

Glendale Fire Department
Policies and Procedures
Approved: October 1, 2007
Revised: November, 2010



The following manual contains the policies and procedures of the Glendale Department of Fire and Emergency Medical Services. It is the personal responsibility of each member to learn these policies and procedures, and to use them appropriately.

This is a dynamic book, and will change as the needs of the Fire Department service in general and Glendale Fire Department in specific, change. Members will receive changes as they are issued, and are responsible to maintain their own manual in its most up-to-date form.

David Moore
Fire Chief

Glendale Fire Department Policies and Procedures

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Administration
Section 100

Glendale Fire Department Policies and Procedures

Purpose and Scope

Policy #101

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101.01 Purpose and Scope

1. The purpose of this Glendale Fire Department Policies and Procedures Manual is to provide written policies, procedures, regulations, and guidelines for the efficient operation of this department.
2. This manual is subject to written revision as the needs of the department change. Members of Glendale Fire Department shall be required to familiarize themselves with these policies and procedures, and update their manuals as these revisions occur.
3. Content of this manual shall not be construed to interfere with, or delay the prompt response to any emergency. Where there is doubt as to the intent of any policy or procedure, and time does not permit an opportunity for clarification, good judgment shall be exercised in performing the required duties and responsibilities by all members of this department.
4. Deviation from the established policies and procedures is acceptable under the following circumstances:
 - In the opinion of the member(s) involved, such a violation will provide greater safety to the members of Glendale Fire Department and the general public
 - AND**
 - The members involved clearly communicate this deviation to others involved.
5. These policies may be modified, deleted, edited, changed or revised at the discretion of the Fire Chief or the Mayor.

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Mission Statement and Values

Policy #102

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102.01 Mission Statement

Glendale Fire is committed to providing Fire Suppression, Fire Prevention, Fire Investigation, Hazardous Materials Response, First Responder and Basic Rescue, of the highest standards of excellence to the citizens and visitors to the Village of Glendale and to any community who requests our assistance.

102.02 Motto

“Be safe! Be Nice.”

Definition of Terms Used in this Manual

Policy #103

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103.01 Definitions

AIDE: Any firefighter or person appointed to assist the Fire Ground Commander throughout any emergency function.

ALL CLEAR: A communication term signifying that the primary search and rescue function(s) have been completed to the fullest extent possible.

AUTOMATIC MUTUAL AID: Pre Arranged Mutual aid that responds without being requested.

COMMAND: The term used to designate overall control at an incident.

COMMAND POST: The strategic location from where the Fire Ground Commander, Joint Commanders, and Aides function.

COMPANY: An engine with at least three (3) firefighters or a group of firefighters.

CREW – A team of members that has been assigned any task on any incident. A crew shall consist of a minimum of three (3) members.

- **Member** – a member is any person of any rank on Glendale Fire Department.

CREW LEADER – As referred to in this manual, the Crew Leader shall be the highest ranking officer working in a crew. If no officer is a part of the crew, the senior qualified member in the crew shall assume the position of Crew Leader.

DEFENSIVE MODE: An exterior attack, once the building has been written off.

DISPATCH: The central communication center.

DUTY CHIEF – This is the Chief Officer who has the responsibility for the actions of the Glendale Fire Department for the assigned day. On duty crews are responsible to report all activities to the Duty Chief.

EMERGENCY: Any situation requiring the need of the department equipment and the manpower to eliminate hazards and stabilize the situation.

EMERGENCY TRAFFIC: A radio term used to signify urgent priority communication to follow.

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EMERGENCY OPERATING PROCEDURES: Procedures set forth in a department disaster checklist.

EMERGENCY SIGNAL: One blast of the air horns until the truck runs out of air and emergency broadcast over the radio.

ENGINE: Pumper

ENGINEER: Member of the Glendale Fire Department who has successfully served as a fire apparatus and developed a superior knowledge of fire apparatus operations, hydraulics and the Village of Glendale Waterworks.

FIRE APPARATUS OPERATOR: Member of the Glendale Fire Department authorized to operate the fire apparatus.

FIRE UNDER CONTROL: A term used to signify that the fire is contained and is no longer endangering any other exposure.

FULL TURNOUT GEAR: Helmet, gloves, hood, turnout coat, bunker pants, boots and passport identification tag.

GENERAL ORDER: A written order, issued by the Fire Chief, establishing a policy, procedure, and/or regulation for Glendale Fire Department, until such time as it is incorporated into the Policies and Procedures Manual.

HCCC: Hamilton County Communications Center

IMAT: Incident Management Assistance Team that is established by a department to provide additional Command resources for an incident.

INCIDENT COMMANDER: The highest-ranking officer, assuming final responsibility and complete authority at an incident. **Incident Commander** – As referred to in this manual, the Incident Commander shall be the highest ranking officer on the scene of an incident. If no officer is on scene the most senior member will assume command.

INITIAL REPORT or SCENE SIZE UP: A brief summary of the situation upon your arrival. (Ex: Nothing showing, fully involved, endangered exposures, obvious water supply, etc.)

MASTER STREAM: Large volume nozzles, usually stationary.

MAYDAY: When a firefighter finds them in a situation of distress, as defined in Glendale Fire Department Sop's

MUTUAL AID: Aid that is requested by a neighboring department.

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O.I.C.: Officer in Charge.

OFFENSIVE MODE: The interior attack on a fire from the unburned side.

OPERATIONS OFFICER: An experienced Command Officer, usually a Chief Officer in charge of the operations element.

PERSONAL ACCOUNTABILITY REPORT (PAR): A procedure that uses nametags and status boards to track the assignment of personnel at an emergency incident.

PRIMARY SEARCH: A search of the involved premises and all immediate endangered areas. To insure all occupants have been evacuated. This search is to be conducted at the onset, and to the fullest extent possible.

PROGRESS REPORTS: Frequent reports transmitted back to the next highest level of command, concerning the amount of success or lack of being encountered by a company, sector officer, or operations officer. (Ex: Company, Sector Officer, Operations, Command, etc.)

PUBLIC SAFETY VEHICLE: As defined in the ORC 4511.01 (e) (3) (4).

RESOURCE: Personnel or equipment readily available to Command.

SAFETY OFFICER: Officer responsible for seeing that safety procedures and safe practices are observed at the emergency scene. Identified hazardous or unsafe conditions that are present and looks for potentially hazardous situations that may develop. The Safety Officer has the authority to stop or prevent unsafe acts when time or conditions prevent them from going through the regular chain of command.

SALVAGE: The act of saving property in danger using tarps, smoke ejectors, etc.

S.C.B.A.: Refers to self-contained breathing apparatus.

SECONDARY SEARCH: A thorough search of the interior of the fire area after the initial fire control and ventilation activities has been completed. Secondary search should preferably be conducted by personnel other than those members of the primary search team.

SECTOR: A specific area of the fire ground designated by Command. (Side A, B, C, D, interior or geographic area.)

SECTOR OFFICER: Officer in charge of a designated sector. (Could be a senior firefighter)

SHIFT OFFICER: The Officer at Station 45.

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SIZE-UP: The process of making an estimate of the various conditions present by the first firefighter on the scene of any fire or other emergency that is critical to the success of an operation.

S.O.G: Standard Operating Guideline used as a guide for handling incidents which may be deviated from as conditions dictate.

SPECIAL ORDER – A written temporary order issued by the Fire Chief or his designee, establishing policy, procedure, and/or regulation within the department.

STAGING: The placement of later arriving personnel and/or equipment in a designated uncommitted area, near but clear of the fire scene.

STAND-BY: A type of mutual aid whereby one department covers another department's station with equipment and/or manpower to respond to their emergencies when their station is left uncovered.

STANDARD OPERATING PROCEDURE – The written criteria establishing permanent policy, procedure, and/or regulation for Glendale Fire Department.

UNDER CONTROL: A stage reached in firefighting in which the fire has been contained and extinguished to the extent the fire authorities are confident of its complete extinguishment, and in certain cases overhauling can begin. The forward progress of the fire has been stopped.

WRITE OFF: A portion of property abandoned when an offensive attack mode is no longer possible.

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Chain of Command

Policy #104

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104.01 Chain of Command

- Glendale Fire Department is a paramilitary organization. This type of organization gives every member a rank, and arranges these ranks in a hierarchical order, designed to clearly explain who is in charge.
- Every member of the department has a supervisor who is of higher rank. Many of the ranks have subordinates whom members of a higher rank are responsible for.
- Each rank on Glendale Fire Department carries with it specific responsibilities. The higher the rank the more responsibility that is afforded to that member.

104.02 Administrative Assignments

- All members will be assigned to a crew for administrative purposes. A department officer supervises each crew.
- If you have a problem or need other than on the scene of an emergency, you should address this to your crew officer first. Your crew officer will take such action as is necessary; passing your request up the chain of command as is needed.
- Administrative assignments do not necessarily apply on the scene of an emergency. In these cases your crew leader or sector officer will be your supervisor.
- All members of the Glendale Fire Department shall work within the chain of command for ALL non-emergency situations. (Firefighters to Captain, Captain to Assistant Fire Chief, and Assistant Fire Chief to Fire Chief)

104.03 Organizational Chart

- In Annex A, you will find a chart denoting the rank structure of Glendale Fire Department.

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Duties of Personnel

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105.01 Duties of Fire Chief

1. Chief Administrative Officer
2. Shall plan, coordinate, and direct all activities of the department.
3. Shall be the executive officer of the department and shall be responsible for the operation of all phases of the department.
4. Shall assign personnel to special duties as required for the efficient operation of the department.
5. Shall provide direction in the development and maintenance of a training program.
6. Shall develop standard operating procedures and rules and regulations for the department.
7. Shall maintain discipline while promoting the morale of the department.
8. Shall maintain, or cause to be maintained records of matters relative to the operation of the department.
9. Shall have the authority to recommend to the Village Mayor the suspension from duty, reduction in rank, or discharge of any member of the department for violation of the policies and procedures.
10. Shall have complete control over all department vehicles, buildings, equipment and other property belonging to or assigned to the department.
11. Shall have the authority, during an emergency, to suspend the policies and procedures of the department.
12. Shall be responsible for all records, forms, accounts, payroll, and all property of the department.
13. Shall enforce all provisions contained in the *Ohio Fire Code* and all ordinances adopted by the Village of Glendale relative to the safety of individuals and the protection of property within his jurisdiction.
14. Shall appoint, in the event of a long-term absence, an individual responsible for the operations of the department during this absence.

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15. Shall be just, dignified, and firm with his dealings with subordinates and see that all orders, policies and procedures be followed.
16. Shall be responsible for the specification and purchase of all emergency apparatus and equipment necessary for the services provided to the community.
17. Shall serve in other capacities as deemed necessary by the Village Mayor
18. Shall have final determination within the department in all disciplinary proceedings.
19. Shall ensure minimum staffing needs for the department.
20. Shall be responsible for all training activities including schedules, instructors, curriculum, and records.
21. Shall maintain state record for training.
22. Shall be responsible for Human Resources and recruiting.
23. When present, is the ranking officer and may assume command at all fires and emergencies within his jurisdiction.
24. With the department officers shall be responsible for the promotion of members.
25. Advise the Village Mayor of recommendations for promotions.
26. Training and experience requirements:
 - Must have a valid state of Ohio Firefighter certification.
 - Must have a broad background in firefighting and safety.
 - Must have an understanding of building construction.
 - Should have a Hazardous Materials Operations certification.
 - Must have a valid Ohio Driver's License
 - Must have a high school education.
27. Physical Requirements:
 - Must be able to satisfactorily pass a standard employment physical examination performed by a doctor if required.
 - Must be capable of lifting heavy equipment or victims
 - Must be able to withstand all types of weather with appropriate equipment.
 - Must be able to withstand abnormal exposure to heat, smoke, gas and dust with appropriate equipment.

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105.02 Duties of Assistant Fire Chief

105.02.1 Assistant Fire Chief

1. Chief Operations Officer
2. Shall be next in rank to the Fire Chief and in the absence of the Chief, shall assume command of all department operations, and shall exercise all powers and functions as the Fire Chief.
3. Shall, as second in command of emergency incidents, assist, direct and advise, and in all ways contribute to the elimination of the hazard or extinguishment of the fire as directed by the Fire Chief.
4. Shall perform such other duties as the Fire Chief may prescribe.
5. Shall be responsible for the condition, efficiency, and operation of those areas of responsibility as assigned by the Fire Chief.
6. Shall be responsible for all department property in his/her charge, and shall see that it is in proper order for immediate use.
7. Shall be just, dignified, and firm with his dealings with subordinates and see that all orders, policies and procedures be strictly followed.
8. Shall at all times maintain discipline and order within the department.
9. Shall ensure that all fire apparatus, tools, and equipment is maintained in proper order at all times.
10. Shall determine or assist in the determination of the cause of all fires.
11. Shall immediately report any fire believed to be of suspicious cause.
12. Shall have full authority over all personnel in his/her charge.
13. Shall with the other officers, be responsible for the promotion of members.
14. Shall assign personnel to special duties as required for the efficient operation of the department.
15. Training and experience requirements:
 - Recommended have a minimum of ten (10) years of experience as a member of the Fire Service.
 - Must have a valid state of Ohio Firefighter Certification.
 - Must have a broad background in firefighting and safety.
 - Must have an understanding of building construction.
 - Must have a valid Ohio Driver's License
 - Must have a high school education.

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- Must hold the rank of Captain to be eligible for promotion to the rank of Assistant Fire Chief
15. Physical Requirements:
- Must be able to satisfactorily pass a standard employment physical examination performed by a doctor if required.
 - Must be capable of lifting heavy equipment or victims
 - Must be able to withstand all types of weather with appropriate equipment.
16. Coordinate all Fire Safety Inspection activities.

105.03 Duties of Fire Captain

1. Shall be next in rank to the Assistant Fire Chief and in the absence of the Assistant Chief, shall exercise all powers and functions as the Assistant Chief.
2. Shall report to Assistant Fire Chief.
3. Shall, as a fire officer, assist, direct and advise, and in all ways contribute to the elimination of the hazard or extinguishment of the fire as directed by the Fire Chief.
4. Shall perform such other duties as the Fire Chief or Assistant Chief may prescribe.
5. Shall be responsible for the condition, efficiency, and operation of those areas of responsibility as assigned by the Fire Chief or Assistant Fire Chief.
6. Shall be responsible for all department property in his/her charge, and shall see that it is in proper order for immediate use.
7. Shall be just, dignified, and firm with his dealings with subordinates and see that all orders, policies and procedures be strictly followed.
8. Shall at all times maintain discipline and order within the department.
9. Shall ensure that all fire apparatus, tools, and equipment is maintained in proper order at all times.
10. Shall assist the Assistant Fire Chief in the determination of the cause of all fires.
11. Shall communicate all activities while on duty with the Duty Chief.
12. Shall have authority over all personnel in his/her charge.
13. Shall, with the other officers, be responsible for the promotion of members.
14. Training and experience requirements:
 - Recommended to have a minimum of seven (7) years of experience as a firefighter in

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the Fire Service.

- Must have a valid state of Ohio Firefighter Certification.
- Must have a broad background in firefighting and safety.
- Must have an understanding of building construction.
- Must have a valid Ohio Driver's License
- Must have a high school education or GED.

15. Physical Requirements:

- Must be able to satisfactorily pass a standard employment physical examination performed by a doctor if required.
- Must be capable of lifting heavy equipment or victims
- Must be able to withstand all types of weather with appropriate equipment.
- Must be able to withstand abnormal exposure to heat, smoke, gasses and dust with appropriate equipment.

105.04 Duties of Fire Lieutenant

- At the current time there is no rank of Lieutenant in the Glendale Fire Department. As personnel are increased to allow for this rank, a procedure will be inserted in this section.

105.05 Duties of Engineer

1. Shall have a good working knowledge of the water distribution system in the Village of Glendale.
2. Shall work with the Assistant Fire Chief in developing a program for Fire Apparatus Operators
3. Shall operate ALL vehicles and apparatus in the Glendale Fire Department
4. Shall complete course in fire service hydraulics.
5. Shall complete course in fire pumps and operations
6. Shall have 1 year of experience as Fire Apparatus Operator
7. Shall have good general knowledge of fire apparatus design and specification

105.06 Duties of Fire Apparatus Operator

1. A Glendale Fire Department Fire Apparatus Operator is a member whom is qualified to operate all Glendale Fire Department apparatus, and teach other members to do the same.
2. Shall be responsible for the safe operation of apparatus on incident scenes.

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3. Shall act as driver/operators of fire apparatus on any detail that they respond.
4. Shall act as the Water Supply Officer as ordered by the Incident Commander.
5. Shall assist in training other members to become apparatus operators.
6. Training and experience requirements:
 - Recommended to have a minimum of one (1) year of experience as a firefighter of Glendale Fire Department.
 - Must have a valid state of Ohio Firefighter certification.
 - Must have completed all aspects of the Glendale Fire Department Fire Apparatus Operator Training program for all department apparatus.
 - Must have experience in firefighting and safety.
 - Must have an understanding of building construction.
 - Must have a valid Ohio Driver's License – CDL Preferred
 - Must have a high school education or GED.
 - Must be approved by the Fire Chief AND Assistant Fire Chief.
7. Physical Requirements:
 - Must be able to satisfactorily pass a standard employment physical examination performed by a doctor if required.
 - Must be capable of lifting heavy equipment or victims.

105.07 Duties of Firefighter

1. Shall meet all requirements for training and education as defined by the State of Ohio Department of Education and the requirements of the Village of Glendale Fire Department.
2. Shall respond to fire, emergency, and service calls taking appropriate action to ensure life safety and property conservation.
3. Shall identify and follow the overall operation of Glendale Fire Department, and the standard operating procedures as defined in this manual.
4. Shall perform other such duties as deemed necessary by the officer in charge.
5. Shall complete the requirements for a probationary firefighter.
6. Shall operate with due regard to good safety policies for himself and everyone around him at all times.
7. Shall be just, dignified, and firm with his dealings with the public, fellow firefighters and officers.

105.08 Duties of Probationary Firefighter

1. The entry-level rank for all members over the age of 18 years is that of Probationary Firefighter.
2. The member shall hold the rank of Probationary Firefighter for one (1) year. During that time the member is expected to:
 - Learn the operations of the department.
 - Attain the State of Ohio Firefighter certification.
 - Learn the roles and responsibilities of a Glendale Firefighter.
3. A. On emergency details: Probationary Firefighters must possess a valid state firefighter certification to respond on the first-out apparatus. (May respond as a fifth man)

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- Probationary Firefighters are encouraged to respond first out to any non-emergency run.
- B. On out of village runs probationary firefighters can respond however they must give way to certified and fully qualified firefighters first.
4. A probationary firefighter may not act as the company officer on any apparatus.
 5. A probationary Firefighter without state certification may enter a hazard area upon the order of an officer, and with his direct supervision. A probationary firefighter who possesses a state firefighter certification may enter a hazard area only under direct supervision from their crew leader.
 6. A probationary Firefighter should not begin the Apparatus Operator's Qualification process until they:
 - Have attained their state firefighter certification.
 - Have spent a minimum of one year on the department.
 - Have the approval of the Fire Chief AND Assistant Fire Chief.
 7. At the end of the one-year term the Probationary Firefighter will be evaluated by their immediate supervisor and Assistant Fire Chief for their Annual Review.
 8. The Fire Chief shall review the documents regarding the Probationary Firefighter, and if they are all in order, shall recommend the Probationary Firefighter's Promotion to firefighter.
 9. If the Fire Chief feels that the Probationary Firefighter needs additional orientation, he may extend the probationary period by up to six months.
 10. If the Probationary Firefighter has completed all aspects of the Probationary Firefighter training and has received his/her state certification, the Fire Chief may promote the Probationary Firefighter to the rank of Firefighter after one (1) year.

105.09 Discipline

1. ALL members of the Glendale Fire Department will be responsible for reading and understanding the Village of Glendale Employees manual. It is each member's responsibility to keep the manual current.
2. Disciplines are listed in the Village of Glendale Employee Manual.
3. Employee assistance programs listed in the employee manual
4. Village of Glendale Employee Manual is available on line at www.glendaleohio.org in the forms section.

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Conduct Expectations

Policy #106

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106.01 Purpose and Scope

- Because of the duties performed by firefighters, a firefighter is seen as a person in the public trust. Therefore, firefighters can, and must be held to a higher moral and ethical standard than a citizen. The following standards of conduct shall apply to all members of Glendale Fire Department. All members must follow the Village of Glendale Employees Manual

106.02 Conduct of Members

- Members wearing and/or displaying all or a portion of a Glendale Fire uniform, or identifying him/herself as a member of Glendale Fire, shall be subject to the rules and regulations of this department.
- Actions of members while off duty which reflect on or involve Glendale Fire in any manner shall be subject to disciplinary action.
- No member shall enter into a contract, or incur a debt under the name of Glendale Fire without prior approval of the Fire Chief.
- No member shall engage in physical or verbal altercations in the station or in public.
- No member shall furnish persons not involved with Glendale Fire any information relative to its internal business, except as may be authorized by the policies and procedures manual.
- No member shall join any organization, association, or society, which will, in any manner, divide their loyalty to the Village of Glendale, the State of Ohio, or the United States of America.
- No member shall impart any information on department affairs to the news media without approval of the Fire Chief.
- No member shall represent them self as a spokesperson for any group in the department, or the department as a whole without approval of the Fire Chief or his designee.
- Talks, tours, lectures, demonstrations, or other related activities of Glendale Fire shall be conducted with the complete knowledge and consent of the Fire Chief or his designee
- No member shall absent them self from an assigned duty without first obtaining permission from the Incident Commander or the Fire Chief.
- Members shall treat the public as well as department members with due courtesy and respect at all times.
- The use of harsh, profane, or insolent language shall be strictly prohibited.
- All members shall remain impartial in their dealings with other members and the public.

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Station Rules

Policy #107

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107.01 Station Rules

- The station phone shall be used with discretion, keeping calls to a minimum in duration. Long distance calls for Fire business shall be made from Village office phones. When answering the station phone state: “Glendale Fire” and your name. No material shall be affixed to the walls or bulletin boards without the authorization of the Chief or his designee. Members shall not mark, alter or deface any posted notice of this department.
- No property belonging to Glendale Fire shall be taken from this station, except on department business, without prior approval of the Fire Chief or his designee.
- It shall be the responsibility of each member to maintain the station in a clean and orderly fashion. Each member is expected to clean up after each use.
- Any person entering the station shall be treated with due respect and courtesy. The member shall introduce him or herself to the individual and offer their assistance.
- Visitors to the station shall not be left unattended.
- The last person to leave the station shall secure the building and turn off unnecessary lighting and turn air conditioning or heating to most economical setting.
- Smoking shall be prohibited in the station or village facilities.
- Solicitation at the Station shall be permitted only on the approval of the Fire Chief.
- Normal business hours of the station shall be 08:00 – 22:00 hours. All department members are welcome at the station during this time. After 22:00 hours, visits to the station shall be limited to brief stops for essentials only.
- The use of the department computer shall be limited to department members only. Members shall not load any software, pictures or any other files to the computer without the permission of the fire chief.
- The use of Fire Department computers must follow GFD and Village of Glendale IT and computer use policies.
- The office area/ day room shall be business ready from 8:00AM – 4:00 PM
- Pets are not permitted to be kept on station .

