-7.2). Non-certified members should not sign on the air.

2. EMS Response

- a) The first four ambulance responders are to sign on when responding to the firehouse or responding directly to the scene on Dispatch 1. This can include telephoning into LCD.
- For example: “Kent 223 to LCD responding to the Firehouse” means he/she is responding to the firehouse to meet the ambulance.
- b) Ambulance drivers are to indicate their response to get the Ambulance on Dispatch 1 to LCD.
- For example: “Kent 555 responding to the Firehouse.”
- c) Ambulance drivers waiting for a crew should announce that on Dispatch 1 to LCD.
- For example: “Kent Ambulance on the air awaiting a crew”
- d) Once the Ambulance responds to the scene that is announced on Dispatch 1 to LCD.
- For example: “Kent Ambulance responding to the scene.” If an officer is the driver, that should also be indicated, such as “Kent 4 with Ambulance responding to the scene.”
- e) Non-certified members should not sign on the air, except in the case of lift assist requests.

3. Fire: On-Scene and Return:

- a) The first responder with a radio to a scene is to give a size-up on Dispatch 1 to LCD.
- b) Incident Commander establishes command on Dispatch 1 with LCD.
- c) The first apparatus is to give a "on scene" on Dispatch 1 to LCD. Additional apparatus indicate their arrival on Scene 4 channel.
- d) Responders are to switch radios to Scene 4 channel, after the first apparatus gives a "on scene.”
- e) If the Incident Commander changes, this is announced on Scene 4.

f) Incident Commander is to issue the following on Command Channel 3 with LCD: "Situation under control"; "Units returning to the Firehouse"; "Units in service"; and "Call terminated."

4. EMS: On-Scene and Return:

- a) The first responder with a radio to arrive at a scene is to give a size-up on Dispatch 1 to LCD.
- b) Ambulance at scene to give "On scene" on Dispatch 1 to LCD.
- c) Ambulance to give "Enroute to destination" (when enroute to a medical destination) and "Arrival at destination" (when at medical destination) on Command Channel 3 with LCD.
- d) Responders are to switch radios to Scene 4 Channel, when Ambulance gives "On scene".
- e) Ambulance is to issue "Kent Ambulance returning" (when all head to station; generally when returning from hospital) on Command Channel 3 to LCD.
- f) Ambulance is to issue "Back in service" on Command Channel 3 to LCD when available for the next call. The geographical boundaries for availability are:
 north = Baird's General Store at the intersection of Rt. 7 and Rt. 4
 south = Gaylordsville Fire Department
 east = the Warren traffic light at the intersection of Rt. 341 and Rt. 45
 west = the junction of Bog Hollow Road and Sin Patch/Cider Mill Roads.
- g) Ambulance is to issue "incident terminated" on Command Channel 3 to LCD at the end of the incident, upon return to the firehouse.

B. Base Station Operation

1. In the event of a Technical or Area Wide Emergency, KVFD will have to man the base radio station. The following procedures will be followed:

- a) Communication with responders will be on the Scene Channel 4 or on the KVFD Repeater.
- b) Communication with LCD will be on the Intra-county Radio Channel.
- c) Communication on Cold Response incidents will be handled solely by KVFD, including documenting dispatch and scene times. For further information, see Technical and Area Wide Emergency Book, which is located in the KVFD Radio Room.

2. Special Announcements may be made from the base station by officers and chairs of events (or by others if directed by such a member). Announcements are to be made with the following language:

- a) "Are there any emergency calls on the air?" If there is a positive response, no announcement should be made.
- b) If there is no response, "Kent Fire and Ambulance stand by for a special announcement, special announcement only." Hit alert and tones button. "Special announcement for Kent Fire and Ambulance _____<insert your message>. Kent Fire out."

C. Roll Call and Intra-county Test

- 1. When responding to LCD's roll call (held on Thursday evenings), the fire chief will designate an officer to reply. Only one person is to acknowledge the tone test.
- 2. The same format is to be followed for the Intra-county test conducted on Thursday evenings on the Intra-county Channel, following the roll call.