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Visitors Policy

Policy #108

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108.01 Station Visitors

- All visitors will be greeted in a courteous and friendly manner.
- All visitors will be escorted by a Glendale Fire Department member at all times.
- No visitors between 2200 hrs.-0800 hrs.
- No member is to be in the firehouse alone with a visitor of the opposite sex.
- No physical displays of affection.
- All visitors will keep their visit to a reasonable amount of time. OIC will have the ultimate authority concerning the length of time.
- If any visitor becomes unruly they will be asked to leave. If they refuse an OIC or above and the Glendale Police shall be notified.
- Intoxicated personnel shall not be allowed to visit the station.
- If a run comes in the OIC shall insure that all visitors are out of the firehouse before proceeding on the run.
- Unless on official business non-members of the Glendale Fire Department shall not be left unattended in the firehouse.
- No property shall be removed from the firehouse without first contacting an Officer. Exceptions to this shall be certain public service items (i.e. Plastic helmets for children, smoke detectors etc).

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Member Status

Policy #109

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109.01 General

1. For the purpose of good order and clear chain of command, each member of Glendale Fire shall be assigned member status
2. Status will be based on certification.
3. All members will be assigned to an Officer

109.02 Certification Status

1. Members will be assigned to active fire status who have, or who are seeking, state of Ohio fire training, and who fulfill the membership requirements to be a Firefighter with Glendale Fire
2. Possession of a Fire certification does not automatically grant a member firefighter status, rather the member's ability to fulfill the requirements for that status will be considered.

109.03 Non-Emergency Members

1. The Glendale Fire Department has a classification status as "member non-emergency response member". These members can do any other activity other than participate in an emergency response role.

Fire Hydrants

Policy #110

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110.01 Fire Hydrants Testing and Inspection

I. Purpose.

To provide guidance in the operation of hydrant testing and inspection

II. Scope.

This SOP applies to all personnel.

III. Guidelines.

Prior to the operation of any fire hydrant for training and/or familiarization, permission must be obtained from the water purveyor to ensure the water supply can handle the flowing of hydrants at that time. A record shall be kept of the estimated amount of water flowed, and a copy of the report shall be submitted to the water purveyor. This is the Village of Glendale. This is so that there shall be a notice posted to all residents that flowing will be taking place. All hydrant testing and inspections shall be conducted during normal business hours. This means that no hydrant testing or inspections shall be conducted on Saturday, Sunday, or holidays.

IV. Hydrant Testing and Inspection.

The Fire Department will conduct annual testing and inspection of fire hydrants.

Testing is flowing a hydrant and measuring the estimated flow available from the hydrant.

Inspection is checking the hydrant for damage or obstructions to use, and flowing the hydrant only enough to clear the water line and ensure that the hydrant is “wet”.

Frequency: All fire hydrants located in the District shall be inspected annually and tested every three years. Hydrant inspections may be conducted on a year-round basis. **Note:** All hydrants shall be inspected prior to any testing.

A. Safety Considerations: All personnel involved in the inspection and testing of hydrants should wear reflective traffic safety vests and gloves. Company commanders shall ensure fire apparatus is positioned for maximum protection of personnel, equipment, and the public. Traffic cones should be appropriately placed to alert motorists to our presence in the roadway.

B. Required Documentation: All hydrant inspections and tests shall be documented and forwarded to the personnel in charge of hydrant records, which in turn will be documented in the hydrant section of Firehouse.

C. Hydrant Closing Procedure: To minimize pressure surges on water systems, the

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following procedure shall be followed when closing fire hydrants. Close hydrant slowly until the stream has been reduced to a 4 ½” bore and flowing gently. Stop closing the valve and hesitate about 20 to 30 seconds to allow pressure to stabilize. Continue to close the hydrant until flow or water stream is reduced to a 2 ½” bore. Stop closing the valve and hesitate 6-10 seconds to allow pressure to stabilize. Close the valve completely. The longer you flow a fire hydrant, the greater the amount of water flowing through the hydrant. This necessitates hesitating longer to allow pressure to stabilize. Observe carefully the flow of water while the hydrant is being shut off. Once the water has stopped dripping, no further turning of the stem is needed. If you continue to apply torque, it is possible to damage the stem, breakaway coupling, or valve seat.

D. Hydrant Inspections: Hydrant inspections shall be conducted to determine the condition of each hydrant. Maintenance shall be performed on an “as needed” basis each time the hydrant is inspected. The following reflects the items to consider when inspecting a fire hydrant:

1. Hydrant location and number.
2. Check hydrant for physical damage and defects.
3. Check for obstructions that affect our ability to operate the hydrant. Maintain a five-foot clear radius around all hydrants.
4. Check to see that the hydrant outlets are facing the proper direction and there is a minimum 15-inch clearance between the lowest outlet and ground level.
5. Check to see if hydrant is set too close to the curb, exposing it to vehicular traffic.
6. Check condition of the paint.
7. Operate the valve stem for ease of operation.
8. Check hydrant caps and outlets for rust; remove rust from caps and outlets with a wire brush. If you encounter a hydrant cap that cannot be removed by applying a normal amount of pressure with the hydrant wrench:
 - Do not kick or stand on the hydrant wrench handle.
 - Do not try to muscle the hydrant cap off. Using these methods can lead to injury and possible equipment damage.
 - To safely remove a stuck or frozen hydrant cap, tap the outer edges of the cap using the handle of the hydrant wrench, then attempt to remove the cap. If this fails, place the hydrant out of service and notify hydrant personnel so they can notify Village of Glendale Public Works.
9. Check hydrant caps, outlet threads and gaskets for damage and proper lubrication.
10. Lubricate cap and outlet threads with dry lube. Additional dry lube is available through

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Village of Glendale Public Works.

11. Flow the hydrant only long enough for clean water to appear. Connect a diffuser and/or use a salvage cover to protect property where necessary.
12. A static reading shall be taken, after the hydrant has been flushed, on all hydrants.
13. Remove all weeds and debris from around the hydrant to ensure visibility.
14. Other obstructions, such as traffic standards, protective barriers, sign posts, utility poles, shrubbery, or fences shall be reported to hydrant personnel who in turn will be reported to Village of Glendale Public Works.
15. Complete hydrant inspection form and document your results in the hydrant section of Firehouse.

E. Single Hydrant Testing Procedure: Evaluate the site to determine potential for property damage before hydrant is flowed. It is important to flow through the 2 ½” outlet during this test. Consideration must be given to interference with traffic flow, damage to surroundings, and potential flooding problems, both local and remote from the test site before the hydrant is flowed. Use a salvage cover to protect property where necessary.

1. Remove a 2 ½” hydrant cap and attach the hydrant test gauge to the outlet. **The petcock for the test gauges must be in the flushing position.**
2. Remove the other 2½” outlet cap and install diffuser. **The petcock for the gauge on the diffuser shall be in flushing position.**
3. Tighten the remaining outlet cap.
4. Stop traffic as necessary to conduct this test.
5. Open hydrant slowly and fully to allow water to flow until it runs clear to flush hydrant branch line and hydrant.
6. When hydrant is fully open, open both gauge petcocks, read and record pressure reading on both the gauges.
7. Once the reading is obtained, slowly close hydrant in accordance with the closing procedure in this SOP to prevent a water hammer in the main.
8. Leave test gauge on the outlet for the static pressure test.
9. Replace hydrant caps and tighten to prevent removal by vandals.
10. Open the petcock on the test gauge; open hydrant valve fully to exhaust the air from the

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hydrant.

11. Close petcock as soon as air in the hydrant has been bled off.
12. Once air has been bled off and the needle on the hydrant gauge comes to rest, read and record the static pressure.
13. Close the hydrant and ensure it drains properly by checking the gauge to see if the pressure has bled off.
14. If the hydrant doesn't drain properly, bleed the pressure off using the gauge petcock and record the draining problem on the hydrant repair form.
15. Remove test gauge, replace the hydrant cap, and tighten snugly. **Do Not Over Tighten.**

F. Hydrant Flow Testing: This procedure shall be used when conducting a full flow test for the purpose of determining available fire flow. **This procedure shall not be done unless water personnel are on-site.** This procedure requires the use of a minimum of two hydrants where available, Fire Flowing Testing and Marking of Hydrants, as follows:

1. Analyze the site for possible property damage before the hydrant is flowed.
2. Inspect hydrant(s) for physical damage or defects.
3. Ensure all hydrants are turned off.

Consideration must be given to interference with traffic flow, damage to surroundings, and potential flooding problems, both local and remote, from the test site before hydrant is flowed. Connect a diffuser and/or use a salvage cover to protect property where necessary. If deemed necessary, remove the 4 ½" cap and flush hydrant to clear the barrel of debris before conducting a static test. Replace the 4 ½" cap and tighten all remaining outlet caps.

Control Hydrant:

1. Remove a 2 ½" hydrant cap from the control hydrant and attach the hydrant test gauge. **The petcock for the test gauges must be in the flushing position.**
2. Tighten remaining outlet caps.
3. Open hydrant valve and bleed off air from the control hydrant.
4. Close petcock as soon as the air in the hydrant has been bled off and the water is clear.
5. Once air has been bled off and the needle on the hydrant gauge comes to rest, read and record the static pressure.

Flow Hydrant:

1. At each flow hydrant, remove one of the 2 ½" outlet caps and attach a hydrant test gauge and diffuser. **The petcock for the test gauges must be in the flushing position.**
2. Tighten any remaining hydrant caps.
3. Stop traffic as necessary to conduct this test.

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4. At a given signal, open each flow hydrant(s) one at a time.
5. Flow hydrant(s) should be opened slowly and fully.
6. The person at the control hydrant must observe the test gauge on that hydrant as each flow hydrant is opened.
7. If the static pressure drops more than 50 percent when the first hydrant is open and flowing, the second hydrant should not be flowed.
8. Residual pressure at the control hydrant shall not be allowed to drop below 20 psi during the test.
9. Once the flow hydrants are fully open, a signal is given to read and record the flow pressure from each hydrant.
10. Residual pressure shall be read and recorded at the control hydrant with the flow hydrants fully open.

To obtain satisfactory test results for theoretical calculations of expected flows or related capacities, sufficient discharge should be achieved to cause a drop in pressure of at least 25 percent at the control hydrant. If you are unable to cause a drop of at least 25 percent, you may need to add additional flow hydrants. Where systems are weak and mains are small, pressure drop may be sufficient with only a single hydrant flowing.

1. After readings have been recorded on the hydrant test form, hydrants shall be shut down slowly, one at a time, in accordance with the shut down procedure described in this SOP to prevent undue surges in the system.
2. Shut the control hydrant down last.
3. Remove test gauges, replace hydrant caps and tighten to prevent removal by vandals.
4. Document any defects or needed repairs by placing an "X" in the appropriate column on the hydrant test form and document your test results in the hydrant section of Firehouse.

G. Hydrant Repairs: Repair of hydrants shall be in accordance with this section.

Whenever a hydrant is inoperative or needs repair, it shall be noted on the hydrant test form and a hydrant repair request form shall be submitted. The original shall be sent to hydrant personnel for processing; a copy shall be sent to Village of Glendale Public Works by hydrant personnel. If a fire hydrant is inoperative or needed repairs necessitate placing a hydrant out of service, the company officer shall ensure that the hydrant personnel is notified immediately. When reporting a fire hydrant out of service, the following information must be provided:

1. Fire company placing the hydrant out of service.
2. Hydrant number.
3. Hydrant location.
4. Nature of problem.

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H. Additional Procedures.

A. The flowing of fire hydrants sometimes causes water to turn brown due to turbulence created in the system. Consumers will notice color changes in their water. Village of Glendale and have identified these areas; an awareness memo is to be sent out by the Village of Glendale of residents who may be affected by the flowing of hydrants at least one week prior to flowing.

B. Hydrant flowing will start with the hydrants closest to the water treatment plant, meaning flush hydrants from the east to the west, starting in District 4 moving to District 2, then District 3, finishing with District 1. This has been provided by Public Works.

C. Flowing and measuring equipment (i.e., diffuser, gauge) is available at the fire station. The diffuser will help prevent washing out areas around hydrants.

GFD is responsible for any damage created in the operating and flowing of hydrants.

D. Proper traffic control measures shall be observed when flowing hydrants along streets.

E. The following hydrant color code has been established:

Black = 0-250 Not to be pumped – refill only.

Red = 251-500

Orange = 501-1000

Green = 1001 – 1500

Blue = 1501 +

Purple = Reclaimed water

Hydrants will be marked with appropriate color indicating flow of hydrant

F. Frozen Hydrants – **NEVER** put hands inside a frozen hydrant

G. Out of service hydrants should have an OUT OF SERVICE ring placed on the hydrant.

GEAR MAINTENANCE

Policy #111

Approved: October 1, 2007

Revised November 2010

111.01 PROCEDURE

- 1 Glendale Fire Department maintains ownership of all issued gear (PPE) to fire department members.
- 2 Issued PPE will be determined by the Fire Chief, Assistant Fire Chief and the Officers of Glendale Fire Department. PPE is to include, but it not limited to: helmets, bunkers, boots, hoods and gloves.
- 3 All members are responsible for the general maintenance of the issued PPE.
- 4 After major incidents or training where PPE may have been damaged; the PPE should be cleaned and then inspected by the Officer on duty or Assistant Fire Chief.
 - A. Direction will be given for removal from service, repair, replacements, or further cleaning of the PPE.
- 5 PPE in need of repair or replacement shall be tagged OOS using Glendale Fire Department tags with ALL information needed on the tag.
 - A. All repair requests must be made with a follow-up e-mail to the Assistant Fire Chief.
 - B. Approval must be obtained from the Assistant Fire Chief prior to any repairs to damaged PPE, or for alterations or additions to PPE. Some additions may be approved at the employee's expense.
 - C. The Assistant Fire Chief will determine if the PPE will be replaced.
- 6 Inspection will include, looking for rips, or tears, cracks or bubbling of helmets. Replacement of reflective striping, torn cuffs, etc
 - A. Maintenance of gear is to include:
 1. Turn-out coats, bunkers, gloves, and hoods:
 - a. Wash gear
 - b. Gear is to be dried
 2. Helmets:

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- a. Clean with warm soapy water
- b. DO NOT USE HARSH SCRUBBING

7 Periodic inspections should be made by the Officer on duty, Assistant Fire Chief/, Fire Chief as needed or minimally on an annual basis to ensure cleanliness and safeness of PPE. It is recommended that prior to the beginning of each shift, personnel inspect issued PPE.

8 Inspections, other than daily inspections, shall be documented on the appropriate form provided by the Assistant Fire Chief. (Form Attached)

- A. The form must be dated, initialed by the person performing the inspection and appropriate area's checked off indicating the PPE was inspected.

9 The Station officers shall maintain a schedule to assure that every member's gear is cleaned as needed or at least annually.

10 All Gear problems shall be reported to the Assistant Fire Chief by Email.

11 Any gear that is determined to be unsafe or unserviceable shall be disposed of as soon as the unsafe condition is found.

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GLENDALE FIRE DEPARTMENT
Gear Inspection Log

Any needed repairs shall be forwarded to the Assistant Fire Chief

NAME	DATE BY:	DATE BY:	DATE BY:	DATE BY:	DATE BY:	DATE BY:	DATE BY:	DATE BY:
HELMET FACE SHIELD GOGGLES CLEAN								
GLOVES Regular/Extrication								
HOOD								
BOOTS								
T.O. COAT Rips/Tears Reflective CLEAN								
SUSPENDERS All Buttons								
RIC Equipment Rope/Carabineer Webbing								
BUNKER PANTS								

Additional Resources

Policy #112

Approved: October 1, 2007

Revised November 2010

112.01 PROCEDURE

- 1 Using a standard command structure, I.C. will be able to control all aspects of an emergency incident and expand easily to separate sectors as needed.
- 2 Summon additional resources through HCCC when:
 - A. An actual fire situation or potential fire situation exists and the life hazard exceeds the rescue capabilities of initial alarm companies.
 - B. An actual fire situation or potential fire situation exists and the property protection (both internal and external) exceeds the fire control capabilities of the initial alarm companies.
 - C. The number, location and condition of actual victims exceed the rescue removal/treatment capabilities of companies.
 - D. All companies have been committed and the fire is not controlled.
 - E. Fire conditions become more severe or the situation deteriorates significantly.
 - F. Forces are depleted due to exhaustion, exposure, or injury or are trapped or missing. (I.C. must forecast the effect the fire will have on personnel in advance.)
 - G. The I.C. runs out of some resource (i.e. personnel, rigs, water, equipment, command, etc.).
 - H. There is evidence of significant fire but companies are unable to determine location and extent.
 - I. The situation becomes so widespread/complex that the I.C. can no longer effectively “cope”. The situation requires larger command organization or more sector functions.
 - J. The I.C. instinctively feels the need to summon additional resources.

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Command Procedures

Policy #113

Approved: October 1, 2007

Revised November 2010

113.00
113.01

PROCEDURE
FUNCTIONS OF COMMAND

- 1 The functions of Command include:
 - A. Assume and announce Command and establish an effective operating position (Command Post).
 - B. Rapidly evaluate the situation (size-up).
 - C. Initiate, maintain, and control the communications process. Request additional fire ground channels as needed.
 - D. Identify the overall strategy, develop and incident action plan, and assign companies and personnel consistent with plans.
 - E. Ensure scene safety; establish safety sector as necessary.
 - F. Ensure personnel accountability; establish personnel accountability sector as necessary.
 - G. Develop an effective Incident Management Organization. Initiate sectors as necessary.
 - H. Provide and communicate tactical objectives.
 - I. Review, evaluate, and revise (as needed) the incident action plan.
 - J. Provide for the continuity, transfer, and termination of Command.
 - K. Ensure adequate coverage for the remainder of the Village.
 - L. Request and assign alarm levels and/or Mutual Aid.
 - M. Establish liaison with Village Officials, outside agencies, property owners and/or tenants.
- 2 The Incident Commander is responsible for the functions listed.

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As Command is transferred, so is the responsibility for these functions. The first seven (7) functions (A through G) must be addressed immediately from the initial assumption of Command.

113.02-ESTABLISHING COMMAND

- 1 The first fire department officer or crew leader to arrive at the scene shall assume Command of the incident. The initial Incident Commander shall remain in Command until Command is transferred or the incident is stabilized and terminated.
 - A. The first unit or member on the scene must initiate whatever parts of the Incident Management system are needed to effectively manage the incident scene.

- 2 The first arriving fire department unit activates the Command process by giving an initial radio report. The radio report should include:
 - A. Unit designation of the unit arriving on the scene
 - B. A brief description of the incident situation (i.e. building size, occupancy, construction type, HazMat release, multi-vehicle accident, etc.).
 - C. Obvious conditions (working fire, HazMat spill, multiple patients, etc.)
 - D. Brief description of action taken
 - E. Declaration of Strategy (if other than offensive)
 - F. Any obvious safety concerns
 - G. Assumption, identification, and location of Command
 - H. Request or release resources as required

- 3 Radio Designation:

The radio designation Command will be used along with the geographical location of the incident. This designation will not change throughout the duration of the incident.

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113.03- COMMAND OPTIONS

- 1 The responsibility of the first arriving unit or Officer to assume Command of the incident presents several options, depending on the situation. If a Chief Officer, company officer, member, or unit without tactical capabilities (i.e.; staff vehicle, no equipment, etc.) initiates Command, the establishment of a Command Post should be a top priority. At most incidents the initial Incident Commander will be a Company Officer. The following Command Options define the Company Officer's direct involvement in tactical activities and the modes of Command that may be used.

A. Nothing Showing Mode:

These situations generally require investigation by initial arriving company while other units remain in a staged mode. The officer may go with the company to investigate, using the engineer to run command.

B. Fast Attack Mode:

1. Situations that require immediate action to stabilize and requires the Company Officer's assistance and direct involvement in the attack. In these situations, the Company Officer goes with the crew to provide the appropriate level of supervision. Examples of these situations include:

Offensive fire attacks (especially in marginal situations).

Critical life safety situations (i.e.; rescue) which must be achieved in a compressed time.

Obvious working incidents that require further investigation by the Company Officer.

2. Where fast intervention is critical, the engineer on the first arriving apparatus shall be command. The Fast Attack mode should not last more than a few minutes and will end with one of the following:

The situation is stabilized.

The situation is not stabilized and the Company Officer must withdraw to the exterior and establish a Command Post. At some time, the Company Officer must decide whether or not to withdraw the remainder of the crew, based on the crew's capabilities and experience, safety

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issues and the ability to communicate with the crew.
No crew should remain in a hazardous area without
Radio communications capabilities.

C. Command Mode:

Certain incidents, by virtue of their size, complexity, or potential for rapid expansion, require immediate strong, direct, overall Command. In such cases, the Shift or Company Officer will initially assume an exterior, safe, and effective Command position and maintain that position until relieved by a higher ranking Officer

1. If the Company Officer selects the Command mode, the following options are available regarding the assignment of the remaining crewmembers.

The Officer may place the Company into action with two or more members. One of the crewmembers will serve as the acting Company Officer. The collective and individual capabilities and experience of the crew will regulate this action.

The Officer may assign the crewmembers to work under the supervision of another Company Officer. In such cases, the officer assuming Command must communicate with the officer of the other company and indicate the assignment of those personnel.

The Officer may elect to assign the crewmembers to perform staff functions to assist Command.

2. A Company Officer assuming Command has a choice of modes and degrees of personnel involvement in the tactical activities, but continues to be fully responsible for Command functions. The initiative and judgment of the Officer are of great importance. The modes identified are guidelines to assist the Officer in planning appropriate actions. The actions initiated should conform to one of the above mentioned modes of operation.

113.04 PASSING COMMAND

- 1 In certain situations, it may be advantageous for a first arriving Company Officer to pass Command to the next Officer ON THE SCENE. This is indicated when the initial commitment of the first arriving Company requires a full crew

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(i.e.; high-rise or an immediate rescue situation) and another Company is on the scene.

- 2 When a Shift Officer arrives at the scene at the same time as the initial arriving Company, the Shift Officer should assume Command of the incident.
- 3 Should a situation occur where a later-arriving Company Officer, Chief Officer, or Shift Officer cannot locate or communicate with Command (after several radio attempts), they will assume and announce their assumption of Command and initiate whatever actions are necessary to confirm the safety of all crews in the hot zone.

113.05 TRANSFER COMMAND

- 1 **Within the chain of command, the actual transfer of Command will be regulated by the following procedure:**
 - A. The Officer assuming Command will communicate with the person being relieved by radio or face-to-face. Face-to-face is the preferred method to transfer Command.
 - B. The person relieved will brief the Officer assuming Command indicating at least the following:
 1. Incident conditions (fire location and extent, HazMat spill or release, number of patients, etc.)
 2. Incident action plan.
 3. Progress toward completion of the tactical objectives
 4. Safety considerations
 5. Deployment and assignment of operation companies and personnel
 6. Appraisal of need for additional resources
 - C. The person being relieved of Command should review the tactical priorities and use the most effective framework for Command transfer that outlines the location and status of personnel and resources in a standard form that should be well known to all members.
 - D. The transfer of command shall be broad cast over the radio 2 times so

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everyone on the fireground is clear on the transfer.

- 2 The person being relieved of Command will be assigned to best advantage by the Officer assuming Command.

113.06 GENERAL CONSIDERATIONS

- 1 The response and arrival of ranking Officers on the incident scenes strengthens the overall Command function. Incident Commander will transfer command to a ranking Officer.

- 2 A Fire Department's communications procedures should include communications necessary to gather and analyze information to plan, issue orders, and supervise operations. For example:

Assignment completed.
Additional resources required.
Unable to complete.
Special information.

- 3 The arrival of a ranking Officer on the incident scene does not mean that Command has been transferred to that Officer. Command is only transferred when the outlined transfer-of-command process has been complete.
- 4 Chief Officers should report directly to the command post for assignment by the Incident Commander.
- 5 The Incident Commander has the overall responsibility for managing an incident. Simply stated, the Incident Commander has complete authority and responsibility for the accident.*

*Anyone can effect a change in incident management in extreme situations relating to safety by notifying Command and initiating corrective action.

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COMMAND

Responsibilities assigned to Command include the following specific outcomes:

- A. Remove endangered occupants and treat the injured.
- B. Stabilize the incident and provide for life safety.
- C. Conserve property.
- D. Provide for the safety, accountability and welfare of personnel.

THIS PRIORITY IS ONGOING THROUGHOUT THE INCIDENT.

FUNCTIONS OF COMMAND

- ___ Assume and announce Command. Radio designation: "Command".
- ___ Operating frequency/channel_____.
- ___ Establish an effective, visible Command position (green light, vest).
- ___ Rapidly evaluate the situation (size-up); perform a risk analysis of the situation and contemplated actions.
- ___ Initiate, maintain, and control the communications process. Request TAC channels as needed.
- ___ Ensure scene safety: - - Safety Sector.
- ___ Ensure personnel accountability: - - Accountability Sector.
- ___ Develop an effective Incident Management Organization. Initiate sectors as necessary – (utilize vests).
- ___ Match staff to the size of the incident – determine single or unified Command.
- ___ Provide and communicate tactical objectives.
- ___ Review and evaluate attack efforts and revise incident action plan as needed (continuing size-up).
- ___ Provide for continuity and proper transfer of Command.
- ___ Return companies to service and terminate Command.
- ___ Ensure adequate coverage for the remainder of the Village.
- ___ Utilize the tactical control sheet.
- ___ Request and assign alarm levels and/or Mutual Aid.
- ___ Establish liaison with other County agencies and officials, outside agencies, property owners, and /or tenants.
- ___ Provide ongoing review of the overall incident (THE BIG PICTURE).
- ___ Assign Operations Officer as necessary – provide direction to Operations Officer.
- ___ Review the Organizational Structure, initiate change or expansion to meet incident needs.
- ___ Other duties as necessary.

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Fire Inspections and Data Management

Policy #114

Approved: October 1, 2007

Revised November 2010

114.00 PROCEDURE

- A. To standardize Fire Department policy and procedures for gathering information from fire safety inspections of all commercial buildings / businesses in the Village and direct input of data into FIREHOUSE software.
- B. To organize current and future information relating to buildings and businesses in the Village of Glendale as related to Fire Safety Inspections.

114.01 RESPONSIBILITY

The Assistant Fire Chief has overall responsibility for the accuracy of the information gathered during fire safety inspections, the documentation of that information and the management of the data to ensure timely inspections of all commercial buildings / businesses in the Village. The Assistant Fire Chief is responsible for Fire Safety Inspections and related activities. Coordinating the program is also under the control of Assistant Fire Chief. Coordination of the Fire Inspection Program may be delegated to a Captain or other Ohio State Certified Fire Safety Inspector.

114.02 PROCEDURE

- a. Members of the Fire Department who hold an Ohio Fire Safety Inspector certificate will conduct fire safety inspections as assigned by the Assistant Fire Chief or his designate.
- b. Every commercial building / business within the Village of Glendale will be inspected annually, unless required more frequently by local, county or state laws.

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- c. During the inspection, the current business information including name, address, phone and fax numbers, business owners and emergency contacts should be obtained.
 - 1 Fire alarm systems, suppression systems, standpipe systems, FDC connections and private hydrants, as well as fire extinguishers need to have current test certificates verified and documented.
 - 2 The fire safety inspection shall be conducted to ensure that the most current fire code adopted by the State of Ohio is utilized and that buildings / businesses are compliant.
 - 3 Violations to that Code will be documented and a copy given to the business owner, along with the required date of compliance. Scheduled re-inspections shall be conducted to ensure that the violations are corrected and the building / business is compliant with the current fire code.
 - 4 The inspector to whom the inspection was assigned is responsible for entering all data collected into FIREHOUSE software and forwarding the paperwork to the Assistant Chief to be reviewed, verified and filed.
- d. Data entry into FIREHOUSE should follow the attached Inspection Documentation Procedures.
- e. Additions and deletions of buildings / businesses will be entered into FIREHOUSE by the data base manager to ensure accuracy of the database. Minor changes, such as business names, owners phone numbers, etc. may be entered by the inspector who conducted the inspection.
- f. Buildings with multiple tenants will have one inspection form with a current tenant list attached prior to the distribution of the inspection. A list of those specific businesses is attached.
 - 1 Violations should be noted for each business on the primary inspection form. However a separate violation notice needs to be written to leave with the business.
 - 2 When entering the inspection into FIREHOUSE the primary inspection form will be the source document. The violations should note the specific business where occurred in the body of the violation description.
- g. Monthly, each inspector will tally their total number of inspections and re-inspections on a tally sheet, which will be given to the Fire Chief.

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Securing of Fire Station

Policy #115

Approved: October 1, 2007

Revised November 2010

115.01 PROCEDURE

- 1 At any time that the fire station is unoccupied, such as during an emergency alarm, all doors and windows are to be closed and secured.
- 2 All cooking appliances, televisions, etc. are to be turned off prior to leaving the station.
- 3 Any personal property that is lost or damaged shall not be the responsibility of the village.
- 4 At any time that the Homeland Security Level is Orange or Red:
 - A. All bay doors are to be kept closed when personnel are not in the station.
 - B. All non Glendale Fire Department personnel should be checked upon entering the stations.
 - C. No apparatus should be abandoned outside the station.
- 5 The stations shall be off limits to all except the on duty staff from 2200 to 0800 daily. The exception to this shall be the officers of the department.

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Crime Scene Preservation

Policy #116

Approved: October 1, 2007

Revised November 2010

116.01 PURPOSE

Provide direction in protecting crime scenes from unnecessary spoliation of evidence.

116.02 PROCEDURE

Every effort should be made to protect and preserve potential evidence at every incident scene. However, normal firefighting operations and emergency medical care should not be compromised.

If you believe that you have discovered evidence of any crime, use whatever means are available to protect that area/item from contamination. This might include roping off an area or room, placing a box over an item or otherwise physically protecting an item or area.

Do not touch any item that you believe may be evidence unless it must be moved to complete your emergency function or make the area safe. If any item of evidence is moved from its original location you must notify command and the crime scene investigator.

The best outcome is to touch as little as you can and leave the area undisturbed for the investigator to photograph and process.

Utilizing Special Teams

Policy #117

Approved: October 1, 2007

Revised November 2010

117.01 PURPOSE

- 1 To provide a guideline for the use of specialized resources needed in the proper mitigation of complicated or large scale incidents.

117.02 PROCEDURE

LOCAL RESOURCES

- 1 All specialized resources should be requested through HCCC. The Incident Commander must remember that outside resources will take time to mobilize and respond (30-60 minutes) and should be requested early in the incident rather than later.
- 2 Cincinnati Fire Department Explosive Ordinance Disposal Unit
 - A. The Bomb Unit should be called for removal of all explosive devices, suspicious packages, and unstable explosive chemicals such as crystallized picric acid, TNT, etc. Contact made through HCCC.
- 3 Greater Cincinnati Hazardous Materials Response Team
 - A. The Haz Mat team should be called for incidents involving any hazardous chemical requiring PPE or mitigation equipment not owned by the Glendale Fire Department. The Incident Commander should reference the DOT book or on site MSDS sheets to determine the hazards presented by the chemical in question.
 - B. The Haz Mat team may be called for large spills (55 gallons or more) of gasoline, diesel fuel, alcohols, etc. where the volume involved is greater than the department's capability to stop or mitigate.
 - C. In some instances, methamphetamine labs can pose enough of a hazard to consider utilization of the Haz Mat team.
 - D. Contact through HCCC
- 4 Hamilton County Sheriff's Department Dive Team
 - A. The Dive team should be called for any subsurface water recovery or as a backup to a submerged ice rescue victim.
 - B. The Dive team has multiple boats and can also be used as a surface rescue resource in the event of large scale flooding with multiple stranded victims. However, due to response times, primary mutual aid boats should come from Evendale or West Chester if available.
 - C. Contact through HCCC

Glendale Fire Department Policies and Procedures

- 5 Hamilton County Urban Search and Rescue Task Force
 - A. Hamilton County USAR is a specialized rescue resource that can be utilized for missing person searches, and technical/heavy rescues from trench cave-ins, collapsed buildings, confined spaces, tall structures, or complicated entrapments.
 - B. The USAR team will also respond to assist in property conservation by shoring up structurally damaged buildings.
 - C. The USAR team is a resource that is completely self-sufficient for an operational period of up to 12 hours, but can maintain longer operations with resupply.
 - D. Contact through HCCC

- 6 Fire Investigation Resources
 - A. The Special County Arson Team is available by contacting HCCC
 - B. The Ohio State Fire Marshals Office can be reached at 1-800-589-2728

STATE RESOURCES

- 1 Ohio Task Force One Urban Search and Rescue Team
 - A. In addition to the seven regional USAR strike teams, the State of Ohio maintains a state wide Urban Search and Rescue asset.
 - B. OHTF-1 would be the resource of choice in the event of a large scale natural or man-made disaster involving collapsed buildings.
 - C. The Incident Commander should keep in mind that OHTF-1 requires 2-3 hours to respond but, is a completely self-sufficient resource for operational periods up to 72 hours and is operational for up to 10 days with resupply.
 - D. Contact through HCCC

- 2 Ohio National Guard 52nd WMD/Civil Defense Group
 - A. In the event of a suspected attack utilizing a chemical, biological, radiological, or nuclear weapon of mass destruction, the Incident Commander must see to the immediate treatment of victims. Considerations for emergency scene stabilization and mitigation should include the Ohio National Guard 52nd WMD/ Civil Defense team. This full-time, National Guard unit has a 3-hour response time to this area.
 - B. Contact through HCCC

Glendale Fire Department Policies and Procedures

Information Release

Policy #118

Approved: October 1, 2007

Revised November 2010

118.01 PROCEDURE

- 1 Information shall be released by the Fire Chief, Assistant Fire Chief, or by other personnel designated by the aforementioned
- 2 Information that is public record may be released without the permission of the Village Mayor.
- 3 Emergency incident information approved for release includes the following:
 - A. Fire incidents
 1. Incident address
 2. Type of incident
 3. Times
 - a. Call receipt
 - b. Arrival
 - c. Under control
 4. Building information
 - a. Type
 - b. Size
 - c. Use
 5. Equipment/Apparatus Response
 6. Personnel response amount only no names
 7. Incident Commander

Glendale Fire Department Policies and Procedures

INFORMATION RELEASE cont'd.

8. Property information
 - a. Estimated value
 - b. Estimated loss
 - c. Estimated value of property
 9. Cause/Origin (if known)
 10. Other assisting agencies
 11. Number of confirmed fatalities
 12. Injured civilians/firefighters
 - a. Age
 - b. Type
 - c. Hospital
- B. Emergency Medical Incidents
1. Nature of call
 2. Address where transported from
 3. Address where transported to
- C. Hazardous Materials Incidents
1. Incident address
 2. Location/occupant names(s)
 3. Times
 - a. Call receipt
 - b. Arrival
 - c. Under control
 4. Chemical/Products information
 5. Spill/Spiller information
 6. Equipment/Apparatus response
 7. Personnel response
 8. Incident Commander
 9. Cause (if known)
 10. Other assisting agencies
 11. Number of confirmed fatalities
 12. Injured civilians/firefighters
 - a. Age
 - b. Type
 - c. Hospital

Glendale Fire Department Policies and Procedures

INFORMATION RELEASE cont'd.

- D. Technical Rescue
 - 1. Incident address
 - 2. Location/Occupant name(s)
 - 3. Type of incident
 - 4. Times
 - a. Call receipt
 - b. Arrival
 - c. Under control
 - 5. Equipment/Apparatus response
 - 6. Personnel response
 - 7. Incident Commander
 - 8. Cause (if known)
 - 9. Other assisting agencies
 - 10. Number of confirmed fatalities
 - 11. Injured civilians/firefighters
 - a. Age
 - b. Type
 - c. Hospital

Exception #1 In the case of fatalities and/or critical injuries, the notification of “next of kin” takes precedence over public record.

Exception #2 The name(s) of minor(s) shall not be released

Exception #3 Information as it relates to incidents under investigation is not public record and shall not be released until the investigation is completed, or permission has been granted to do so.

- 4 Personnel information and information not defined as “public record” shall be released only by permission of the Mayor. Requests by the news media, attorneys, insurance companies, insurance adjusters, or the general public for such information must be made to the Mayor through the Fire Chief.
- 5 In the case of Emergency Medical Reports, information concerning the victim may be released only to the victim; in the case of a minor, to the minor’s parent(s), custodial parent, or legal guardian; the executor of the victim’s estate, if such is the case, or by permission of the Mayor. **According to HIPPA regulations.**

Glendale Fire Department Policies and Procedures

INFORMATION RELEASE cont'd.

- 6 Requests for copies of reports shall be forwarded to the Fire Chief. Copies of reports will be provided by the Fire Department after permission has been granted by the Mayor.
- 7 All information in connection with an investigation being conducted by the Glendale Fire Department Fire Investigation Unit shall be released only with the approval of the lead and/or Assistant Chief - Operations. All queries or requests for such information shall be forwarded to the Assistant Fire Chief - Operations.
- 8 Social Security numbers **ARE NOT** considered public record and **SHALL NOT BE RELEASED.**
- 9 If there is any doubt about whether or not information may be released contact a Chief Officer. The Mayor may need to be consulted before release.
- 10 In order to provide information regarding newsworthy incidents involving the Glendale Fire Department to the local news media, the Media Information Release Form should be completed as soon as possible following an incident.
 - A. This information shall be given to all news agencies at the scene at 15 and 45 past the hour. A Script shall be written and read by the designated person at that time. This press conference shall be given at a pre designated point to the agencies present. This Scripted press release shall be posted at each phone in each station and can be read to anyone calling requesting information on the incident. If the incident occurs at a business every attempt should be made to get the business management involved in writing the press release.
 - B. Examples of incidents requiring release of information to the media include:
 1. Structure fires
 2. Hazardous material incidents
 3. Technical rescue incidents
 4. Other unusual and/or newsworthy incidents
 - C. Information released shall conform to the Information Release Policy as identified in Sections 118.

Glendale Fire Department Policies and Procedures

**GLENDALE FIRE DEPARTMENT
MEDIA INFORMATION RELEASE**

Incident Type: _____ Date: _____

Address: _____ Incident#: _____

Location Name/Occupant _____

Time Received: _____ Arrived: _____ Under Control: _____

Building Type/Use: _____

Chemical/Product Information: _____

Spill Information: _____

Equipment/Apparatus: _____

Personnel: _____ Incident Commander: _____

Property Value: _____ Loss: _____ Saved: _____

Cause/Orgin: _____

Evacuation Information: _____

Other Assisting Agencies: _____

of Confirmed Fatalities _____ Civilian: _____ Firefighter: _____

of Injured Persons: _____ Civilian: _____ Firefighter: _____

Incident Description/Comments: _____

Fire Department Contact: _____ Phone: _____

Glendale Fire Department Policies and Procedures

Duty Chief Procedures

Policy #119

Approved October 1, 2007

Revised November 2010

- 1) The Duty Chief is the Chief Officer who is designated to coordinate all activities of the Glendale Fire Department for the assigned day or shift.
- 2) ALL shift officers or Crew Leaders must report the activities to the Duty Chief in a way that is approved by the Duty Chief.
- 3) Duty Chief schedule should be maintained by the Fire Chief and/or Assistant Fire Chief and marked on the I AM Responding website.
- 4) Duty Chiefs will assign details or events to the shift officer or Crew Leader.
- 5) Captains may be assigned to fill the role of Duty Chief as needed and will be notified of the assignment by the Fire Chief or Assistant Fire Chief, with notification to the other Captains.

Apparatus Preparedness

Policy #120

Approved October 1, 2007

Revised November 2010

- 1) The fire apparatus operated by the Glendale Fire Department will be in the ready condition at all times.
- 2) ALL shift Officers or Crew Leaders shall inspect the vehicles to insure all equipment, hose or any other items on the truck are ready for use and are considered “IN SERVICE”.
- 3) Duty Chief shall be notified if any vehicle or item is marked as “Out of Service”.
- 4) Vehicles shall be refueled when the gauge shows $\frac{3}{4}$ or less on the dash of the truck.
- 5) All power tools shall be refueled after each use.
- 6) Portable fuel cans shall be maintained in a full condition at all times.
- 7) Engine 45, Engine 245 and Brush 45 should be washed after any use that soils the apparatus and/or leaves it in a dirty condition.
- 8) All vehicles shall remain in the Village of Glendale limits unless approved by a Chief Officer in accordance with established policies.

IMAT Procedures

Policy #121

Approved October 1, 2007

Revised November 2010

1) IMAT is defined as Incident Management Assistance Team and used to provide additional Command Staff to a department from a predetermined group or department.

2) Glendale Fire department staff may participate in other Fire department IMAT roles at the request of other jurisdictions and with permission of the fire chief.

3) IMAT 45 will be established as needed in order to have additional Command staff available to assist the Village of Glendale.

4) Current IMAT 45 Group:

4501

4502

8601

8602

4001

9701

9702

5901

5801

Glendale Fire Department Policies and Procedures

Radio Procedures

Policy #122

Approved October 1, 2007

Revised November 2010

- 1) The radio system is a key part of the operations of the Glendale Fire Department at all times and shall be used as such.
- 2) Radios shall only be used for business or operational purposes only.
- 3) At no time will any member of the Glendale Fire Department use any channel on the radio system for personal or unnecessary radio traffic.
- 4) The radio channel that is labeled as Glendale 2 shall be used the same as a primary HCCC channel. It is used as determined by the Officers of the department to minimize fire ground channel usage. Use of Glendale 2 is monitored by HCCC and is used under their license
- 5) Glendale 2 shall be used as the non-emergency primary channel.
- 6) Glendale Fire Department radios shall be programmed to monitor Glendale 2, Glendale Fire, Glendale Police and Fire East. These channels shall be monitored by on station personnel.
- 7) Village radio shall be monitored at all times in the station.

Glendale Fire Department Policies and Procedures

Brush 45

Policy #123

Approved: October 1, 2007

Revised November 2010

Brush 45 (formerly identified as Support 45) is equipped with a 200 gallon skid unit with 10 gallons of Class A foam. The skid has 2 hose reels, one with 1" hose and the other with ¾" hose. There is also a 1.5" hose tray. The water tank on Brush 45 shall be kept full at all times. Should water be used at the scene, refilling shall be accomplished as soon as practical.

As the function of the truck had been expanded, the unit identifier has been changed. Effective 8/24/09, the unit formerly known as Support 45 is now known as Brush 45. The County Communications Center is aware of the change and has altered their database accordingly. Please use the identifier Brush 45 anytime this unit goes on the air.

Also, with the new changes to Brush 45, it will be the primary unit to respond to certain calls that we are dispatched to. It should be the primary responder to the following types of calls: brush fires, mulch fires, illegal burns, wires down, trees down and landing zones. Additional tools will be added to the unit in the near future as the needed mounting brackets arrive.

Drivers and engineers, if you are not already familiar with the operation of the skid pump, please contact an officer to arrange for a training session to familiarize yourself with its operation.

Glendale Fire Department Policies and Procedures

Accident Procedure

Policy #124

Approved: October 1, 2007

Revised November 2010

Anytime a Village of Glendale fire apparatus or vehicle is involved in any type of auto crash, no matter how minor, the accident must be reported. The following procedure shall be followed for reporting.

If no other vehicles or private property are involved and the damage is very minor, i.e. backing into the station and knocking off a marker light:

1. Notify the Duty Chief immediately.
2. The OIC shall fill out a Village of Glendale Accident Report and document the events/
3. The Duty Chief shall notify the Glendale Police Department to take a property damage report if deemed necessary.
4. The driver and all witnesses shall write a statement pertaining to the accident.
5. The duty officer shall notify the Chief of the Department within 24 hours of the accident.
6. The Fire Chief shall ensure that all village procedures are followed in reporting and investigating the crash.

If any other vehicles are involved, damage is done to private property or there are injuries:

1. Assess need for medical care. If needed, contact the Comm. Center and have a run dispatched.
2. Contact the Duty Chief and the police department immediately.
3. The Duty Chief shall respond and assess the needs of personnel and apparatus.
4. The duty officer shall notify the Chief of the Department within one hour of being notified of the crash.
5. The Fire Chief shall ensure that all village procedures are followed in reporting and investigating the crash.

Glendale Fire Department Policies and Procedures

Medic 96 Ride Along Procedure

Policy #125

Approved: October 1, 2007

Revised November 2010

We have agreed to begin a pilot program to allow Glendale Fire personnel to ride on Medic 96 under certain conditions. This program will help meet the needs of both of our departments and will increase the service we are able to provide to our communities while at the same time creating new opportunities for Glendale and Woodlawn Fire personnel.

In order for Glendale Fire Personnel to ride on Medic 96 the following conditions must be met, keeping in mind that our first and foremost responsibility is to the Village of Glendale.

1. The person riding on Medic 96 must be certified as an Ohio EMT B, I or P.
2. Glendale personnel must obtain an orientation session with Woodlawn personnel prior to riding on Medic 96.
3. Glendale personnel must be cleared to ride along by both Glendale and Woodlawn Fire Departments prior to beginning ride alongs.
4. No more than 1 Glendale Fire personnel shall ride with Medic 96 at a time.
5. Station 45 shall be staffed with a minimum of 3 personnel, one of whom is an EMT B, I or P before personnel can be sent to ride on Medic 96
6. In order for a Glendale officer to ride on Medic 96, another officer must be on station or in the Village to cover Station 45.
7. Members riding on Medic 96 shall carry their Glendale turnout gear with them at all times.
8. Members shall carry a Glendale Fire radio with them while on Medic 96 to ensure communication with Station 45 on Glendale 2
9. Members riding on Medic 96 shall respond to all runs in Glendale while on Medic 96 unless they are on a medic run or told otherwise by the Glendale OIC.
10. While riding on Medic 96, Glendale personnel shall respond to all details Medic 96 is dispatched to.
11. Glendale Fire personnel shall wear a department issued uniform when riding in Medic 96. This is to include: Navy blue work pant, navy blue Glendale Fire Department t-shirt and light blue button down shift with badge.

Post Run Responsibilities

Policy #126

Approved: October 1, 2007

Revised November 2010

Members who arrive at the fire station for a fire run after the dispatched equipment has responded, shall remain on station until the units return and are placed back in service. Anyone leaving prior to the units being returned to service or without permission of an officer will not receive pay for the run.

The process of returning the fire apparatus to an in-service and ready for action mode is as important as the suppression activities themselves. Fire Department personnel should remain assured that the truck and all equipment is ready for a call at any time.

Upon returning to the station, apparatus operators should check fuel levels and fill the truck as needed. Then at the station the SCBA units shall be cleaned and serviced, other equipment fueled as needed, all tools and equipment cleaned, hose loaded and dirty hose cleaned. Personnel shall clean the trucks as required (hose off and wipe dry or wash and dry as the need dictates) and assure the truck is ready to respond.

The Officer on the truck shall make sure the cleaning and readying of the apparatus has been satisfactorily completed. The Officer shall be responsible for completing the run report and sign in sheet.

Duty Chiefs will be responsible for releasing of fire department personnel.

Glendale Fire Department Policies and Procedures

Smoking Policy

Policy #127

Approved: October 1, 2007

Revised November 2010

Smoking is prohibited in any village vehicle, at the scene of any emergency incident or anywhere on fire department property except for the designated area in rear parking lot. Smokers shall be responsible to clean up their own mess.