Encl. 2-7.1 – Radio identifications (apparatus and members)

Encl. 2-7.2 – LCD non-emergency number

Radio Identifications

Apparatus

Kent Ambulance

Kent Engine 1

Kent Brush 3

Kent Brush 4

Kent Engine 5

Kent Pumper 6

Kent Hazmat 7

Kent Rescue 8

Kent Gator

Members *(see Radio Number Policy)*

EMT's shall use the number 2 before their department ID

EMR's shall use the number 3 before their department ID

Interior Fire Fighters shall use the number 4 before their department ID

Drivers shall use the number 5 before their department ID

Other non certified member shall use the number 9 before their department ID

Encl. 2-7.1

LCD Telephone number

LCD non-emergency number 1-860-496-0711

Encl. 2-7.2

STANDARD OPERATING PROCEDURE FOR ELEVATOR EMERGENCIES

1. PURPOSE. To establish procedures for mitigating elevator emergencies.
2. PROCEDURES:
 - a. Upon response to elevator emergencies with entrapment, the Incident Commander will:
 - i. Assign a firefighter(s) with full turnout gear and a radio to the elevator mechanical room. Have that firefighter look for the name and phone number of the elevator service company (may be posted on the mechanical equipment or electrical panel box). Then have someone contact the service company and advise them of the incident. See Encl. 2-9.1.
 - ii. Establish communication with the entrapped occupant(s); determine their physical condition and what happened.
 - iii. Using elevator control buttons attempt to call the elevator to the floor you are on. If this fails, go to step iv.
 - iv. Attempt to reset the elevator by having the firefighter in the elevator mechanical room shut down the power source and then turn it on. Using the elevator control buttons attempt to bring the elevator to a floor as in normal operation.
 - v. If attempts in (iii) and (iv) fail, have the firefighter in the elevator mechanical room shut down the power to the elevator.
 - vi. Have elevator occupant(s) push the shut off button/switch on the elevator panel and move to the rear of the car.
 - vii. Using an elevator drop key open the elevator door slightly. Instruct the occupant(s) to remain away from the door but be prepared for the occupant(s) to bolt out of the car.
 - viii. Once the elevator door is partially open, determine if it is more than ten inches above or below the building floor. If more than ten inches the elevator should be secured in place (See Encl. 2-9.2.).
 - ix. When the car is secured in place: 1) find the electrical shut off switch on the elevator shaft wall and put to off position; 2) if the car is more than 24 inches above the floor with the open door, the open space in the elevator shaft (between the building floor and the elevator floor) should be blocked with plywood, a door, or ladders to avoid the potential of someone falling into the shaft.
 - x. Ladders can then be used to remove passengers from the elevator car.
 - xi. If rescue personnel are needed to assist entrapped occupants, the number of rescue personnel entering an elevator car should be the minimum number required to accomplish that task. Do not overload an elevator car.
 - xii. Once occupants have been removed from the elevator car and any injured parties have been treated and transported, if required, secure the scene:
 1. The elevator electrical panel box should be locked out and tagged out in the off position by an officer. That officer should be assigned to contact the Department of Public Safety, Elevator Inspection Division, report the incident and advise that the elevator is locked out/tagged out and the owner/manager advised.
 2. Material used to secure the car in place should be removed.
 3. Elevator doors should be close, barrier tape placed across all doors on all floors, and out of order signs posted.The building owner/manager should be advised of the lockout/tag out, barrier tape and out of order signs. He/she should be advised that the fire department will be contacting the State elevator inspector regarding the incident and that they should have their elevator service company inspect and repair the elevator before it is put back in service.

Encl. 2-8.1 – Firefighter(s) Assigned to the Elevator Mechanical Room

Encl. 2-8.2 – Securing Elevator Car in Place

FIREFIGHTER(S) ASSIGNED TO THE ELEVATOR MECHANICAL ROOM

Firefighter(s) assigned to the elevator mechanical room shall be in full turnout gear with eye/face protection and radio communication.

Upon arrival in the elevator mechanical room the firefighter(s) shall identify the elevator mechanical system and the electrical power supply panel.

Firefighter(s) will look for signage identifying the elevator service repair company's name, phone number and emergency number, and report this information to Incident Commander (IC).

Firefighter(s) will follow directions given by the IC and the IC only.

When directed to place the electrical panel box handle into the OFF position, the firefighter(s) should move to the right/left of the panel and not stand directly in front of the panel. Eye/face protection should be in place before moving the panel control to the OFF position. When the electrical panel box is OFF notify the IC.

Once the electrical panel box is in the OFF position the firefighter(s) will allow no one to touch the panel box with out the direct permission of the IC.

When directed to place the electrical panel box handle into the ON position, the firefighter(s) should move to the right/left of the panel and not stand directly in front of the panel. Eye/face protection should be in place before moving the panel control to the ON position.

SECURING ELEVATOR CAR IN PLACE

2X4's/4X4's supporting the car from below and/or chaining the car from the top, using the cross member of the car, to the side rail braces of the car runner in the elevator shaft.