Glendale Fire Department Policies and Procedures

Scheduling Policy

Policy #128

Approved: January, 2011

Scheduling Policy

Effective 1/1/11

Beginning 1/1/11, all members of the Glendale Fire Department will be required to schedule a minimum of 36 hours of available or on station time each month using Iamresponding.com. The minimum hours shall be entered into the scheduling system by the first day of each month. The captains will review the schedules of those who report to them according to the organizational chart and ensure that all personnel have scheduled a minimum of 36 hours for the month. If a member has not completed their schedule, the captain will contact them to ensure a schedule is filed within 48 hours.

It is recognized that schedules will need to change at times throughout the month. Members will now be given the needed permissions in Iamresponding.com to update their schedules as needed without having to go through a system administrator. You may still schedule yourself for whatever days or blocks of time work best for you. You are required to be on station a minimum of 36 hours per month. How you choose to do so is largely up to your own discretion.

It is the goal of this new policy to ensure that all members are scheduling and working the minimum number of hours per month as set forth by departmental SOP's. We hope that by setting a schedule at the beginning of the month, firefighters will be better able to plan for the time needed on station each month.

Glendale Fire Department Policies and Procedures

Operations
Section 200

Glendale Fire Department Policies and Procedures

Smell of Gas

Policy #201

Approved: October 1, 2007

Revised November 2010

201.01 Smell of Gas

- Full PPE is to be worn. SCBA use is at the discretion of the OIC.
- If you have an address, identify closest hydrant
- Have a man ready to deploy a hand line stay outside with the driver.
- Officer and firefighter take a meter and first establish LEL before ventilating.
- Any LEL exit the building open doors from the outside.
- Notify Duke Energy through dispatch that the area/building has an LEL reading.
- If no LEL detected continue searching for source and stop the leak.
- With no LEL detected begin ventilating through passive ventilation or positive pressure as the officer in charge sees fit.
- Advise the owner of the situation that caused the problem.
- Tag any defective gas appliances as OOS.
- Have Duke Energy continue to respond to verify your actions and assist in stopping the leak.
- Connect to fire hydrant if indicated.

Flooded Basement

Policy #202

Approved: October 1, 2007

Revised November 2010

202.01 Flooded Basement

- Take in a gas meter.
- Evacuate house/building if necessary.
- Check atmosphere with a meter to assure a safe, non-explosive atmosphere.
- Any LEL ventilate from outside, use PPV until LEL drops to a safe level.
- Shut off gas at meter.
- Remedy the leak, pump out the water.
- Appropriate PPE until atmosphere is safe.
- If atmosphere is safe people may return to unaffected areas of the building.
- Have homeowner notify an HVAC or plumbing contractor before relighting gas equipment.
- Identify hydrant to use if needed.

Glendale Fire Department Policies and Procedures

Fireground Safety

Policy #203

Approved: October 1, 2007

Revised November 2010

203.01 PROCEDURE

TACTICAL POSITIONING

203.02 Positioning of operating companies which can severely affect the safety/survival of such companies. Personnel must use caution when placed in the following positions:

- A. Above the fire (floors/roof)
- B. Where fire can move in behind them
- C. When involved with opposing fire streams
- D. Combining interior and exterior attack
- E. Where sector cannot control position/retreat
- F. Operating under involved roof structures
- G. In area containing hazardous materials
- H. Below ground fires (basements, etc.)
- I. In areas where a backdraft potential exists

203.03 The safety of firefighting personnel represents the major reason for an effective and well-timed offensive/defensive decision and the associate write-off by Command. When the rescue of savable victims as been completed, Command must ask themselves: **“Is the risk to my personnel worth the property I can save?”**

203.04 Effective interior attack operations directed toward knocking down the fire eliminates most eventual safety problems.

203.05 Due to inherent hazards of the immediate fire or incident scene, efforts will be made by Command personnel to limit the number of personnel on the fireground to those assigned to a necessary function. All personnel shall either:

- A. Be positioned in Staging
- B. Be assigned to a task or sector

203.06 Having completed an assignment and no other assignment available within that sector, crews should be assigned to a Resource, Staging or Rehabilitation Sector until such time as they can be either reassigned back to an operating sector or released to in-service status.

Glendale Fire Department Policies and Procedures

203.07 The intent of this procedure is to minimize fireground hazards to only those necessary to successfully control the operation. Individuals or crews shall be restricted from wandering about the fireground or congregating in non-functional groups. If you have not been assigned to a sector or you do not have a necessary staff function to perform, stay off the ground.

203.08 In extremely hazardous situation (large quantities of flammable liquids, LP gas, hazardous materials, difficult marginal rescues, etc.) Command will engage only an absolute minimum number of personnel within the fireground perimeter, Self-standing master streams will be utilized wherever possible.

203.09 In situations where crews are operating from opposing or conflicting positions, such as front vs. rear attack streams, interior vs. exterior streams, roof crews, etc. utilize radio or face to face communications to coordinate your actions with those of the opposing crew in an effort to prevent needless injuries. **THESE PRACTICES SHOULD BE AVOIDED WHENEVER POSSIBLE.**

203.10 Everyone working on the fire ground must be notified before ladder pipes and/or deck guns go into action.

203.11 Do not operate exterior streams, whether hand lines, master streams, ladder pipes, etc., into an area where interior crews are operating. This procedure is intended to prevent injuries to personnel due to stream blast and the driving of fire and/or heavy heat and smoke onto interior crews.

203.12 When laddering a roof, the ladder selected shall be one which will extend 2'-3' above the roof line (5 ladder rungs optimal). This shall be done in an effort to provide personnel operating from the roof with a visible means of egress.

203.13 If possible, when laddering buildings under fire conditions, place ladders near building corners or firewalls as these areas are generally more stable in the event of structural failure.

203.14 When operating above or below ground level, establish at least two (2) separate escape routes/means where possible, such as stairway, ladders, exits, etc., preferably at opposite ends of the building or separated by considerable distance.

203.15 Many safety principles revolve around action that takes place on the fireground.

203.16 For the purpose of the Glendale Fire Department operations, the fireground is defined as: The area inside an imaginary boundary that has been determined by safety considerations according to the foreseeable hazards of the particular incident.

203.17 The flexibility boundary that determines the fireground can be alerted by various safety factors. All personnel entering the fireground perimeter shall:

Glendale Fire Department Policies and Procedures

- A. Wear protective clothing
- B. Have a specific duty
- C. Leave I.D. tag/main attack engine or the designated point with accountability sector.

ALL OTHERS STAY OUTSIDE THE FIREGROUND PERIMETER

203.20 SECTOR - SAFETY

203.21 The safety of firefighting personnel represents a major reason for fireground sectorization. Sector commanders must maintain the capability to communicate with forces under his command so that he can control both the position and function of his personnel.

203.22 Sector officers and company officers shall be able to account for the whereabouts and welfare of all crews/crew members under their assignment.

203.23 Sector officers shall insure that all crew members are operating within their assigned sector only. Crews will not leave their respective sectors unless OK'd by the sector officer.

203.24 When crews are operating within a sector, crews and Command shall keep the Sector Officer informed of changing conditions within the sector area, and particularly those changing conditions, which may affect safety of personnel.

Glendale Fire Department Policies and Procedures

FIREGROUND SAFETY cont'd.

203.25 In an effort to regulate the amount of fatigue suffered by fireground personnel during sustained field operations, officers should frequently assess the physical condition of their crew members. When crewmembers exhibit signs of serious physical and/or mental fatigue, the entire crew should be reassigned to a Rehabilitation Sector if possible. The sector officer's request shall indicate the crew's position/condition, etc. and shall advise as to the need for a replacement crew. Individual crews shall not report to the Rehabilitation Sector unless assigned to it.

203.26 It is the on-going responsibility of Command to summon adequate resource to tactical situations to effectively stabilize that situation and to maintain adequate resource during extended operations to complete all operational phases.

The rotation of crews will be utilized by Command during extended operations to provide an effective on-going level of personnel performance. It is the intent of this policy to reduce the fatigue and trauma experienced during difficult operations to a reasonable (and recoverable) level and is no way intended to lessen the individual and collective efforts expected of all members during field operations.

203.27 Sector officers shall account for each member upon completion of the assignment.

203.30 SECTORS – SAFETY SECTOR

203.31 The recognition of situations which present inordinate hazards to fireground personnel and the proper response to safeguard personnel from those hazards is of critical importance to all fire department operations.

203.32 Safety Officer when assigned shall be a Chief Officer.

Withdraw Order/ Emergency Evacuation

Policy #204

Approved: October 1, 2007

Revised November 2010

204.01 PURPOSE

Provide a clear understanding of how and when a withdraw order or emergency evacuation signal should be given for the safety of our firefighters.

204.02 PROCEDURE

Withdraw Order

- 1 The order for a withdraw from the structure is an action that is needed when the mode of the operations is changed. This is when the fire has spread beyond the ability of the firefighters to control it.
- 2 An example of this would be to go from an offensive to a defensive operation.
- 3 When this action is ordered the firefighters in the structure will exit the structure with their tools and equipment. This should be a planned safe withdraw.
- 4 Command will then call for a PAR on the fire ground.

Emergency Evacuation

- 1 An emergency evacuation is ordered when an extremely serious situation is about to happen, such as a missing firefighter(s), explosion or collapse. In an emergency evacuation, unlike a withdraw, fire department tools and hose may be left behind and a PAR will be conducted as there may be a missing firefighter. The emergency traffic announcement is designed to provide immediate notification for all fire ground personnel of a notable hazard that is either about to occur or has occurred. The use of "Emergency Traffic" should be initiated only when the hazard appears to be imminent.
- 2 An emergency evacuation is a rare occurrence in the fire service, and because of its infrequent occurrence, a prearranged signal is given. This signal will be one continuous blast of air horns and emergency broadcasts over the radio.
 - 3 Any member has the authority to utilize the "Emergency Traffic" announcement when it is felt that a notable danger to personnel is apparent. However, considerable discretion should be applied to its use. Emergency traffic announcements become ineffective if overused.

Glendale Fire Department Policies and Procedures

- 4 When an imminent hazard has been realized, the emergency traffic process should be initiated. Usually either a company or sector officer will be the initiator. The initiator should describe the apparent hazard and order a positive response, usually to evacuate a particular area or section, according to the scope of the hazard.
- 5 If possible, the sector officers of those areas to be evacuated should request an acknowledgment of the emergency traffic dispatch from those crews to be evacuated.

204.03 Action

Upon hearing this signal, firefighters will rapidly exit the structure, tools and equipment may be left behind. Upon receipt of the emergency traffic evacuation order, officers will assemble their crews and promptly exit to a safe location, where the officer will again account for all crewmembers. Shortly after the evacuation order, Sector officers will begin the processing of accounting for all evacuated crews. When all affected crews and crewmembers are accounted for, the evacuation process is complete. At this time a more specific determination as to the reality/extent of the hazard can be made and efforts initiated to redeploy/redirect attack forces.

- A. Building evacuation generally involves a shift from offensive to defensive as an operational strategy. In such cases, Command must develop a corresponding operational plan and must communicate that plan to all operating elements. This can be a difficult shift to complete as units are committed to positions in an offensive manner. It is extremely important that everyone gets the word that a strategic shift has been made.
 - a. Command will then call for a PAR on the fire ground to account for all firefighters that were in the Hazard Zone(s).

204.04 Command Responsibility

- a. It is principal Command's responsibility to continually evaluate and determine if the building is tenable for interior operations. This on going evaluation of structural/fire conditions requires the input of officers advising their respective sectors and of sectors advising Command of the conditions in their local area of operation.
- A. Structures of other than fire resistive/heavy timber construction are not designed to withstand the effects of fire, and can be expected to fail after approximately twenty (20) minutes of heavy fire involvement. If after ten-fifteen (10-15) minutes of interior operations heavy fire conditions still exist, Command should initiate a careful evaluation of structural conditions and should be fully prepared to withdraw interior crews and resort to a defensive position.

Glendale Fire Department Policies and Procedures

- B. Crews retreating from interior operations often require hose line protection. The personal protection afforded to firefighting personnel in such situations represents a major function of such back up lines.

Communications / Radio Usage

Policy #205

Approved: October 1, 2007

Revised November 2010

205.00 Purpose and Scope

205.01 PROCEDURE

205.02 Routine Radio Traffic – Definitions

- A. **ALL CLEAR:** A communication term signifying that the primary search and rescue function(s) have been completed to the fullest extent possible.
- B. **COMMAND:** The term used to designate overall control at an incident.
- C. **COMPANY:** An Engine and at least three (3) firefighters or a group of firefighters.
- D. **DISPATCH:** The central communications center.
- E. **EMERGENCY TRAFFIC:** A radio term used to signify urgent priority communication to follow.
- F. **EMERGENCY SIGNAL:** ONE (1) long blast of air horns.
- G. **ENGINE:** Pumper
- H. **FIRE UNDER CONTROL:** A term used to signify that the fire is contained and is no longer endangering any other exposures.
- I. **INITIAL REPORT:** A brief summary of the situation upon your arrival (e.g. Nothing Showing, Fully Involved, Endangered Exposures, Obvious Water Supply, etc.)
- J. **PRIMARY SEARCH:** A search of the involved premises and all immediate endangered areas, to insure all occupants have been evacuated. This search is to be conducted at the onset, and to the fullest extent possible.
- K. **ProgESS REPORTS:** Frequent reports transmitted back to the next highest level of command, concerning the amount of success or lack of being encountered by a company, sector officer, or operations officer. (Ex: Company, Sector Officer, Operations, Command, etc.)
- L. **SECONDARY SEARCH:** A thorough search of the interior of the fire area after the initial fire control and ventilation activities has been completed. Secondary search should preferably be conducted by personnel other than those members of the primary search team.
- M. **SIZE-UP:** The process of making an estimate of the various conditions present by the first firefighter on the scene of any fire or other emergency that is critical to the success of an operation.

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N. STAGING: The placement of later arriving personnel and/or equipment in a designated uncommitted area, near but clear of the fire scene.

205.03 APPROPRIATE USAGE

- 1** Short Specific: Before transmitting, know what you are going to say; don't make it up as you go along. Choose precise terms to communicate the desired message as clearly and briefly as possible without wasting airtime.
- 2** Task Oriented/Company Oriented: Orders received by companies should indicate a specific task, which is assigned to the company. It should be of a magnitude reasonably performed by a single company alone or in concert with other companies.
- 3** Indicate Objective: In addition to being task and company oriented, assignments should indicate an objective to the action. The company should know exactly where to go, to whom to report, what the task will be and what the objective of the task is. Orders should tell what to do-not how to do it.
- 4** Clear Tone/Self Control Effective Rate: Speak clearly at a practiced rate...not too fast or too slow. Control your emotions and excitement deliberately. If you do not consciously control your voice it will become garbled under stress.
- 5** Well Time/Spaced: Prioritize your messages. Do not use up valuable airtime with unimportant messages and insignificant details. Let critical messages go first. Maintain an awareness of the overall situation and how you fit into it. **Do not interrupt conversations unless you have Emergency Traffic!**

205.04 EMERGENCY BUTTON OPERATION

205.04

- 1** Whenever an emergency button is activated in HCCC and the dispatcher has notified the member of their department who activated the signal, the member should respond "accidental activation" – to signify that it was an accidental set-off and that they are not in potentially dangerous situation.
- 2** Should there be an emergency you must notify the dispatcher of your location it will be necessary to give them that in detail and the type of assistance you need (Police, Fire, or EMS). HCCC then will send whatever assistance you need.

Emergency Scene Operations Tactical Priorities

Policy #206

Approved: October 1, 2007

Revised November 2010

206.00 Purpose and Scope

206.01 Procedure

1. The Basic Tactical Priorities are

- A. Rescue
- B. Fire Control
- C. Property Conservation

These priorities establish the order that the basic fire ground functions must be performed. These functions should be regarded as separate, yet interrelated activities that must be dealt with in order.

2. Rescue – the activities required to protect occupants, remove those who are Threatened and to treat those that are injured.

- A.** In “Nothing Showing” situations or in very minor fire cases that clearly pose no life hazard, the Incident Commander will structure a rapid interior search and report an “ALL CLEAR”.
- B.** In “Smoke Showing” and working fire situations, fire control efforts must be extended simultaneously with rescue operations to gain access to complete the primary search. In this case, all companies must understand that operations are in a rescue mode until the primary search is completed and an “ALL CLEAR” is given.

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EMERGENCY SCENE OPERATIONS cont'd.

- C.** In “Fully Involved” buildings or sections of buildings, immediate entry and initial primary search becomes impossible, and the survival of occupants becomes improbable. In this case, primary search will not be conducted. As soon as fire control is achieved, a search must be initiated immediately.

- D.** The Incident Commander must establish command and size up the entire scene. Rescue of occupants is first priority and the Incident Commander should note:
 - 1.** Occupancy and time of day
 - 2.** Number, location and condition of victims
 - 3.** The effect the fire has on the victims
 - 4.** Capability of the control forces to enter the building, protect and remove the victims and control the fire

- E.** The Incident Commander must prioritize the victims to follow a standard order for removal. Rescue efforts should be extended in the following order:
 - 1.** Most severely threatened
 - 2.** Largest number of (groups)
 - 3.** The remainder of the fire area
 - 4.** The exposed areas

- F.** Extend a primary search in all involved and exposed occupancies that can be entered. Primary search means companies have quickly gone through all affected areas and verified the removal or safety of all the occupants.
 - 1.** The completion of the primary search is reported to the Incident Commander utilizing the standard radio reporting term “ALL CLEAR”, specified with “on the primary search”.

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EMERGENCY SCENE OPERATIONS cont'd.

- G.** A secondary search will be extended immediately following fire control. Secondary search means that companies thoroughly search the interior of the fire area after initial fire control and ventilation activities have been completed.
1. Secondary search should be completed by different companies than those involved in the primary search activities whenever possible.
 2. Thoroughness rather than quickness is the critical factor of a secondary search.
 3. Completion of the secondary search must be immediately given to command via radio as an "ALL CLEAR" specified with "on the secondary search".

206.02 FIRE CONTROL

Fire Control – The process of confining and extinguishing a fire with appropriate tactics. Fire Control can be accomplished by using one or two different strategies.

- A.** OFFENSIVE STRATEGY: INTERIOR attack and related support directed toward quickly bringing the fire under attack.
- B.** DEFENSIVE STRATEGY: EXTERIOR attack directed to first reduce fire extension and then bring the fire under control.
- C.** It is the Incident Commanders responsibility to decide which strategy to use based upon size-up and to update often as time progresses.
 1. Determine fire location and extent before starting fire operations.
 2. Determine a plan of attack that first stops the forward progress of the fire and then brings the fire under control. In complex/large fires, the Incident Commander will not have adequate resources available immediately.
 3. Determine the most dangerous direction and avenues of fire extension particularly as it affects rescue activities, confinement efforts, and exposure protection.
- D.** An offensive, aggressive interior attack must always be considered and usually chosen, unless one of the following is present:

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- 1.** Fire has extended to a point where life and property is already lost (if present) and unsafe for entry.
 - 2.** Structural stability has been determined by fire or deterioration as unsafe for entry.
 - 3.** Resources on the scene are minimal and unsafe for entry.
 - 4.** Other dangers, i.e., propane, gas leak or HAZMAT are present and unsafe for entry.
- E.** When an offensive strategy is chosen, a plan of tactics must be established and should include:
- 1.** Placement and size of attack line
 - 2.** Primary search
 - 3.** Resource support
 - a. Water source established
 - b. Ladder building (if more than 1 story)
 - c. Ventilation (if needed)
 - 4.** Back-up lines in place
 - 5.** Fire control
 - 6.** Secondary search
- F.** Offensive fires should be fought from the interior/unburned side. Initial attack efforts must be directed toward supporting the primary search. It must protect victims and escape routes.
- G.** The Incident Commander must make specific primary search assignments to companies to cover specific areas of large, complex occupancies and maintain on-going control of such companies until the entire area has been searched.
- H.** The Incident Commander must be aware of occupants and bystanders entering the building. If needed, the Incident Commander will order a police officer to guard a certain area.
- I.** Normal means of interior access (stairs, halls, etc.) should be utilized whenever possible. Secondary means such as ladders, ropes and aerials may be used when normal egress is not possible.
- J.** The Incident Commander must structure treatment of victims after removal. Multiple victims should be removed to the same location for more effective treatment (triage).
- K.** Primary search companies encounter and remove victims; the Incident

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Commander must assign other companies to continue to cover the interior positions vacated by these companies.

- L.** The effect of the interior attack must be evaluated and the attack abandoned, if necessary. The decision to operate in a defensive mode indicates that the offensive attack has been abandoned for reasons of personnel safety and the involved structure has been conceded as lost (written off).
- M.** The announcement of a change to a defensive mode will be made as Withdraw order, through one long blast of the air horn and all personnel will withdraw from the structure and maintain a safe perimeter. The safety officer will account for the safety of all personnel. A par shall be called to assure accountability.

206.03 **Property Conservation** – It is standard procedure to commit whatever fire ground resource is required to reduce property loss to an absolute minimum. All members are expected to perform in a manner that continually reduces loss during fire operations.

- A.** When the fire is out, shut down the fire streams. Early recognition that the forward progress of the fire has been stopped is an important element in reducing loss. The earlier the salvage operations begin the smaller the loss.
- B.** When basic fire control has been achieved, the Incident Commander must commit and direct companies into “stop loss” activities. Such activities generally include:
 - 1.** Salvage work to begin as soon as possible after an “Under Control” is given.
 - 2.** Evaluating damage to overall fire area
 - 3.** Evaluating the salvage value of various areas
 - 4.** Reducing hose lines from fire control functions to salvage functions.
- C.** In cases where there is an overlapping need for both fire control and salvage to be performed simultaneously and where initial alarm companies are involved in firefighting and salvage remains undone, strike additional alarm and commit greater alarm companies to salvage functions.
- D.** Be aware that personnel involved in rescue and fire control operations are generally fatigued and have reached adrenaline completing by the time

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property conservation functions must be completed-this can result in sloppy work and many injuries. Evaluate the condition of personnel and replace with fresh troops if needed.

- E.** Prompt fire ground lighting, both interior and exterior, reduces fire loss and safety.

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RAT Operations

Policy #207

Approved: October 1, 2007
Revised November 2010

207.00 Purpose and Scope

207.01 Purpose

To establish procedures outlining the operation of Rapid Assistance Team (R.A.T.) at an emergency scene. The goal of this procedure is to create a proactive R.A.T. team to prevent the necessity of a firefighter rescue by removing all barriers to exit allowing the firefighter to self-rescue.

207.02 Responsibility

Immediately upon confirmation of an incident that will require firefighters to enter an IDLH environment, command will establish a R.A.T. company. This R.A.T. company shall have a minimum of four members.

Upon arrival on scene, the R.A.T. company shall report to command and establish a R.A.T. officer (normally the officer on the truck). The R.A.T. team shall then go as a team and complete a 360 survey of the structure. This survey should act to identify all possible means of entrance and egress from the structure as well as conditions and/or obstacles that may prevent a firefighter from rapid egress. (Example: Door padlocks, security bars on windows, overgrown trees or scrubs. elevation). Findings shall be reported to command and barriers removed. All R.A.T. members shall stay together and shall not involve themselves in any activity that may reduce their ability to perform their primary function of firefighter rescue.

Proactive R.A.T. Company Checklist:

1. Report to Command – Face to Face as the entire company and declare the R.A.T. officer.
2. Perform size up of structure – A Full walk around 360. Report findings to command.
3. Remove any barriers/obstacles to firefighter egress.
4. Place portable ground ladders to upper stores of structure.

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Responsibility (cont'd)

5. Remain alert to radio traffic and crew locations, remain on the exterior of the structure as a crew. Under rare circumstances (large or high-rise structures) the R.A.T. Company may stage interior in a forward position; this shall be at the discretion of the R.A.T. officer.

6. Determine if additional R.A.T. crews are needed. This shall be at the discretion of the R.A.T. officer with the request going through command.

When to call a Mayday

Mayday may be called by any member on the fire ground. Any member shall call a mayday if he/she feels their own safety or survival or that of a fellow crewmember is in immediate jeopardy. Examples are: Low on air and not able to immediately remove themselves from the IDLH environment, disoriented, entangled, involved in a collapse.

In the event a crew cannot be reached on the radio, accountability shall call for a par; if the crew cannot be raided on the 2nd call for par accountability shall call any other crew in the vicinity and ask if they have a visual on non-responding crew. If a visual is not immediately made a mayday shall go out.

When a Mayday is declared

Incident Command

1. Shall immediately ask for an additional alarm.
2. Shall notify HCCC the Mayday situation.
3. Shall appoint a R.A.T. Commander at the command post to act as primary radio contact for R.A.T. team.
4. Shall clear fire ground channel of all radio traffic with the exception of the R.A.T. team, R.A.T. Commander, and distressed firefighter.
5. Shall order all other fire ground communication on new fire ground channel.
6. Shall conduct a par as soon as possible.
7. Shall direct firefighting efforts to continue, evacuating anyone not involved in fire suppression out of structure.
8. Shall designate staging officer to coordinate extra alarm units coming in.

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The I.C. must focus his attention on fire suppression while the R.A.T. Commander manages the rescue efforts.

R.A.T. Commander

1. Shall report to and stay with incident command.
2. Shall direct the rescue efforts of the R.A.T. team.
3. Shall communicate with accountability to find last known position of the downed firefighter.
4. Shall communicate directly with downed firefighter on original fire ground channel.
5. Shall maintain accountability for all R.A.T. team members.

R.A.T. Team

1. Shall immediately report to R.A.T. commander and/or accountability to determine last known location of downed firefighter.
2. Determine the best means of entry to begin search for downed firefighter.
3. Shall perform search for structure with emphasis on the distressed firefighter.
4. The use of tag line is highly recommended.
5. Upon finding the downed firefighter shall transmit to R.A.T. Chief, location, company and identity of the firefighter.
6. If no extrication is needed shall remove downed firefighter from structure.
7. If extrication is needed shall call R.A.T. chief to coordinate extrication efforts.
8. If extrication is needed or multiple R.A.T. companies will be required efforts should be made to use rope to signify most direct route for downed firefighter.

R.A.T. Assist

Through coordinated efforts the R.A.T. chief and R.A.T. officer the decision may be made to call additional R.A.T. companies or to assign companies on scene to assist with the R.A.T. team. If these assignments are made those additional R.A.T. members shall stage with the R.A.T. chief.

Through open lines of communication the I.C. and R.A.T. commander may decide to evacuate the building this ceasing all rescue efforts. This decision will ultimately be made by the I.C. with the goal of preserving as many lives as possible.

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Firefighter Rehab

Policy #208

Approved: October 1, 2007

Revised November 2010

208.00 Purpose and Scope

208.01 PURPOSE – To recognize the need and have an active program for care of emergency responders while they are on an emergency call or training exercise.

208.02 RESPONSIBILITY – The Fire Chief is responsible for the overall safety and well being on the fire scene, including the area of rehabilitation. In his absence or delegation, the Incident Commander will assume responsibility for establishing a rehab sector and the Safety Officer will assume command of the rehab area.

208.03 PROCEDURE

1 A rehab sector will be established as appropriate to maintain a safe operating environment by providing rest and breaks to fire department personnel working on an incident or training. These include:

- Involved structure fires
- Other fires where firefighting operations will last greater than 30 minutes
- Hazardous Materials Incidents where Hazmat teams are required to control the situation
- Extended rescue operations (greater than 30 minutes in extreme weather conditions and 60 minutes in moderate weather)
- Training evolutions where extreme physical or thermal conditions exist
- At the discretion of Incident Commander.

2 The Incident Commander should request a mutual aid squad company be dispatched to the scene to establish a Rehab sector with the first alarm upon confirmation of a structure fire.

The rehab sector will be under control of the Safety Officer (directly) and Incident Commander (indirectly.) It will be set up outside of any hazardous area. During hot summer months the rehab sector should be in a shady cool area. During cold winter months, a warm dry area is preferred. The location should be in a place that is readily accessible to transport units. The rehab sector MAY contain the following subordinate areas:

- A. Medical Station (Ambulance)
- B. Support Area (Water and Food)
- C. Air Supply (Air Cylinder Refill)

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A large-scale incident may require multiple rehab areas.

4 The Safety Officer or Incident Commander will designate an OIC of the rehab sector. The Rehab OIC can then designate subordinate OICs for the Medical Station, Support Area and Air Supply if deemed necessary.

5 The Medical Station will remain in place for the duration of the incident or training. Additional ambulances, if requested, should be placed in a staging area to stand by in the event a transport is required. The Medical Station must be staffed with at least two EMS personnel, one of whom should be a Paramedic.

6 All personnel will report to Rehab immediately after:

- An order to do so by any line officer up to and including the Incident Commander.
- Sustaining any type of injury.
- Failure of SCBA
- 40 minutes of operation within the hazard zone or the use and depletion of two SCBA bottles.
- Experiencing any chest pain, shortness of breath, dizziness, confusion, nausea, vomiting or fatigue.

Or any time a person feels the need to take a break. **DO NOT** wait to be told to go. Immediately **NOTIFY COMMAND OF YOUR NEED TO GO TO REHAB SO REPLACEMENT CREWS MAY BE ASSIGNED.**

7 Personnel entering and exiting the rehab sector will be logged, along with any medical information collected about these personnel while in the sector. This log will be turned into the Safety Officer or Incident Commander after the end of operations. A patient care report is only necessary if the patient is triaged for ALS or BLS service or transported to a medical facility.

8 Personnel entering the Rehab sector will remove SCBAs, helmets and turnout coats and will turnover one (1) accountability tag and be logged in. They will then report to the Medical Station for an initial assessment. Once in the Rehab Sector, personnel are under control of the Rehab Sector Officer and Medical Station Personnel. Persons in rehab cannot leave until their accountability tag has been returned to them and they have been given exit instructions and type of duty to which they may return.

9 Any personnel entering the Rehab Sector are giving implied consent for treatment.

10 If at any time an assessment reveals any of the following criteria, ALS support will be initiated and patient will be immediately transported to an appropriate medical facility. The Rehab Sector Officer will contact the Incident Commander to notify of the transport.

- Altered mental status
- Chest Pain or Shortness of Breath
- SpO₂ < 95% after O₂ started
- Irregular pulse or Arrhythmias
- Temp > 101° F
- Skin hot and flushed (suspected heat stroke)

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- Pulse > 150 at any time or Pulse > 140 after cool down (10 min)
- Systolic BP < 90 or > 200 at any time
- Diastolic BP >105 at any time
- Any injury or trauma needing emergent treatment
- Inability to orally rehydrate (vomiting)

11 Treatment of personnel not meeting the above criteria includes: oxygen, if needed, oral rehydration, cooling (or heating), dressing of minor wounds and nourishment. If personnel are given oxygen, then OIC must release firefighter back to fireground operations.

12 Personnel will remain in the Rehab Sector for a minimum of 20 minutes and receive at least three (3) assessments. No personnel will return to duty until vitals are within normal limits:

- Pulse < 100
- Systolic BP <160 or > 100
- Diastolic BP < 90
- SpO2 > 97% on ambient air
- Temp never exceeded 100.5 ° F at any time

13 Disposition of personnel shall be determined by the Rehab Sector Officer based upon these vital signs and assessments. The Rehab Sector Officer will determine the status of personnel upon exiting and return the accountability tag to them. Status options are:

- Return to Full Duty (RFD) – no remarkable complaints or injuries. Vital signs within normal limits.
- Return to Light Duty (LD) – minor injuries. Vital signs not within normal limits. Report to Safety Officer for assignment.
- Remove from Duty (Off) – Non-emergent injuries or any complaints having a relationship with past pertinent medical Hx. Report to Safety Officer.
- Transport (Tx-[hospital initials]) to appropriate medical facility.

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14 The Medical station will be equipped equal to an ALS transport unit (Cardiac Monitor, Oxygen, BVMs, AED, Multiple BP cuffs and stethoscopes, immobilization equipment (Long Backboard, CIDs, straps, cervical collars,) heating / cooling facilities, ALS drugs, water, blankets, Rehab Logbook, radios for communications.

15 The Support area will provide food, water and ice, and assist the medical station personnel as needed.

Manpower Deployment

Policy #209

Approved: October 1, 2007

Revised November 2010

209.00 Purpose and Scope

209.01 PROCEDURE

- 1** In most fireground situations the first arriving unit will begin assigning Sectors and build attack teams in those sectors.
 - A.** In the early deployment of companies at an incident, Command should try to identify tactical requirements in terms of Attack Teams and Sectors.
 - B.** The assignment of an Attack Team in the early stages of an incident naturally provides the basis for effective sectorization which may be built upon as the incident progresses.
 - C.** An Attack Team assigned to establish a sector should be able to perform as an effective operating unit as well as setting up a Sector command structure.
- 2** In most cases these teams will be created on the scene from single unit companies assigned by Command. The entire team may be assigned at one time or “built up”, starting with a single company and adding resource as it becomes available.
 - A.** The Attack Team is an extension of this concept in which companies are assigned on the fireground in groups with a specific goal and/or geographic area assigned.
- 3** In many tactical situation it is desirable to group companies together as Sectors to achieve more effective results.
- 4** Sector Officers should try to structure requests for additional resource in Terms of Attack Teams whenever possible.
- 5** An Attack Team concept consolidates the efforts of the companies toward tactical goals and makes Command more manageable.
 - A.** The deployment of first response units may be such that there is insufficient resource to place a full attack team at each urgent strategic position.

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- 6 Command may elect to assign a single unit to a position and assign subsequent arriving units to fill out the team as they arrive. In active fire situations, the first engine would usually lay at least one supply line to the forward position and a later arriving unit would pump the line and join the first crew at the attack unit location.
- 7 The decision could also be made by Command to make one key position attack with a full team and leave less urgent positions for later arriving units. This is a strategic decision, which must be made by Command.

Assign teams by:

Function

Location

Par when changing locations

Truck assignments – stay with engineer

Officer designation – becomes transparent

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Cascade Systems

Policy #210

Approved: October 1, 2007

Revised November 2010

210.1 The cascade system located in the station shall only be operated by a trained person as authorized by the Fire Chief or Assistant Fire Chief.

210.2 At all times the Cascade System is being used, ALL safety functions shall be used. SCBA bottles shall only be refilled when they are placed in the defragmentation container.

210.2 Testing and air sampling will be conducted by an outside agency at the correct intervals.

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Staging

Policy #211

Approved: October 1, 2007

Revised November 2010

211.00 Purpose and Scope

211.01 PROCEDURE

Staging – Apparatus Placement

- 1 This procedure will automatically apply to all multiple unit responses and will involve:
 - A. The first engine company will respond directly to the scene and will operate to the best advantage.
 - B. The first EMS unit will go directly to the scene and place their apparatus in a location that will provide maximum access for medical/rescue support and not impede the movement of other units.
- 2 Level I Staging
 - A. All other units (regardless of alarm) will stage in their direction of travel, uncommitted, away from the scene until assigned by Command a position providing a maximum of possible tactical options with regard to access, direction of travel, water supply, etc. should be selected.
 - B. Staged companies or units will, in normal response situations, report company designations, standing by and their direction may be necessary to be more specific when reporting standby positions in extraordinary response situations. Staged companies will stay off the air until orders are received from Command. If no orders are assigned, after a reasonable amount of time, they will contact Command and re-advise them of their standby status.

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- C. These staging procedures attempt to reduce routine traffic, but in no way should reduce effective communications or the initiative of officers to communicate. If staged companies observe critical tactical needs they will advise Command of such critical conditions and their actions.

3 Level II Staging

- A. Staging will relate to large, complex-type field situations requiring an on scene reserve of companies and will involve formal staging in an area designated by Command. The Staging Area should be away from the Command Post and from the emergency scene in order to provide adequate space for assembly and for safe and effective apparatus movement. When Command announces a formal staging area, all responding companies will report to and remain in the Staging Area until assigned. Command will formally announce: “Staging” and will give approximate location of the Staging Area.
- B. Command may designate a Staging Area and Staging Officer who will be responsible for the activities outlined in this directive, in the activities outlined in this directive, in the absence of such an assignment, the first fire department officer to arrive at the staging area will automatically become the Staging Officer, will notify Command of his arrival, and will assume Command of the Staging Area.
- C. In some cases, Command may ask the Staging Officer to scout the best location for the Staging Area and report back to Command.

4 The radio designation for the Staging Officer, Area and function will be “Staging”. All communications involving staging will be between Staging and Command (or Staging and “Operations” level, if established). All responding companies will stay off the air; respond directly to the designated Staging Area, and report (in person) to the Staging Officer. They will stand by their unit with crew intact.

- A. When requested by Command, the Staging Officer will verbally assign Companies to report to specific sectors, telling them where and to whom to report. He will then advise Command of the specific unit(s) assigned. The Operating Sector Officer may then communicate directly with the company by radio.
- B. Staging will give Command periodic reports of available companies on Staging. Staging may utilize another channel and communicate directly with Dispatch for resource.

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- 5 The Staging Officer will also be responsible for the following functions:
- 6 Obtain a Staging sector Radio channel
- 7 Coordinate with the Police Department to block street, intersections and other access required for the Staging Area.
- 8 Insure that all apparatus is parked in an appropriate manner.
- 9 Maintain a log of companies available in the Staging Area and inventory all specialized equipment that might be required at the scene.
- 10 Review with Command what resources must be maintained in the Staging Area and coordinate the request for these resources with HCCC.
- 11 To assume a position that is visible and accessible to incoming and staged companies. This will be accomplished by leaving his red lights operating.
- 12 In some cases, the Staging Officer may have to indicate best direction of response and routing for responding companies to get into the Staging Area.
- 13 Ambulances responding to incidents where Staging has been established will be dispatched to the Staging Area. The Staging Officer will acknowledge the arrival of the ambulances with Command and will give instructions to the ambulance personnel as requested by Command.
- 14 A major medical emergency may require a separate Staging Area for Ambulances. In such cases, the Staging Officer will so designate and relay this information to Dispatch and Command.
- 15 At some incidents, such as a major medical emergency, it may be necessary to designate a parking area for abandoned apparatus near the incident scene. This would be necessary when the Staging Area is too far from the incident to facilitate hand carrying needed equipment to the incident site. In such case, the Staging Officer shall designate the parking site and instruct each company of its location before they leave Staging. The parking should be close enough to the incident site to allow easy transfer of needed equipment to the scene. The parking area should in no way impede necessary access for ambulances or other units to the incident area.

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CO Response

Policy #212

Approved: October 1, 2007

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212.01 PROCEDURE

- 1 The first arriving officer shall establish scene control.
 - A. Verification shall be made if the alarm is coming from a smoke detector or a carbon monoxide detector. The cause of the alarm shall be determined, i.e.; true alarm, low battery indication, poor location or device, etc.
 1. If it is a smoke detector alarm, they shall:
 - a. Investigate the cause of the alarm.
 - b. Take necessary action to mitigate the situation.
 2. If it is a CO detector, they shall:
 - a. Determine if anyone is exhibiting any symptoms of possible CO poisoning. If so, immediately evacuate or ventilate the premises unless a level of over 9 ppm is detected by a meter as described below.
 3. The IC shall request that a repair person respond to the scene through the homeowner.
 - a. A Co level of over 9 ppm is indicated on their meters, or
 - b. The responding units shuts off the gas or oil appliances, or
 - c. The IC feels a response is necessary.

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CO RESPONSE cont'd.

B. Carbon Monoxide Investigation Procedures

1. Zero their meters in fresh air and comply with all other start-up procedures as recommended by the manufacturer of the metering equipment.
2. Initiate a survey of the premises to determine if there are any amounts above 9 ppm of CO present.
3. All members shall make complete use of SCBA in any atmosphere that is in excess of 50 ppm of CO.
4. Reading of 9 ppm or less (*Follow any of the listed*)
 - a. Inform the occupants that our instrument did not detect an elevated Level of CO at this time.
 - b. Recommend occupants replace their CO detector.
 - c. If it is determined that an appliance is malfunctioning and thereby producing CO, it shall be shut down.
 - d. Attempt shall be made to reset the detector.
 - e. Inform occupants that if it activates again, call 9-1-1.
 - f. The occupants shall be informed of the action that has taken place.
5. Reading of 10 ppm to 100 ppm:
 - a. Any reading of 10 ppm or greater, inform the occupants that we have detected a potentially lethal of CO.
 - b. Recommend the occupants to leave premises immediately.
 - c. If it is determined that an appliance is malfunctioning and thereby producing CO, it shall be shut down.
 - d. Once the premises have been reduced to a safe level of CO, the premises may be occupied, at the discretion of the occupant.
 - e. Attempt shall be made to reset the detector.
 - f. Inform the occupants that if it activates again, call 9-1-1.
 - g. The occupants shall be informed of the action that has taken place.

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CO RESPONSE cont'd.

6. Reading of 100 ppm or greater:
 - a. Any reading of 100 ppm or greater – inform the occupants that we have detected a potentially lethal level of CO.
 - b. Order the occupants to leave the premises immediately.
 - c. If it is determined that an appliance is malfunctioning and thereby producing CO, it shall be shut down.
 - d. Once the premises have been reduced to a safe level of CO, the premises may be occupied, at the discretion of the occupant.
 - e. Attempt shall be made to reset the detector.
 - f. Inform the occupants that if it activates again, call 9-1-1.
 - g. The occupants shall be informed of the action that has taken place.

B. Paperwork

1. OIC will fill out the checklist for carbon monoxide detector activation.
 - a. All information shall be forwarded to the Fire Chief.
 - b. Give handouts about effects of CO to resident.

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Bomb Threats

Policy #213

Approved: October 1, 2007

Revised November 2010

213.01 PROCEDURE

- 1 A bomb threat is a POLICE action and the Fire Department will be in support of the Glendale Police Department. Fire Department members will NOT do any search activities. Fire Department personnel will only respond in a non emergency condition.
- 2 Upon dispatch the Officer in Charge shall call HCCC and obtain the following information.
 - A. Who and how the report was received.
 - B. What the caller said including any hint of device location or time it will go off.
 - C. Ascertain if the caller was familiar with the building or business.
 - D. The shift officer shall ascertain which agency whether Police or Fire is going to handle the detail.
- 3 Apparatus response and placement.
 - A. At their discretion the shift officer or firefighter, shall respond to the staging area in a **non-emergency mode**.
 - B. The shift officer shall be in charge of and represent the Glendale Fire Department at the incident.
 - C. Upon arrival of a Bomb Unit, they will coordinate with the Incident Commander.
 - D. If a device has not been found, the building owner or manager will make the decision to evacuate.
 - E. The Shift Officer shall stay with the "Command Post" to assist with the organized search. He/she shall maintain accountability of the personnel.
 - F. All officers and firefighters shall leave the building 15 minutes prior to the time the device is to go off.

213.02 APPARATUS AND PERSONNEL RESPONSE

- 1 If there is an explosion, act accordingly.
- 2 The above are only guidelines. The OIC may deviate if necessary.
- 3 Absolutely no radio traffic, (i.e. enroute, on scene, etc.). All communications shall be done by phone.
- 4 The Explosives Ordinance Unit from Cincinnati Fire Department shall be the preferred mutual aid unit used.

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Fire Stream Management

Policy #214

Approved: October 1, 2007

Revised November 2010

214.01 PROCEDURE

- 1 Hose lines should be advanced inside fire buildings in order to Control Access to halls, stairways, or other vertical and horizontal channels through which people and fire may travel. Basic hose line placement:
 - A. The first stream is placed between the fire and persons endangered by it.
 - B. When no life is endangered, the first stream is placed between the fire and the most severe exposure.
 - C. The second line is taken to secondary means of egress (always bear in mind the presence of other personnel opposite the second line).
 - D. Third line backs up the first.
 - E. Whenever possible, position the hose lines in a manner and direction that assists rescue activities, supports confinement and protects exposures.
- 2 Offensive attack activities must be highly mobile. As their movement slows down, they necessarily become more defensive in nature. Many times effective offensive operations are referred to as “aggressive”: fast, active, vigorous, energetic, bold, forward, and assertive.
- 3 Hose line judgments generally involve the trade-off of times vs. pure tactical placement principle is violated; back-up action must be implemented.
- 2 Use the size of hose line that will eventually be required from the beginning. If you need a big line, provide it from the onset.
- 5 When you make a decision on what size fire stream to apply, select the size that is actually required. Beware of automatically going for the size you use most often; or the size that is fastest/easiest.
- 6 Fire control forces must consider the characteristics of fire streams.
 - A. FOG – more heat absorption.
 - B. 1-3/4” lines – fast, mobile, low volume.

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- C. 2-1/2" lines – Big water, big knock down, slow/immobile.
 - D. MASTER STREAMS – Mostly stationary, slow, to set up maximum water
 - E. Choose the proper nozzle and stream for the task.
- 7 Offensive attack positions should achieve an effect on the fire quickly; consequently, backup judgments should also be developed quickly. If you apply water to an offensive attack position and the fire does not go out. React: back it up or move on.
 - 8 Beware of hose lines that have been operated in the same place for long periods. Fire conditions change during the course of fire operation (most things will only burn for a limited time) and the effect of hose line operation must be continually evaluated. If the operation of such lines becomes in-effective, move, adjust, or re-deploy the line.
 - 9 Consider that hose lines pump as much air as they pump water (particularly fog streams). Think of them as fans when making line placement line placement judgments and use the fan characteristic in a manner that provides for confinement and reduces loss.
 - 10 If you commit attack crews to inside operations, do not operate exterior streams into the same building. Do not combine interior and exterior attacks unless ordered by the I.C. It may be necessary to coordinate pulling crews out of the building while an exterior heavy stream knock down is made.
 - 11 Do not operate fire streams into smoke. Fire location must be determined before water can be effectively applied.
 - 12 If you use an exterior stream, use a big one. Straight bore tips provide better penetration for heavy streams.
 - 13 When Smoke or fire conditions exists have attack lines ready during forcible entry operations – attack crews should also be FULLY protected and supervised before forcible entry is effected.
 - 14 Company officers must assume responsibility for the effectiveness of their fire streams. Such officers must maintain an awareness of where fire streams are going and their effect and report the general operational characteristics back to the sector I.C.
 - 15 Know when to shut down nozzles. Many times continuing operation of large streams prevents entry and complete extinguishment.
 - 16 Master streams are particularly useful and effective when operated on large open-type fires. Be cautious of using such streams on building fires. A good general

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rule is that you have, in effect, written off the building (or portion) when you initiate master stream operation and you are essentially in a defensive mode.

- 17 Ground crews should be advised before master streams go into operation.
- 18 Do not apply water to the outside of a roof and think you are extinguishing the fire. Such water application may offer effective exposure protection; but, if you are going after the fire and any part of the roof is intact, it will shed water just like it was built to do and will prevent water from reaching the seat of the fire. This is particularly true of master stream operations.
- 19 Do not operate fire streams down ventilation holes during offensive operations.

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Water and Ice Rescue

Policy #215

Approved: October 1, 2007

Revised November 2010

215.01 PROCEDURE

- 1 Ice Rescue Response/Safety
 - A. In an ice or water rescue contact should be made for Sharonville Fire Department.
 - B. Coordination of Command will be accomplished by working with Rescue Team
 - C. If victim is submerged, contact of the Hamilton County Sheriffs Dive Team should be made.