EMS TRAINING

I. PURPOSE: All EMS members of the Department are required to abide by all the training protocols established by Medical Control at Sharon Hospital. The Department has received certification in the following areas; all EMS responders are required to be trained according to their certification level.

II. PROCEDURES:

A. Areas of Training

1. Aspirin

a) In order to remain an active EMS responder at the EMT level for the Department, a member must be certified in the use of the aspirin and recertify annually.

b) Training is offered through the EMS Charts web site (www.emscharts.com) in the Continuing Education section. Proof of this online training must be printed or presented electronically to the Department Records Clerk and the EMS Training Officer.

2. Glucometer

a) In order to remain an active EMS responder at the EMT level for the Department, a member must be certified in the use of the glucometer and recertify annually.

b) Training is offered through the EMS Charts web site (www.emscharts.com) in the Continuing Ed. section. Proof of this online training must be printed or presented electronically to the Department Records Clerk and the EMS Training Officer.

c) The practical portion of the training is to be done in person with the Department's Glucometer Trainer. Each EMS responder at the EMT level must arrange this with the Glucometer Trainer, who will schedule the competency training at his/her convenience. The Glucometer Trainer shall provide a list annually to the Records Clerk of all EMS members who've successfully completed the training.

B. Failure to Certify

1. In the event an EMS responder does not certify or recertify in the appropriate training, the Executive Committee shall notify the member to not respond to EMS calls until the certification is complete.

KENT VOLUNTEER FIRE DEPARTMENT

SOP 4-2

September 2011

INTERIOR FIREFIGHTER TRAINING

- I. PURPOSE: To establish the procedures that interior firefighters will follow in order to retain their status as an interior firefighter in the Department. This SOP is designed to follow State Department of Labor OSHA regulations.
- II. PROCEDURES:
 - A. Annual procedures

Every interior firefighter must submit a yearly firefighter physical with respiratory questionnaire (see SOP 1-10) to the Department and complete a yearly respirator fit testing.
 - B. Quarterly procedures
 1. Every interior firefighter must complete training in one of the following activities, or a similar training skill, every quarter of the calendar year:
 - safety and protective equipment
 - chemistry of fire and fire behavior
 - self contained breathing apparatus
 - fire streams
 - hose
 - pumping fire apparatus
 - ladders
 - rescue
 - forcible entry
 - ventilation
 - etc.
 2. This training shall include an evaluation component and training will be documented by the instructor.
 3. If a firefighter fails to complete at least one training activity in any three-month quarter of the calendar year (ex: January-March; April-June; July-September; October-December), he/she will be placed on the exterior firefighter list by the Fire Chief.
 - a. The exterior firefighter list will be distributed to the line officers.
 - b. Each firefighter placed on the exterior firefighter list will be sent a letter by the Secretary, notifying him/her of the change in status to exterior firefighter. This communication may be sent by electronic mail with a reply requested.
 - c. As soon as an exterior firefighter takes a required training session, he/she is automatically qualified again as an interior firefighter.
 - d. Any firefighter who requests to have his/her status changed to exterior firefighter shall fill out a form stating this (see enclosure 4-2.1).
 4. An exterior firefighter is to take the following actions:
 - a. The firefighter will not be able to don self-contained breathing apparatus (SCBA) at an emergency scene, or enter an interior firefighting situation.
 - b. He/she is to turn in his/her black helmet for a yellow one.
 - c. The firefighter will change his radio number used to be reflective of his/her new status.
 5. All officers will be notified and the Department records changed accordingly of any change in status of a firefighter.

II. RECORDS

Enclosure 4-2.1 Sample letter requesting exterior firefighter designation

Date-

Member Name-

I, _____, a member in good standing of the Kent Volunteer Fire Department and a Connecticut Certified interior firefighter request that my status be changed to ***exterior firefighter only***. I understand that this change of status restricts me from donning a self contained breathing apparatus (SCBA). I also understand that I am to turn in my black helmet and a yellow one will be issued to me.

In the event that I wish to return to interior firefighter status within the Kent Volunteer Fire Department, I am to notify the Fire Chief. I know that I will need to provide the necessary documentation required of an interior certified firefighter prior to my change of status. This documentation includes, but is not limited to, a yearly firefighter physical with respiratory questionnaire; yearly respirator fit testing and quarterly training in interior firefighter activities.

Sincerely,

Member's Signature

Witness' Signature

Member's Printed Name

Witness' Printed Name

Fire Chief's Signature

Fire Chief's Printed Name