- 2 Size Up
 - A. The Incident Commander will perform an incident size up considering; time of day, weather, ice conditions, presence of water currents, point last seen, time of submersion, etc.

 - B. Utilizing the above information, the IC can then perform a risk/benefit analysis and determine whether the operation will be an offensive, marginal, or defensive operation. The next step will be to develop an action plan utilizing a reach, throw, row, or go rescue, or dive recovery strategy.

- 3 Offensive Rescue
 - A. An offensive rescue is one where immediate action can affect the rescue with little risk to the rescuers. These rescues require little physical effort and the commitment of less than four people.
 - a. Need sufficient rescuers as determined by size up (at least 2).
 - b. Information indicates quick, easy rescue. This would include reach, throw, and go rescues utilizing one suited rescuer tethered to shore with a suited back up rescuer.

 - B. Marginal rescues are rescues that have one or more complicating factors. These operations may require considerable physical effort or more than four personnel to execute the rescue.
 - a. Need more rescuers before going on the ice.
 - b. More complex conditions, i.e.; victim distance from shore, more than one victim, etc.

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- c. Two suited rescuers and a boat with two suited backup rescuers are the minimum resources for a marginal rescue.
 - C. Defensive rescues are large or complicated situations that involve the commitment of many rescuers, possibly from other agencies, to the rescue effort. Deliberate action, planning, and scene control are to be used by the Incident Commander. The IC must remember that outside resources will take time to respond and must be requested early rather than later.
 - a. Poor information, very poor conditions, long searches, crossing open water or poor ice conditions are complications typical of a defensive operation.
 - b. A backup team of equal capability to the primary rescue team must be on scene and ready when the operation commences.
 - c. Consider having the dive team on scene or at least enroute.
- 4 Water Rescue Response/Safety
 - A. All Water Rescue responses should include Sharonville Fire Department.
 - B. All personnel operating on the water or within 10 feet of the water's edge shall be outfitted with a PFD unless they are wearing a dry suit.
 - C. Fire helmets are strictly prohibited during swift water/flood water rescues as their design contributes to the drowning hazard. Water rescue helmets shall be worn on or near moving water. It is better to wear no helmet at all than to wear a fire helmet.
 - D. At no time should a rescuer be on or near moving water in fire turnout gear. On still bodies of water, as weather conditions dictate (colder than 32 deg), shore based personnel should don full turnout gear to protect against hypothermia. It has been determined that the risk associated with hypothermia presents a greater threat to the rescuer and the rescue operation than the risk of falling into the relatively shallow bodies of still water in this area especially while wearing a PFD.
 - E. On moving water, rescuers should not be tethered to shore as we are not outfitted with the proper quick release equipment for tethered swift water rescues.
 - F. On moving water incidents, upstream spotters must be deployed to look for debris floating downstream that could endanger the rescuers. Downstream backups must also be deployed in the event that the victim or a rescuer is lost in the current.
- 5 Size Up

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- A. The Incident Commander will perform an incident size up considering; time of day, weather, presence/speed of water currents, point last seen, time of submersion, etc.
- B. Utilizing the above information, the IC can then perform a risk/benefit analysis and determine whether the operation will be an offensive, marginal, or defensive operation. The next step will be to develop an action plan utilizing a reach, throw, row, or go rescue, or dive recovery strategy.
- C. Preplanning has revealed that most swift water areas in the city can be handled with reach or throw techniques, whereas the larger flood plains requiring row or go techniques will have much slower current velocity.

6 Offensive Rescue

- A. An offensive rescue is one where immediate action can affect the rescue with little risk to the rescuers. These rescues require little physical effort and the commitment of less than four people.
 - a. Need sufficient rescuers as determined by size up (at least 2).
 - b. Information indicates quick, easy rescue. This would include reach, throw, and row utilizing two rescuers in a simple boat operation.
- B. Marginal rescues are rescues that have one or more complicating factors. These operations may require considerable physical effort or more than four personnel to execute the rescue.
 - a. Need more rescuers before going in the water.
 - b. More complex conditions, i.e.; victim distance from shore, more than one victim, speed of current, automobiles involved/submerged, etc.
 - c. Two rescuers and a boat with two backup rescuers are the minimum resources for a marginal rescue.
- C. Defensive rescues are large or complicated situations that involve the commitment of many rescuers, possibly from other agencies, to the rescue effort. Deliberate action, planning, and scene control are to be used by the Incident Commander. The IC must remember that outside resources will take time to respond and must be requested early rather than later.
 - a. Poor information, very poor conditions, long searches, crossing open water or swift current are complications typical of a defensive operation.
 - b. A backup team with a motorized boat and having equal capability to the primary rescue team must be on scene and ready when the operation commences.
 - c. For swift water rescues, mutual aid companies deployed down stream will provide good safety back up.

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SCBA Care and Maintenance

Policy #216

Approved: October 1, 2007

Revised November 2010

216.01 PURPOSE The purpose of this SOG is to establish the policy and procedure for care and maintenance of Glendale fire Department SCBA

216.02 RESPONSIBILITY

The SCBA Officer will be the responsible Officer for the SCBA and associated programs. The following operations will be performed by members on a daily or weekly basis as per the SOG on the use of SCBA. Sampling of the SCBA compressor air will be performed on a quarterly basis

216.03 PROCEDURE

Daily:

- 1) Check air bottle pressure (1900 to 2216 acceptable), fill if not up to pressure, and clean gross dirt from SCBA unit.
- 2) Keeping face piece within 10-12 inches open the bottle valve fully. Verify that the HUD operates on the face piece.
- 3) Check bottle, high-pressure hose and couplings for leaks, check to see that regulator pressure gauge matches bottle gauge.
- 4) Check that harness straps are fully extended and in good condition.
- 5) Check regulator for leaks.
- 6) Check to see that the PASS device turns on upon opening the bottle valve.
- 7) Crack open red bypass valve, check operation, close bypass valve.
- 8) Turn bottle valve off.
- 9) Connect face piece to MMR and verify it is working properly.
- 10) Slowly release pressure from regulator by turning the bypass valve on the regulator, low pressure alarm bell should ring as the pressure drops to about 1175 psi.
- 11) Check face piece for cracks, tears and dirt.
- 12) Store SCBA in ready condition in apparatus rack.

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Cleaning Facepiece:

Face pieces shall be cleaned after each use and periodically as needed to maintain in a ready condition. Members shall follow the following steps for cleaning SCBA face pieces.

Step 1) Remove HUD and voice amp speaker

Step 2) Light Cleaning: Rinse using plain water.

Step 3) Heavy Cleaning: Use soapy water solution to clean mask, rinse with clear water.

Step 4) Disinfecting: Use cleaner according to instructions, wet mask for appropriate time. Rinse in clear water and air dry.

Step 5) The cleaned mask should be stored in a GFD issued SCBA mask bag with the members PPE.

SCBA Cylinder Hydrostatic Testing:

SCBA cylinders shall be hydrostatically tested as recommended by the manufacturer. This usually is every three years for composite cylinders and five years for all metal cylinders. The cylinders shall be emptied and transported to an approved testing facility for such testing. The SCBA maintenance coordinator will be responsible to see that such testing is completed and record keeping functions.

SCBA Air Compressor Sampling:

Annually a sample of air shall be obtained from the breathing air compressor at Station 45 and sent to an approved testing facility for examination. The selected vendor will supply the container and instructions for obtaining the sample. The SCBA maintenance coordinator will be responsible for the sampling and record keeping functions.

Repair of SCBA or Cylinders:

If when inspecting or using an SCBA, the firefighter finds that the SCBA is malfunctioning, the firefighter should determine if the repair can be handled immediately or requires more expertise. If the repair is determined to be more complex, the unit will be taken out of service and a work order written. The Company or Shift Commander shall be notified and a replacement unit placed on the apparatus if one available. The Officer will notify the SCBA maintenance coordinator as soon as possible. The work order should state the date, nature of the problem, person tagging the unit and the apparatus the unit came from.

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SCBA Use

Policy #217

Approved: October 1, 2007

Revised November 2010

- 217.01 **PURPOSE:** The intent of this policy is to have GFD firefighters avoid any respiratory contact with products of combustion, superheated gases, toxic products or other hazardous contaminants.
- 217.02 **RESPONSIBILITY:** It is the policy of the Glendale Fire Department that all personnel expected to respond to and function in areas of atmospheric contamination, shall be equipped with self contained breathing apparatus (SCBA) and be trained in its proper use and maintenance.

217.03 PROCEDURE

Each GFD apparatus should be equipped with SCBA, personnel assigned to that apparatus shall check the condition of the SCBA at least daily, after each use, and at any other time that it may be necessary to render the equipment in a ready state. Apparatus that does not have personnel assigned to it on a regular basis will be checked by the shift firefighters on at least a weekly basis and as noted above. In addition the primary use vehicles will have the SCBA assigned to it checked daily and on regular weekly training by the shift firefighters.

If a SCBA is found to be functioning improperly, it shall be taken out of service. A qualified individual shall perform repair of the SCBA immediately and the SCBA placed back in service. If the SCBA requires more extensive repair or those beyond the means of the firefighters present, the SCBA shall be documented on a work order, the problem reported to the Duty Chief, and a replacement is placed on the apparatus if an extra SCBA is available.

The use of SCBA means that personnel shall have face pieces in place, breathing air from the supply provided.

SCBA shall be used by all personnel operating:

- In a contaminated atmosphere.
- In an atmosphere which may suddenly become contaminated.
- In an atmosphere which is oxygen deficient.
- In an atmosphere which is suspected of being contaminated or oxygen deficient.

This includes all personnel operating:

- In an active fire area.

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- Directly above an active fire area.
- In a potential explosion or fire area, including gas leaks and fuel spills.
- Where products of combustion are visible in the atmosphere, including vehicle fires and dumpster fires
- Where invisible contaminants are suspected to be present (example: CO during overhaul).
- Where toxic products are present, suspected of being present, or may be released without warning.
- In any confined space which has not been tested to establish respiratory safety.

In addition to the above, SCBA shall be worn by all personnel operating at fire incidents above ground, below ground or in any other area which is not, but which may become contaminated by products of combustion or other hazardous substances. In these circumstances only, the SCBA may be worn with the face piece removed. The wearing of the SCBA in these situations provides that it will be immediately available for use if conditions change or if personnel are to enter an area where the use of SCBA is required.

Premature removal of SCBA must be avoided at all times. This is particularly significant during overhaul when smoldering materials may produce increased quantities of CO and other toxic products. In these cases SCBA must be used or the atmosphere changed.

In routine fire situations, the decision to remove SCBA shall be made by company officers, with the approval of the sector officer, based on an evaluation of conditions. Prior to removal, fire areas will be thoroughly ventilated and, where necessary, continuous ventilation shall be provided.

If at any time there is doubt concerning the respiratory safety of the atmosphere, SCBA shall be used until the atmosphere has been tested as safe. The on-scene Safety Officer shall be responsible for this determination. This is required in complex situations, particularly when toxic materials may be involved.

An evaluation of all GFD emergency responders in the use of SCBA shall be conducted at least annually. Each member shall be able to demonstrate a high level of proficiency and compatibility with the SCBA under conditions that simulate those expected as a job requirement.

Personnel not certified or qualified to wear an SCBA shall not enter an area requiring the use of SCBA's.

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Fire Hose Testing

Policy #218

Approved: October 1, 2007

Revised November 2010

218.01 PROCEDURE

- 1 Using the fire department apparatus all sections of hose shall be tested annually. In addition anytime damage is suspected the section(s) of hose shall be tested.
- 2 The total length of any hose line in the hose test layout to be service-tested shall not exceed 300 feet. The hose test layout shall be straight, without kinks or twists.
- 3 All Glendale Fire Department hand lines will be service tested to 300 psi. Hand lines will be classified as 1 ¾, 2 ½, and 3 inch. Trash lines will be tested at 250 psi.
- 4 All five-inch supply lines will be tested to 200 psi.
- 5 At the conclusion of the test the hose record shall be updated to indicate the results of the service test. (Form Attached)
- 6 All hose failing the physical examination, bursting, leaking, or having couplings that fail shall be tagged with a red O.O.S. tag, removed from service, and rolled with the male coupling out.
- 7 For leaking hose or for hose jackets failing the physical examination, a distinguishing mark noting the location of the defects shall be placed on the hose.
 - a. Conducting the test for hand lines.
 - i. The test layout shall be connected to the outlet supply of the water supply valve on the pumper. A test cap with a bleeder valve shall be attached to the far end of the hose line in the test layout. If a test cap is not available, a nozzle with a non-twist shutoff shall be used.
 - ii. With the test valve or the nozzle open, the pressure shall be raised gradually to 45 psi. After the hose test layout is full of water, all the air in each hose line shall be exhausted by raising the discharge end of each hose line above the highest point in the system. The nozzle or cap valve shall be closed slowly, and then the outlet water supply valve shall be closed.

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- iii. The hose directly in back of the test cap or the nozzle shall be secured to avoid possible whipping or other uncontrolled reactions in the event of a hose burst.
- iv. With the hose pressurized, it shall be checked for leakage at each coupling and the couplings tightened with a spanner where necessary. Each hose shall then be marked at the end or the back of each coupling to determine, after the hose has been drained, if the coupling has slipped during the test.
- v. All personnel other than those persons required to perform the remainder of the procedure shall clear the area.
- vi. Raise the pressure in the line till you reach the service pressure.
- vii. After the stabilization period, the hose layout shall hold the service test pressure for three minutes without further pressure boosts.
- viii. If the hose test layout does not hold the service test pressure for the three-minute duration, the service test shall be terminated and the length(s) of hose that leaked shall have failed the test. Remove the failed hose and repeat the test.
- ix. The marks placed on the hose at the back of the couplings shall be observed for coupling slippage. If the coupling has slipped, the hose shall have failed the test.
- x. After testing, all hose shall be washed and dried before being placed back in service or storage.

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Fire Hose Care

Policy #219

Approved: October 1, 2007

Revised November 2010

219.01 PROCEDURE

- 1 After each use, all hose shall be cleaned.
- 2 All hose shall be drained and thoroughly dried before being placed in service or in storage. Covered hose shall be wiped dry. Hose shall not be dried on hot pavements or under intense sunlight.
- 3 If, during use, the hose has been exposed to hazardous materials, it shall be taken O.O.S. and replaced with new hose.
- 4 When hose is in use during subfreezing weather, care shall be taken to prevent water from freezing inside the hose. Hose that has frozen during use shall be thawed and service tested prior to going back in service.
- 5 Hose is to be dried by air circulation only. No heat should be used.
- 6 Hose taken from an apparatus shall be replaced by hose from the station.

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Emergency to Property Response

Policy #220

Approved: October 1, 2007

Revised November 2010

220.01 Types of Emergencies

- A. Flooded Basements**
- B. Wires Down**
- C. Trees Down**
- D. Lockout**
- E. Cat in Tree**
- F. Police Assist**

220.02 Procedures

- A. Single engine response only**
- B. Brush 45 can be used as needed**
- C. Non-Emergency response only**

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Daily On Duty Operations

Policy #221

Approved: October 1, 2007

Revised November 2010

221.01 The following are daily shift guidelines for routine activities:

- 1) All FD activities are coordinated through the Duty Chief. Any activities other than emergency response shall be approved by the Duty Chief prior to the activity.
- 2) Any questions should come through the Duty Chief, following the chain of command at all times.
- 3) Staffing shall be coordinated through the Duty Chief. On duty Officer will be responsible for establishing crew assignments.
- 4) Village Officials should be directed to the Duty Chief only. Should the Village Officials stop by the station members are to be courteous and professional at all times. The Officers SHALL notify both Chiefs of the event.
- 5) Do not contact Village Officials without notification or permission of a Chief Officer.
- 6) Any other item not listed above – contact Duty Chief.
- 7) Do station duties in the morning. Keep station clean and presentable during the day
- 8) Fire personnel must maintain a clean and professional appearance at all times. Uniforms clean, good grooming and proper shoes at all times.
- 9) Officers have cellular telephone access therefore there is no reason for any member to not be able to get in touch with them in a reasonable amount of time. If the duty officer does not answer their phone, leave a message and they will return the call as soon as possible.
- 10) Any departmental communication with the Village Officials shall be through the Fire Chief or the Assistant Fire Chief.
- 11) Truck checks shall be done every day with a major check every Thursday.
- 12) Office area and day room area shall be kept in a business state from 8:00AM until 4:30PM Monday through Friday.
- 13) Any time Engine 45, Engine 245 or Brush 45 are leaving the corporation boundary of the Village for non-emergency purposes, the Duty Chief shall be notified.

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Train Emergencies

Policy #222

Approved: October 1, 2007

Revised November 2010

222.01 PROCEDURE

For any train incident, the Duty Chief or Officer on the truck will establish a Command Post in a safe position. Train incidents can range from disabled vehicle on the tracks, persons on the tracks, train derailment, train crash, hazardous materials release or fire.

The Hamilton County Communications Center can contact the railroad to advise the railroad of a situation that they need to be aware of such as vehicle on the tracks.

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Hazardous Material Incident

Policy #223

Approved: October 1, 2007

Revised November 2009

223.01 PROCEDURE

The Duty Chief or truck Officer shall determine the need for additional resources and contact through the Hamilton County Communications Center to mobilize other agencies.

223.02 ESTABLISH COMMAND POST

The Duty Chief or Truck Officer needs to establish a Command Post in a safe and accessible location as soon as operationally practical.

223.03 COMMAND POST

The Command post is preferred to be located in a vehicle away from the vehicles doing suppression activities. This may be a Chiefs vehicle, POV or other vehicle as determined by the Chief Officers.

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Mass Casualty Incidents

Policy #224

Approved: October 1, 2007

Revised November 2010

224.01 PROCEDURE

Mass Casualty incidents shall be managed by the Incident Commander on the scene. Resources shall be requested through the Hamilton County Communications Center.

224.02 AVAILABLE RESOURCES

The Cincinnati/ Northern Kentucky International Airport has a tractor trailer that is equipped for up to 300 casualties. This unit is available through the HCCC or directly from the Airport at 859-767-3111. The trailer is stocked with cots, blankets, first aid supplies, and other items associated with a mass casualty or disaster incident.

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Aircraft Incident

Policy #225

Approved: October 1, 2007

Revised November 2010

- 1) Aircraft incidents are classified as high or low impact crashes. Survivability depends on the type of crash. A high impact crash will have a low survival rate where a low impact crash may have a high survival rate. High impact crashes have a smaller area of hot zone and a low impact crash can be spread over a very large area.
- 2) Small general aviation type aircraft have a relatively small fuel capacity. Small helicopters carry as little as 19 gallons of fuel. These types of aircraft usually use AVGAS for fuel which is a high grade of gasoline (Octane rating of 104). If the aircraft is involved in fire and the tank is leaking it will burn off fairly fast.
- 3) Commercial aircraft can carry a very large quantity of fuel. Fuel on large commercial aircraft is refined kerosene. Jet Fuel is classified as combustible liquid.
- 4) Establish a command post in a safe location
- 5) Rescue victims from the aircraft or on the ground
- 6) Control fire
- 7) Determine hazards

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MDT Usage Policy

Policy #226

Approved: October 1, 2007

Revised November 2010

The following procedure has been developed and approved by the Hamilton County Fire Chiefs Association



Effective Date: 4/15/09

Revised Date: 4/15/12

Committee: **Communications**

HCCC MDC USAGE POLICY

Purpose

The main purpose of an MDC is to provide responders a method of communication between their dispatcher and each other that does not involve voice transmissions over a dispatch radio. With an MDC responders can view pertinent information for the incident they are involved in, immediately receive updates to their incident and inform dispatch of unit status changes all without using a voice radio. The MDC is also a powerful tool for querying CAD records. Responders are able to view other active incidents, review previous incidents and unit histories.

Policy

This document is intended to outline some key points to the usage of the MDC system for the Fire Departments dispatched by the Hamilton County Communications Center.

System Components

- All MDC transactions, including unit to unit messaging, are recorded and are public record. They may be requested by any private or government entity at any time for any reason.
- All MDC consoles should remain logged on at all times.
- The preferred method of unit status changes is to be conducted via MDC rather than voice transmission. Responding units shall also conduct verbal status

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changes on the fire ground talk group for the benefit of department officers and other responders.

- Once a status change button is pressed on the MDC the change will be reflected on the CAD status board. The responder making the change must ensure that the pop-up window appears indicating the change was effective* and/or check the “CAD Status” indicator at the bottom right of the MDC screen.

* The change will be recorded by CAD almost immediately after the button is pressed, but it may take a few seconds for the MDC to indicate this. It is in effect faster and more accurate than verbally relaying the info to the dispatcher who then enters it into CAD.

- If a size up report by an arriving unit is required, it is preferred that it is transmitted verbally to all units and the dispatcher by voice on the primary talk group, i.e. FD EAST and FD WEST.
- Any priority information should be transmitted verbally on the primary talk group. Incident updates will appear automatically on the MDC along with an alert “ring” and will be announced verbally by the dispatcher. All premise information, i.e. Knox box locations, will be added to the incident remarks and can be read on the MDC after pressing the “Refresh All” button.
- Any logged on unit that is dispatched or voluntarily goes enroute to an incident will automatically receive the dispatch information. It is not necessary to request the incident be sent to the MDC.
- To facilitate MDC use by units dispatched as a RAT company the unit will go enroute on primary with the actual unit number in place of the RAT designation. For consistency all units must go enroute as their true unit number regardless of whether they are MDC equipped or not. For example RAT99 is dispatched. The department responds on E99. The voice traffic will be “E99 enroute as RAT99”. The RAT designation should still be used on the fire ground talk group for the benefit of department officers and other responders
- Any request for services such as the Power Company, police, etc., that needs immediate acknowledgement should be relayed verbally to the dispatcher on the primary talk group. A request for service for which delay is acceptable may be relayed to the dispatcher via a message.
- Do not send messages to the MDC unit XHCCC or SYSADMIN under the HCCC department.
- To send a message to the dispatcher you must type the following in the “Send To” field:

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*CON;44 for the West dispatcher

*CON;48 for the East dispatcher

You must use *CON; 44 anytime the East & West desk is combined.

- As with any computer, periodically rebooting the MDC laptop will be beneficial.
- Anti-virus software firewalls, and constantly connected wireless networks are permissible, but can cause connectivity problems with the MDC.

Should you encounter any problems or have any questions about the function or use of the MDC that cannot be resolved by your department IT personnel contact Shawn Cruze or Mike Bailey at the HCCC.

Company Responsibilities

Policy #227

Approved: October 1, 2007

Revised November 2010

1) Purpose

To identify the standard operations that will normally be performed by engine, ladder, rescue and EMS companies. These basic functions shall provide the framework for incident operations for those companies.

2) Scope

This procedure is to be followed by all Glendale Fire Department personnel to ensure the fire and EMS companies, which they are assigned, are able to perform the various functions designated for that company or unit as well as maintain the level of flexibility necessary to perform other functions as required. This guideline pertains to 23S and 23A Residential Single Family Incident.

3) Procedures

Standard company operations assign basic fire ground functions and activities to companies based upon the capability and characteristics of each type of unit

Standard company operations assign major fire ground functions to the particular company who can best accomplish the operation.

Standard company operations integrate the efforts of engine, ladder, rescue, and EMS companies to achieve effective rescue, fire control, and loss control activities.

Standard company operations increase the awareness and confidence of company members in the standard performance of other companies operating on the fire ground.

Standard company operations reduce the amount and detail of orders required to get companies into action on the fire ground.

The Incident Commander or Duty Chief and Company Officers operating at multiple company or multiple agency emergencies shall coordinate and integrate their efforts, tasks, and functions so as to produce harmonious, effective, and efficient operations.

Incident Commanders shall endeavor to utilize the various fire companies to their best advantage within the scope of their various standard functions, but may, if the need arises, utilize companies for any function, which may be required.

Fire companies must maintain a level of flexibility, which will ensure their ability to perform the

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functions of other types of companies (limited to available equipment and apparatus) as the situation demands. The following items represent the standard operations that shall normally be performed by engine, ladder, rescue and EMS companies.

A 360 degree visual size up should be made of the emergency incident scene as soon as possible (and periodically) to determine hazards and risks.

First arriving engine, ladder, rescue and EMS companies shall perform these functions as required and ordered by Command. These companies will advise Command on the type of function they are performing.

Company officers will determine, based upon conditions and the risk management profile, the priority of the functions for their company unless otherwise ordered by Command.

23S – Response Guideline (Dispatch Company Duties)

Dispatch: 3 Engines, 2 Ladders, RAT/4th Engine, Rescue (as needed), EMS, Fire Ground Channel, IMAT

1st Due Engine

- Size-Up
- Establish Command & Accountability as per policy
- Establish Water Supply
- Leave room for 1st Due Ladder
- Set up on side A if possible or as not to hinder other operations
- Perform 360
- Make obvious Rescues and Medical care
- Determine type of attack
- Pull appropriate line
- Primary search of immediate fire area
- Quick Vent if needed

2nd Due Engine

- 2 in/ 2 out rule now in effect
- Establish 2nd water supply/ different direction if possible
- Take back up line to structure/ larger diameter if requested
- If fire is in control by initial line, take 2nd line to other location for search
- Vent if requested

3rd Due Engine

- Ensure water supply is secured to 1st and 2nd due Engines
- Duties as determined by Command
- Possible exposure lines
- Assist where needed by Command

RAT

- Gather RAT equipment
- Recon structure – 360
- Prepare structure for Emergency Evacuation and Firefighter Safety
- Duties as determined by Command

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1st Due Aerial Apparatus

- If 1st initial unit on the scene, conduct a size up
- Perform a 360
- Establish Command and start Accountability
- ** If Arriving as First Due Aerial **
- Position on A side if possible
- Perform obvious Rescue and Patient Care
- Ladder structure for rescues and firefighter safety
- Ensure primary search has been completed on fire floor
- 2nd search when Engine Company has the fire under control
- Teams of 2 or more to be assembled with a radio
 - Start in Fire Area, then adjacent to fire area, floor above, any other areas.
- Check with Engine Company as to not duplicate search areas
- Perform Truck Operations
 - Force Entry, Hose Placement, Ventilation, Fire Extension
- Salvage and Overhaul

2nd Due Aerial Apparatus

- Perform obvious rescues
- Position ladder per Command
- Verify all searches are complete
- Perform Truck Operations
 - Force Entry, Hose placement, Ventilation, Utilities, Fire Extension
- Salvage and Overhaul

1st Due EMS Unit

- Position at a location in close proximity to the scene that doesn't hinder other responding apparatus and allows an exit path for emergency transport
- *** If transporting Patient Immediately from scene – NOTIFY COMMAND ***
- Command will have ALS capabilities dispatched to the scene, as needed
- If remaining on scene or the Additional Unit requested by Command performs the following:
 - Establish a triage and treatment area near side A as to not interfere with suppression or rescue efforts
 - Evaluate any civilian occupant of the structure that escaped or is removed by interior crews

This does not limit a company to only its listed functions. Every company will be expected to perform all basic functions safely within the limits of their capability, and it will be expected to perform all basic functions safely within the limits of their capability, and it will be the on-going responsibility of Command to integrate tasks and functions as required with the on-scene units.

In the absence (or delay) of a ladder company response, Command should assign ladder functions to an engine or rescue company "Engine 45, Perform Ladder Functions". In such cases, engine or rescue companies shall perform all ladder functions within the capability of their company.

The assignment of these basic operations represents a standard fire ground plan for tactical operations designed to improve the effectiveness and safety of all units working together. This plan should in no way limit the initiative of any Officer and should enhance the decision making process of all Officers by establishing a standard operational framework.

Incident Command System

Policy #228

Approved: October 1, 2007

Revised November 2010

PURPOSE

Glendale Fire Department responds to a wide range of emergency incidents. These Standard Operating Guidelines (SOG) identify guidelines that can be employed in establishing Command and managing an incident, emergency or non-emergency

SCOPE

This SOG provides for the effective management of personnel and resources, and provides for the safety and welfare of personnel. They also establish guidelines for the implementation of all components of the Incident Command System.

GUIDELINES

The guidelines are designed to:

- Fix the responsibility for Command on a specific individual through a standard identification system, depending on the arrival sequence of members, companies, and chief officers.
- Ensure that a strong, direct, and visible Command will be established from the onset of the incident.
- Establish an effective incident organization defining the activities and responsibilities assigned to the Incident Commander and to other individuals operating within the Incident Command System.
- Provide a system to process information to support incident management, planning, and decision making.
- Provide a system for the orderly transfer of Command to subsequent arriving officers.

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- Appropriate span-of-control is considered three to seven, with five being the optimum. Sectoring reduces the span-of-control to a more manageable number

RESPONSIBILITIES OF COMMAND

The Incident Command System is used to facilitate the completion of the tactical priorities. The Incident Commander is the person who drives the Incident Management System towards that result. The Incident Commander is responsible for building a command structure that matches the organizational needs of the incident to achieve the tactical priorities.

The Incident Commander is responsible for the completion of the following tactical priorities:

- Life Safety (Rescue).
- Incident Stabilization (Fire Control).
- Property Conservation.
- Provide for the safety, accountability, and welfare of personnel. This responsibility is ongoing throughout the incident.

Establishing Command

The ranking fire department member of the first unit to arrive at the scene shall assume Command of the incident.

The initial Incident Commander shall remain in Command until Command is transferred or the incident is terminated.

The Incident Commander must staff the parts of the Incident Management System that are needed to effectively manage the incident resources.

On incidents where multiple units are dispatched, the ranking member of the first unit to arrive MUST establish Command and begin to develop an Incident Command structure by giving an initial radio report, as follows:

- Unit designation
- A brief description of the incident situation.
- Building description
- Description of the incident conditions.

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- Declaration of basic strategy (Offensive or Defensive).
- Any obvious safety concerns.
- Assumption, identification, and location of Command.
- Request of additional resources, or release of resources.
- Assignment of other responding resources as required.
- Where is Accountability

Command Options

The responsibility of the first arriving unit or ranking member to assume Command presents several options, depending on the situation.

Nothing Showing Mode

These situations require investigation by the initial arriving unit while other units remain in the Staged mode.

Fast Attack Mode

The Fast Attack Mode is for situations that require immediate action to stabilize the incident and requires the Company Officer's involvement with the tasks. In these situations, the Company Officer goes with the crew to provide the appropriate level of supervision and assistance.

Command Mode

This mode is chosen when there is a complex situation due to a large fire, many people trapped, hazardous materials incident, or multiple or mass casualty incident. The officer in the "combat mode" assisting a firefighter will only bring marginal abatement of the problem. The first-in officer should choose to be in the Command Mode. In these situations, the "greater good" is best served by immediate management and a focus on the "big" picture.

Certain incidents, because of their size, complexity, or potential for rapid expansion require immediate, strong, direct, overall Command. In such a case, the Company Officer will:

- Initially assume an exterior, safe, and effective Command position and maintain that position until relieved by a higher ranking officer.
- Initiate and use a tactical work sheet.
- Begin to develop the incident Action Plan by developing strategy and tactics.
- Call for additional resources and assign resources in a coordinated attack.
- When the Command Mode is chosen, the Company Officer has the following options for their crew:

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- Place a fire fighter in-charge of the company and place the company into action with two or more members. This "acting" officer **MUST** be provided with a portable radio or the crew must remain in view of the Company Officer.

Assign the crew members to work under another company officer.

Assign the crew members to staff functions at the Command Post.

Passing Command

In certain situations, it may be advantageous for a first arriving Company Officer to pass Command to the next company **on the scene**.

“Passing Command” to a unit that is not on the scene creates a gap in the Command process and compromises incident management. To prevent this “gap,” **Command shall not be passed to an officer who is not on the scene**

Transfer of Command

Command is transferred to improve the quality of the command organization. The following transfer of command guideline shall be used:

The first arriving department member will assume Command, provided Command is not "passed."

If the first arriving Incident Commander is not an officer, then the first arriving Company Officer will assume Command after the Transfer of Command guidelines have been completed.

The first arriving Chief Officer shall assume Command of any incident that is still escalating.

Later arriving, higher ranking, Chief Officers may choose to assume Command, assume an advisor role, or any other assigned duty.

Transfer of Command Guidelines

The officer assuming Command will communicate with the person being relieved. Face-to-face communications are preferred. However, this may be done by radio if a face-to-face can not be accomplished.

The person being relieved will brief the officer assuming Command on the following areas:

- Incident conditions (e.g., fire location, type of spill or release, number of patients, etc.)
- The incident action plan.

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- What progress has been made towards completion of the tactical objectives.
- Safety considerations.
- Deployment and assignment of operating companies and personnel.
- Need for additional resources.
- The tactical worksheet shall be reviewed.
- The assumption of Command by the ranking officer will be announced on the radio.
- The person being relieved will be used to best advantage by the new Incident Commander.

Command Structure

The Incident Commander is required to develop an organizational structure to manage the incident. The size and complexity of the organizational structure will be determined by the scope of the emergency.

Command Organization

The Command organization must develop at a pace that stays ahead of the tactical deployment of personnel and resources. In order for the Incident Commander to manage the incident, the ability to direct, control, and track the position and function of all operating companies must be in place.

The basic configuration of Command includes three levels:

- Strategic Level - Overall direction of the incident.
- Tactical Level - Assigns operational objectives (Tactics or Tasks)
- Task Level - Specific tasks assigned to companies, teams, or individuals.

SECTORING

The Incident Commander shall make sector assignments based on the following:

- When the incident will involve a number of companies or crews.
- Command should always start multiple company operations at the Division/Group level
- The first Company Officer assigned to perform a tactic in a geographic area is designated a Division, such as, *Interior Division*.
- The first Company Officer who is assigned to perform a tactical function will be designated as a Group such as *Vent Group*.

When establishing a Division or Group, the Incident Commander will indicate:

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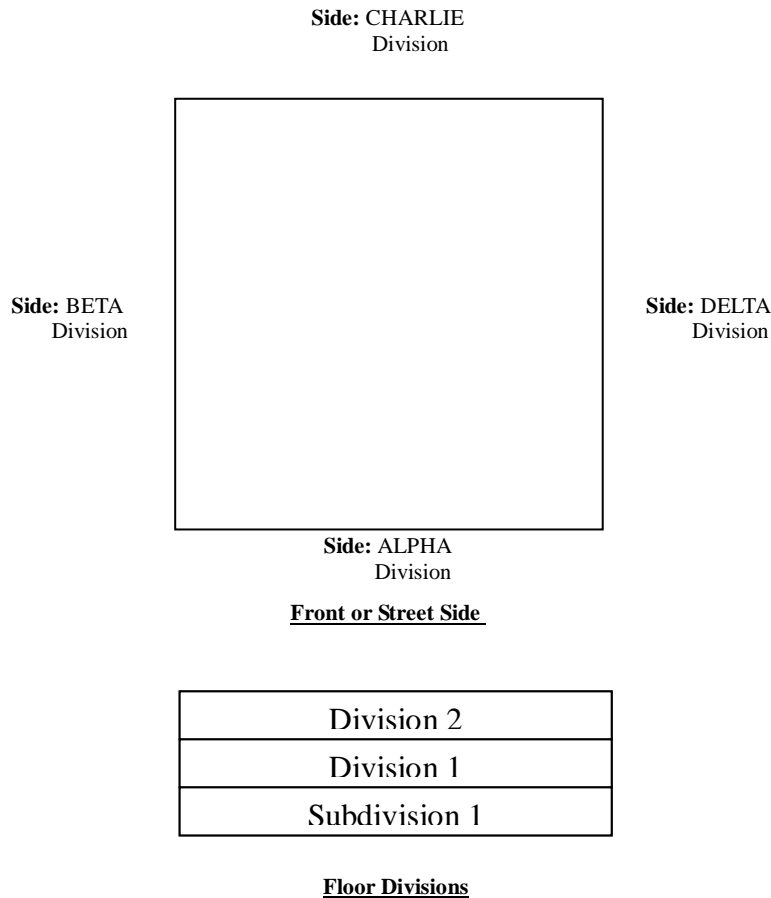
- The tactical objective(s) to be accomplished.
- The Division/Group radio designation.
- The identity of the resources assigned to the Division/Group.

Sectors

A Division/Group is an organizational level having responsibility for operations within a defined geographic area and for a specified functional assignment.

The Division/Group is an organizational level between the Branch and the Single Resource, Task Force, and Strike Team.

The department's system for geographically dividing an incident scene is used with the Division position.



Sector/Division/Group Supervisor Requirements

Sector/Division/Group supervisors must be in a position to directly supervise and monitor

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operations.

Sector/Division/Group supervisors are responsible for and in control of all assigned functions with their assignment.

EXPANDING THE ORGANIZATION

The transition from the initial response to a major incident organization will be evolutionary and positions will be filled as the corresponding tasks require.

Staging

Staging is an area where resources are temporarily placed and are available for immediate assignment into the operation.

Staging reports to the OPS Chief when OPS is staffed. Staging reports to Command when the OPS are not staffed.

Level 1 Staging guidelines:

- The first two arriving apparatus should go directly to the scene.
- All other first alarm units stop approximately one block from the incident in the direction of travel and report their unit is in level one staging, and their location. This radio communication should take place on the assigned fireground frequency.

Level 2 Staging guidelines:

- When a second alarm and/or mutual aid departments are requested for additional resources, a formal Staging Area location must be identified.
- The additional alarm or mutual aid companies are dispatched to the formal Staging Area.
- Certain units may be given assignments while enroute.
- Units not receiving assignments while enroute will report to the Staging Area.
- The first arriving officer or member of one of the companies reporting to Staging will be assigned the Staging Area Officer (STAGING)

Command Staff

Safety Officer

Command will staff the Safety Officer function when Command's allotment of time and focus on safety concerns is insufficient for the incident situation.

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Structural fire Safety Officers must know and understand fire behavior, building construction, department safety regulations and be experienced in incident operations.

Liaison Officer

Command will staff the Liaison Officer function when Command's ability to personally interface with representatives from outside agencies will interfere with incident management.

The Liaison Officer will establish a Liaison Area where all members from outside agencies will be directed to report. This excludes agency representatives that will be part of the Unified Command Post.

Public Information Officer (PIO)

Command will staff the PIO function when Command's ability to personally meet with media representatives would interfere with incident management.

The PIO will establish an Information Area where all members from the media will be directed to report.

The PIO will brief the press after consulting with Command on the information to be released.

The PIO will provide the press with opportunities for pictures of the incident and keep them abreast of conditions.

The PIO will provide other governmental agencies with information about incident conditions on an as needed basis.

Alternate Structure of Command Staff

The incident scene is often a dynamic, intense, and exciting place. As the incident grows into and past the requirements of a first alarm assignment, (and incidents fast-moving in escalation) the FGC can become overloaded and overwhelmed with information management, assigning companies, filling out and updating the tactical worksheet, planning, forecasting, calling for additional resources, talking on the radio, and fulfilling all the other functions of Command. The immediate need of command at this point in the incident, is support.

Support Officer

The Incident Commander should utilize the next arriving Command Officer as a Support Officer. If the Incident Commander is still playing catch up with the functions of Command, the only reason to assign the second Command Officer to a sector is if safety is an extreme in that sector.

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Senior Advisor

The Senior Advisor will normally be a Chief Command Officer, the Fire Chief, or the highest-ranking officer in the Command Post. The officer serving as “Command” and Support Officer would focus on the completion of the tactical priorities, the strategic and tactical plan and the other components of the incident. The Senior Advisor’s focus is looking at the entire incident and its impact from a broader perspective and providing direction, guidance and “fatherly” advice to the “Command “ and/or Support Officer. In this role the Senior Advisor is essentially acting as the overall Incident Commander

UNIFIED COMMAND

When more than one agency in a single jurisdiction or more than one jurisdiction has a legal responsibility for the mitigation of the incident, Unified Command will be established.

All agencies with legal responsibility for the incident outcome will influence the Strategy and Tactics that are determined and selected.

The Operations Section Chief has the responsibility to implement the Action Plan.

The Operations Section Chief should be chosen from one of the agencies represented in the Unified Command Post.

Possible Selection Criteria:

- Basis of greatest jurisdictional involvement.
- Number of resources involved.
- Existing statutory authority.
- Mutual knowledge of the individual's qualifications.

The Operations Section Chief may select representatives of the other agencies to act as Deputy Operations Chiefs to assist in implementing the Action Plan.

Accountability System

Policy #229

Approved: October 1, 2007

Revised November 2010

PURPOSE

At an emergency scene in which there is an incident where personnel accountability is needed, these procedures shall be applied. This accountability system, which enhances the health and safety of all personnel, integrates incident command and accountability systems to streamline the overall management of safety at an emergency incident scene beginning with the first arriving company or officer.

SCOPE

This guideline shall apply to all Colerain Fire & EMS personnel at an emergency incident or training exercise who are actively participating in operations where accountability for all scene or site personnel is essential, or are assigned to services associated with operations at the emergency incident scene or training exercise site.

Company officers, team leaders and individual firefighters are accountable for the safety of themselves and other members of their team, but the Incident Commander has the ultimate responsibility. Team members shall maintain a constant awareness of the position and function of all members working with them.

DEFINITIONS

Accountability Officer: the person designated by the Incident Commander to monitor entry into and exit out of hazardous areas or structures for the purpose of ensuring accountability of all personnel in the hazardous area or structure.

Hazardous Area: any location(s) that may pose a safety or health risk to firefighters due to, but not limited to, the presence of products of combustion, hazardous or otherwise oxygen deficient or oxygen enriched atmosphere or the potential for any immediate dangerous to life and health atmosphere, hazardous equipment or operations or the potential for any of these situations to exist. Additionally, any area that predisposes a firefighter to become lost, disoriented or trapped, including any confined space, wild land areas or operating in close proximity to a structure during exterior operations shall be considered a hazardous area for the purpose of this guideline.

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Personnel Accountability Report: the results of an accounting of all personnel on the emergency incident scene to the Incident Commander.

Roll Call Personnel Accountability Report: the results of an accounting of for each person on a company or team working in the hazardous area to the Incident Commander.

DESCRIPTION OF SYSTEM COMPONENTS

There are several components that make up the accountability system used by Glendale Fire Rescue. The system is generally considered to be the *Passport System* that was adopted by the Hamilton County Fire Chief's Association. Components are:

Nametags

Nametags are engraved 2½-inch wide by ½-inch plastic strips backed in Velcro[®]. Nametags shall be issued with the following information: a) rank, first name initial and last name; b) badge number; c) firefighting and emergency medical capabilities; d) and the department's Hamilton County identification name (i.e., GLEF for Glendale) as illustrated in Figure 1. Officers shall have white backgrounds, firefighters shall have yellow backgrounds, and emergency medical personnel shall have blue backgrounds. Velcro[®] *hooks* shall be attached to the back side of the tag.

Figure 1: Sample nametags



Each employee shall be issued no less than six nametags. Each person is issued multiple nametags that shall be stored on the rear underside of their helmet brim. These tags are to be utilized as follows:

- One tag shall be placed on each of the two apparatus or unit Passport assigned to which the member is assigned;
- To be used on temporary created teams or companies;
- To be used for the immediate replacement of lost tags.

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Passports

Passports are engraved 2¾-inch wide by 3¾ -inch plastic cards backed in Velcro® that identify a company or unit by its designation. They are used to hold nametags of the personnel assigned to that company or team during their shift. Passports shall have the apparatus company or unit number (e.g. Engine 45, Brush 45), the department's Hamilton County identification name, and enough Velcro® loops for a minimum of four personnel or the maximum apparatus seating capacity.

Passport colors shall be as follows as shown in Figure 2:

- *Red* for engine companies;
- *Black* for ladder companies;
- *Blue* for advance life support and squad units;
- *Green* for the rescue company and specialized units (e.g., rescue boats);
- *Orange* for RAT companies only.

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Figure 2: Sample Passports with nametags



Each apparatus or unit shall be assigned *two* Passports. One shall serve as the *primary* passport after receiving all nametags and the second shall serve as the *back-up* passport after receiving all nametags. The location for the primary passport shall be located in the cab of the apparatus in front of the officer's position for immediate accessibility and the back-up passport shall be located on fire apparatus operator's door.

An important fact to remember is that a crew size must be two or more.

Accountability Status Boards

Status boards are placed on all primary responding engine companies, ladder and rescue companies, and command vehicles. The Accountability Officer(s) shall use the board to track those companies or teams assigned to the hazard area or within their area of responsibility.

Make-up Kit

The Accountability System make-up kit is designed to provide immediate replacement for lost or damaged components. The kit is assigned to the shift commander's vehicle and consists of: nametags, passports, grease pencils, and a status board for use on large incidents that require additional resources.

Company or Unit Identifiers

A helmet company or unit identifiers are backed with Velcro[®] and attaches to the back of an employee's protective helmet. The helmet identifier has letters and numbers identifying a company or unit (i.e., Engine 45 [E45], Engine 245 [E245], Brush 45 [B45], etc.) The identifiers shall be black with fluorescent numbers and letters. The helmet identifier shall always reflect identity of the company to which the individual is currently assigned. In lieu of, or in addition to helmet identifiers, a company identifier on the rear of the SCBA may be utilized.

GUIDELINES

The Accountability System shall be initiated at all incidents involving *hazardous areas*, multiple company responses or as directed by the Incident Commander. It may be used for non-hazard situations as directed by the Officer in Charge. *The use of this accountability system shall not relieve supervisory personnel from the responsibility of maintaining an awareness of the location and function of all members under their direct supervision.* All department members are responsible to properly utilize the accountability system.

All companies and teams shall work within the Incident Management System. ***DO NOT FREE LANCE!!***

Every person entering and working in the hazard area should be equipped with a portable radio capable of communicating the incident commander. Should a radio failure occur while working in the hazard area, the affected company or team shall exit unless there is another functioning radio with the company or team.

Company or team members shall always be in contact with each other through one of the following methods:

- Audible;
- Physical (touch);

- Safety guide rope or hose line;
- Electronic means (radio).

Company or Team members shall be in close proximity to each other to provide assistance in case of emergency.

If a company or team member becomes in distress or trouble, other member(s) of the company or team shall take appropriate steps to:

- Provide direct help;
- Call for help;
- Go get help.

An absent or unaccounted for firefighter of any company or team shall automatically be assumed lost or trapped in the hazard area until otherwise determined safe.

A key element of the accountability system is crew integrity. It shall be the responsibility of all personnel to ensure that crew integrity is maintained. Simply stated, all companies and teams shall enter together, stay together, and come out together when operating at an incident scene or as otherwise directed by the Incident Commander until the incident is terminated..

The Incident Commander is ultimately responsible for the safety and accountability of all on-scene personnel.

Reporting for Shift-Duty

Passports

Each fire fighter shall attach one of his or her nametags to each of the two passports, primary and back-up, as soon as they report for shift duty, or upon receipt of an assignment at the incident. Each firefighter shall also be sure to remove his or her nametag from the passport(s) at the conclusion of their shift.

The company officer's nametag shall be the first nametag at the top of each passport.

During training exercises, the same procedure shall be followed.

Company officers or team leaders shall be responsible to supervise the maintenance and proper placement of the nametags and passports during the entire shift of duty, at emergency incidents, and upon returning to the station from an incident.

Company Identifiers

Helmet company or unit identifiers shall be worn whenever a firefighter is assigned to an apparatus or working within the incident management system on an incident scene.

Each firefighter must attach the appropriate helmet identifier to the back of their helmet (or SCBA) as soon as they're assigned a company or unit.

Confirm that the company identifier and Passport team designators match.

Reporting to an Incident Scene

The Incident Commander shall designate an Accountability Officer as early into the incident as possible. The initial Accountability Officer will initiate the collection of primary passports, and begin accountability of companies and teams operating at the incident scene. An early arriving member of the incident management team shall be assigned accountability responsibilities if the IC determines that the initial accountability officer needs to be relieved.

When a company or team reports to an incident, division or group, the company officer or team leader must transfer their primary passport to the Accountability Officer. Exceptions are as follows:

- The primary passport will remain on the apparatus whenever they are the only company or unit at an incident, or;
- They are the first arriving engine or ladder company or unit committed to the initial operation prior to the establishment of an Accountability Officer.

All subsequent arriving companies or units shall deliver their primary passport to the first-in or most forward operating engine company (i.e., operating in the front of the structure) FAO or Accountability Officer, *if they have been assigned to work within the hazard area*. In the event there is an engine company assigned to another geographical side of the incident (e.g., rear of a large commercial structure), that Engine Company shall serve as the collection point for passports. The back-up passport shall remain on the fire apparatus operator's door in the event a catastrophic event occurs.

Whenever a company or team is relieved or reassigned, the Accountability Officer shall:

- Confirm with the company officer or team leader that all members are accounted for;
- Return the primary passport for that company or team;

Personnel arriving at an incident by means other than fire or emergency medical apparatus shall ensure that they are accounted for in the accountability system.

Operating at an Incident Scene

All companies and teams entering a hazardous area or structure should exit at the same point where entry was made. If hazardous conditions dictate that companies or teams must exit the

area or structure by a different route other than where entry was made, the company or team must report to the Accountability Officer at the original entry point and retrieve their passport.

When multiple points of entry are utilized at a hazardous area or structure, an Accountability Officer shall be assigned for each entry point.

It shall be the responsibility of the company officer, team leader and Accountability Officer to ensure that: a) a minimum of two personnel are assigned to each company, team or task; b) the location and function of each company or team be communicated to the Incident Commander.

When a distinct jurisdictional department is on scene utilizing another accountability system, the Incident Commander shall remain responsible for and oversee personnel operations. Should a department respond into our scene, they are free to utilize their own form of accountability but they remain responsible for reporting their personnel if their accountability system is different. Should personnel from another jurisdiction work on a team with personnel, they may be assigned a blank label, which can be written on with a grease pencil supplied in the command equipment.

Rules of thumb

Passport implementation shall consider the following basic rules of thumb:

- Passports never enter the hazard area;
- Passports must be maintained at the point of entry to the hazard area;
- Passports must reflect only those personnel presently in the hazard zone;
- Companies or teams shall submit their passports upon entering and shall retrieve their passports upon exiting from the hazard zone.

Personnel Accountability Report

Several accountability benchmarks are included in tactical operations. The Personnel Accountability Report (PAR) is a periodic accounting or roll call of personnel operating at an incident scene. For the group officer, a PAR is an accounting for all companies or teams assigned to his or her group. The Incident Commander may request a PAR or *Roll Call PAR* of specific group/divisions, companies or teams or all companies or teams. When the Incident Commander or Accountability Officer requests a PAR or a *Roll Call PAR*, company officers or team leaders shall verify accountability for every person assigned to their company or team and report the results to the Accountability Officer who in turn shall report to the Incident Commander. When a *Roll Call PAR* is requested company officers or team leaders shall verify accountability for every person assigned to them by name to the Accountability Officer.

A PAR shall be required when:

- Any personnel that are unaccounted for, missing or trapped;
- There is a change from offensive to defensive operations;
- Any *sudden* hazardous event related to the incident - flashover, back draft or collapse;
- An *all clear* is announced;
- When there is a report of the situation *under control* or mitigated;
- Any time the Incident Commander believes such is necessary;
- Whenever a Mayday is announced;
- A benchmark of 20 minutes has occurred

When the PAR is called for, the reply should be from the companies or teams, groups, divisions or task assignments, *in the highest hazard areas first*, then progressing to less hazardous area.

Crews shall identify their (company or team) name or apparatus number, their location and their current task.

An example of a PAR response would be "accountability from ventilation; ventilation has a PAR on the roof near the Alpha-Beta corner". Inherent in such a reply is the understanding that all individuals that have been assigned to ventilation are safe and visually accounted for by the officer or team leader. Individual companies not given incident command name designations shall reply, "Engine 45 is clear with a PAR on the first-floor investigating."

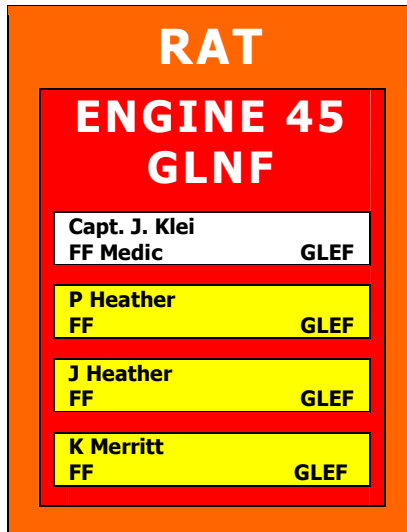
An example of a *Roll Call PAR* response would be "accountability from ventilation; ventilation has a PAR with Smith and Jones on the roof near the Alpha-Beta corner". Inherent in such a reply is the understanding that all individuals that have been assigned to ventilation are safe and visually accounted for by the officer or team leader. Individual companies not given incident command name designations shall reply, "Engine 45 has a PAR with Smith and Jones on the first-floor investigating."

Rapid Assistance Team

The Rapid Assistance Team (RAT) shall be utilized immediately as a rescue team to assist with all necessary rescue efforts. A second RAT team shall be immediately assembled should the initial RAT team be deployed.

RAT Passport

Figure 3: Sample RAT Passport



Termination

Passport accountability shall be maintained until a report of the incident being declared *under control*, at which time a PAR for all companies and teams must be obtained. The Incident Commander shall determine at that time, based on the situation and risk, whether to continue with the passport system. If visibility is impaired or significant hazardous conditions still exists, the Incident Commander may choose to continue the passport system. Upon termination company officers and team leaders shall ensure that their passport is returned to the appropriate apparatus.

Mayday Guidelines

Policy #230

Approved: October 1, 2007
Revised November 2010

PURPOSE

This guideline is intended to insure that all employees operating at an emergency scene are aware that an emergency situation exists. This guideline will outline the difference between the terms *Mayday* and *Emergency Traffic*.

SCOPE

The rescue of a firefighter in distress is extremely time sensitive. It is extremely important that a firefighter NOT DELAY in calling a Mayday when the circumstances dictate that such action is appropriate. The sooner Command is notified and a Rapid Assistance Team (RAT) team is activated, the greater the chances of the firefighter(s) being successfully rescued.

This guideline applies to all fire department personnel, while operating at any emergency incident scene or training exercise.

DEFINITIONS

Mayday – the term and radio traffic to be used in ANY situation where a firefighter’s life or safety is in jeopardy and he or she is unable to definitively remove him or herself from the threatening situation or immediate dangerous to life or health (IDLH) environment.

Emergency Traffic – the term and radio traffic to be used when a priority communication is necessary to address potentially dangerous circumstances that exist.

Emergency Evacuation Signal – The audible signal used on the fireground to alert all present of the need or order to evacuate the structure and regroup outside for safety and accountability purposes. *The signal is three sequential sets of three long air horn blasts.*

Alert Tone – an audible tone of consistent frequency and duration intended to draw attention to radio traffic. This tone is generated by the dispatcher and is often called *Alert Tone 3*.

Emergency Button – a specifically marked orange in color button on the 800 MHz portable radio. When this button is pushed a signal is sent to alerted dispatchers on their console that

of an emergency button activation this also places the radio into a activate open microphone state so that all radio traffic from operator of the radio traffic can be heard. Activation of the Emergency Button sends the alert to the primary dispatch channel and keeps the channel open until the emergency button activation has been cleared by the portable radio operator.

SITUATIONAL AWARENESS

The following situations dictate the use of the *Mayday*, *Emergency Traffic*, *Emergency Evacuation Signal* and *Alert Tone*:

Mayday

A firefighter must declare a Mayday when confronted by, but not limited to, the following situations:

- Immediately upon the firefighter believing he or she is disoriented or lost and unable to exit any existing IDLH environment;
- Immediately upon the sounding or detection of one's low air alarms and the firefighter not able to promptly exit any existing IDLH environment;
- Immediately upon the firefighter becoming trapped or entangled to the point of requiring assistance;
- Immediately upon the firefighter sustaining ANY injury which impairs his or her ability to exit any existing IDLH environment;
- Immediately upon discovery of a vital personal protective equipment problem which poses a substantial threat of harm and the firefighter is unable to immediately exit the IDLH environment;
- Immediately upon discovery of another firefighter experiencing any of the above situations.

Emergency Traffic

To be used when a priority communication is necessary to address potentially dangerous circumstances discovered to exist:

- Any imminent potential for or an actual structural failure;
- Rapidly changing fire conditions;
- Water supply interruption;
- Any circumstance that poses a material risk to firefighter safety;
- Immediate evacuation of the building is necessary for any of the above or for any circumstance the Incident Commander deems necessary; or;

- Requesting additional alarm(s).

All firefighters operating at the emergency scene shall refrain from transmitting any messages upon hearing the *Emergency Traffic* transmission and remain alert for the emergent Command from the Incident Commander until such time that the “all clear, resume radio traffic” directive is issued by Command for the continuation of normal traffic.

Emergency Evacuation Signal

The Incident Commander shall activate the *Emergency Evacuation Signal* at any time a fireground situation exists that warrants the regrouping of all personnel on the fireground at their apparatus or staging area for purposes of safety and accountability. A Personnel Accountability Report (PAR) will be taken immediately following the emergency evacuation.

The Emergency Evacuation Signal shall be sounded by three sequential sets of three long air horn blasts. This should be initiated by the most forward operating fire apparatus. In the event, the incident involves a large area or structure it may be necessary for multiple apparatus to initiate a signal (e.g., Alpha and Charlie sides).

Alert Tone

During any situation on the fire ground for which a Mayday has been declared, the dispatcher shall broadcast the *Alert Tone* and echo the Mayday to further insure that all those operating on radio talk groups are aware of the need for the actions outlined in these guidelines.

GUIDELINES

Mayday

The following guideline shall be used to alert firefighters on the emergency scene of a Mayday.

1. To clear all radio traffic on the fireground talk group, the firefighter requesting the Mayday shall precede the message by repeating the word ***Mayday three times followed by Firefighter Down.***

Example: MAYDAY, MAYDAY, MAYDAY, Firefighter down.

2. If the firefighter is of the belief that such is necessary, he or she may follow the initial Mayday call with information indicating the nature of the Mayday, location, firefighter name and company identification, number of the firefighter(s) involved if possible and what, if any plans they have to remove themselves from the situation.

Example: MAYDAY, MAYDAY, MAYDAY, Firefighter Down - Second Floor, Firefighter Down from Engine 45.

3. Any fire company finding a firefighter down shall declare a Mayday, and the Mayday information shall be repeated including the manner of removal from the structure.

Example: MAYDAY, MAYDAY, MAYDAY, Firefighter Down - Captain from Engine 45 - We will be coming out the Charlie side door, first floor.

4. At this time the Incident Commander shall direct all companies to switch to the *designated alternate fireground Mayday talk group Fire Ground (FG) 11 or FG 27 talk group for continuation of routine fireground communications*. The original fire ground talk group will only be used for the Mayday and RAT operations.
5. The Incident Commander shall ensure the radio talk group switch by operating companies which will be referred to as the *Mayday Talk Group*.
6. The Accountability Sector Officer shall immediately conduct a PAR on the incident subsequent to unit switching to the new channel and talk group. Emergency Response Guidelines of the department shall be implemented.
7. The Incident Commander shall request that Hamilton County Communication Center (HCCC) assign a dispatcher to the talk group on which the Mayday originated.
8. In the case of a Mayday or Emergency Traffic transmission, an extra alarm shall be automatically dispatched by the dispatcher and extra alarm companies assigned to staging unless another assignment is given by the incident commander on the scene.
9. If the firefighter declaring the Mayday "self rescues" the Mayday should be called off in the manner in which it was called.

Example: MAYDAY, MAYDAY, MAYDAY, this firefighter Doe from Engine 103, I am cleared of the entanglement and exiting the building on the first floor alpha side

10. After the Mayday is cleared, the Incident Commander shall decide how the talk group re- assignment will be handled.

Emergency Traffic

The following guideline shall be used to clear radio traffic for priority communication when necessary to address potentially dangerous circumstances.

1. To clear all radio traffic on the fireground talk group, the firefighter requesting exclusive use of the talk group shall announce his or her unit identification and declare Emergency Traffic. *At this time no other radio traffic shall be transmitted until the nature, location and type of emergency is identified.* The Emergency Traffic declaration shall be reserved for situations on the fireground presenting imminent danger to firefighters (e.g. potential building collapse, energized electrical wires posing electrocution hazard, loss of water supply with firefighters inside the structure, etc.).

The Incident Commander, upon hearing the Emergency Traffic declaration, shall immediately repeat the Emergency Traffic as well as the issuance of orders to rectify or retreat from the situation. The Incident Commander upon hearing the emergency declaration shall immediately request from the HCCC the *Emergency Alert Tone* and repeat the emergency traffic as well as orders to rectify or retreat from the situation.

Example: Alert Tone - Emergency, Emergency, Emergency - All companies operating at 80 East Sharon Road retreat!

2. If a building or area is to be evacuated, the Incident Commander shall authorize activation of the Emergency Evacuation Signal, which shall be followed by the radio talk group announcement to *Evacuate*.
3. Subsequent to evacuation, a PAR shall be immediately conducted and appropriate action taken based on the result.

SPECIAL NOTES

The MAYDAY declaration is reserved for only those situations when a firefighter is in peril as described above. When a hazardous condition exists the EMERGENCY TRAFFIC declaration shall be utilized.

It is strongly recommended that use of the Emergency Button on the portable radio be discouraged. It is furthermore encourage that all personnel be instructed not to use of the Emergency Button; but only in a last resort situation only!

Rapid Assistance Teams

Policy #231

Approved: October 1, 2007

Revised November 2010

PURPOSE

To establish guidelines outlining the operations of a Rapid Assistance Team (RAT) at an emergency scene. The goal of this guideline is to establish a proactive RAT at each emergency scene with the intent of removing barriers to facilitate firefighter self-rescues; if deemed necessary, to locate and provide breathing air to any firefighter needing assistances, and; if deemed necessary, to initiate immediate rescue assistance to any firefighter(s).

SCOPE

It is the intent of the Glendale Fire Department to train all personnel engaged in structural firefighting to identify dangerous fireground conditions or operations, and the ability to proactively perform basic RAT and rescue operations.

RESPONSIBILITY

It shall be the responsibility of all department officers to implement this operating guideline.

It shall be the responsibility of all department officers to train personnel in the application of this guideline.

It shall be the responsibility of each member to know, understand and use this guideline as it applies to the situation at hand. Each member will use good judgment in the use of this guideline.

The RAT Company is responsible to operate within the incident command structure, reporting to the Incident Commander (or as otherwise directed).

GUIDELINES

On all working incidents, at least one RAT shall be maintained by the Incident Commander. This will include all incidents where an interior fire attack is made or whenever an operation places crews in the hazard zone.

The Hamilton County Communications Center CAD shall include an assigned RAT company for all *23S Structure Fire and 23A Appliance Fire* dispatches.

In the "initial stages" of an incident, at least two members shall remain outside the hazard zone and be responsible for maintaining a constant awareness of the number, location, function, time of entry, and identity of the members operating inside the hazard zone (two in – two out). There is an exception for this when an imminent life-threatening situation presents upon arrival, where immediate action could prevent the loss of life or serious injury.

- The *initial stages* refers to the tasks undertaken by the first arriving fire company with only one team operating in the hazard zone.
- The standby members shall be permitted to perform other functions such as pump operator or incident commander.
- The standby members shall have a complete set of protective clothing, including SCBA.
- The standby members shall be permitted to perform rescue of the one operating crew if it becomes necessary.
 - If the standby members perform a rescue, the Dispatcher shall be notified and the incoming companies notified of the same.
- Once the second crew is assigned or operating in the hazard zone, the incident is no longer considered to be in the "initial stages" and at least one RAT should be established.

RAPID ASSISTANCE TEAM

Shall consist of a minimum three trained members (preferably an engine or truck company) and shall be available for rescue of a member or a crew if the need arises. If not assigned at dispatch, the Incident Commander should notify the arriving company to be assigned to RAT as soon as possible. The assigned company shall be equipped with the appropriate protective clothing, SCBA, portable radio(s), hand lights, hand tools, and specialized equipment that might be needed given the specifics of the operation underway. Additional equipment considerations for RAT operations can be found in the appendix section of this guideline.

The assigned RAT shall report to the Incident Commander and familiarize themselves with the incident action plan, current strategies and tactics, and locations of operating companies.

The RAT should remain in close proximity to the Accountability Officer or Incident Command, assisting with monitoring operating channels (URGENT or MAYDAY messages), monitoring status changes in strategies and tactics, operating modes, and company assignments. Incident Command may shift staging of the RAT to an Operation Officer's position.

Once on the scene, perform a 360-degree size-up of the building, occupancy, and location and extent of the fire. The RAT Company Officer should use the *RAT Company Checklist*. Any findings of the size-up shall be reported to the Incident Commander.

The RAT, particularly in small buildings, can be used to open up additional escape routes and laddering upper floors, removing access obstructions, to prevent firefighters from becoming entrapped. *Glass in windows shall not always be considered a barrier preventing firefighter escape.* If employed in this manner, the RAT must still remain intact, ready to respond to an emergency.

When firefighters are operating above ground level, portable or aerial ladders should be placed to

upper story windows or roofs. These ladders are to provide multiple escape routes interior or roof operations become untenable. The following priorities should be considered by the RAT company when placing ladders:

- Roof
- Fire area near the point of firefighter entry
- Area above the fire
- Fire area opposite the point of firefighter entry.

Members of the RAT Company must maintain a *ready* state at all times to facilitate a rapid response if necessary. Avoid involvement in other fire ground duties, not included as a proactive measure, unless directly reassigned by the Incident Commander or Operations.

Companies assigned to the RAT can be rotated through in increments of 30-45 minutes to avoid fatigue of the company. Proper exchange of information to the newly assigned RAT is crucial. It is recommended that a Sector Officer be assigned for Rapid Intervention efforts assuring continuity of valuable information.

The RAT should remain intact at least until *Under Control* or *Loss Stopped* is reported. The Incident Commander should determine when a RAT is no longer needed (i.e., firefighters are no longer at risk).

The Incident Commander may exercise reassignment of any responding companies based on arrival sequence and incident conditions, but must immediately make arrangements to replace any reassigned RAT companies. Additional companies must be dispatched to maintain adequate resources on the fireground.

On multiple alarm and complex incidents, more than one RAPID ASSISTANCE TEAM may be needed. The Incident Commander must maintain as many RATs as is determined to be necessary. Multiple entry points separated by long distances may also indicate the need for multiple RATs. The Incident Commander should consider the following:

- When multiple RAT teams are assigned, an additional geographic identifier should be attached (e.g. Charlie Side RAT).
- The Incident Commander should create a “RAT Group”, assigning an officer to manage the function of RAT.
- On any incident where a RAT is assigned, the Incident Commander should also assign an ALS unit to standby for medical assistance.

MAYDAY PRIORITIES

Specific priorities to consider when a *MAYDAY* is declared.

Incident Commander

- Shall request and maintain additional resources in a staging area and assure a Staging Officer has been assigned.
- Shall notify the Communications Center of the MAYDAY and seek assistance in monitoring the talk group on which the MAYDAY originated.
- Shall appoint a RAT Group Officer to manage the rescue operations and coordinate RAT companies if not already assigned.
- Shall direct all fire suppression companies operating on the scene to the alternate fire ground channel assigned (i.e., MAYDAY Talk Group); the distressed firefighter(s) shall remain on the original fire ground channel.
- Shall have the Accountability Officer conduct a PAR on the MAYDAY Talk Group to determine who and how many firefighters are in need of assistance.
- Shall continue to direct the suppression operations, to the extent safely possible; thus making the structure more tenable for rescue operations. *(The IC must focus attention of controlling the fire and allow the RAT Group Officer to manage the rescue effort).*

RAT Group Officer

- Shall report directly to the Incident Commander
- Shall communicate directly with the downed firefighter(s) on the fire ground talk group on which the MAYDAY originated.
- Shall direct the rescue effort of the RAT companies assigned from the exterior of the structure or a forward command location in the event of a high-rise or large structure.
- May assemble RAT Assist Teams to assist with the rescue efforts. This may entail laying additional hose lines to protect the RAT companies and victim(s). If a victim is entrapped, a protective hose line should be positioned.
- Shall maintain accountability for all RAT company members deployed into the structure.
- Radio designations shall be *RAT Group Officer*.

Rapid Assistance Team

- Upon declaration of a MAYDAY shall report or communicate immediately to the Incident Commander to determine last known location of distressed firefighter(s) and retrieve RAT pack.
- Determine the best location for making entry to search for distressed firefighter(s).
- Shall perform a rapid search of the structure with emphasis on the distressed firefighter's last known location.

- The use of a tag line while conducting a search is highly recommended.
- Upon locating the distressed firefighter(s), shall immediately report to the RAT Group Officer the location, identity, and condition of the firefighter(s), as well as, any necessary support and equipment needed to assist with rescue.
- The RAT Company shall immediately assess the distressed personnel and assure adequate breathing air is made available.
- If no extrication is involved, the RAT Company shall facilitate the removal of the firefighter from the hazard area.
- If extrication is required, the RAT Company shall determine the most efficient access to the distressed firefighter, communicate this information to the RAT Group Officer, and deploy the RAT rope to the exterior of the structure. *The RAT rope will signify the most direct route to the firefighter from the exterior of the structure.*
- The RAT Company Officer shall supervise the rescue effort from the interior reporting to the RAT Group Officer.
- The RAT Company Officer shall maintain close supervision of the members working RAT and remain cognizant of their air supply and physical condition.

RAT TRAINING

A department designating a company as a RAT Company should assure members assigned have obtained a minimum of twenty-four hours training or to the Technician Level, meeting the objectives outlined within this guideline.

The additional levels of Awareness and Operations have also been outlined, allowing for a department to obtain the level of training desired, divided into three parts to reach the Technician Level.

RAT Training Objectives

- **Phase I Classroom**

- Introduction
- Program Objectives
- Laws and Standards relating to F/F Rescue
- Overview of the Program
- LODD Review- Brett Tarver, F/f Bill Ellison
- Reasons F/f become trapped
- When to call a Mayday
- Preventing a Mayday
- Firefighter Reactions when Lost/Trapped

RAT Role-RAT a “Combatant Position”
RAT Size-up Building

- ***Phase I Practical***

Firefighter Drags

- One Rescuer
- 2 Rescuer Side by Side Drag
- 2 Rescuer Push Pull Method
- 1 Rescuer using Webbing

Firefighter Entanglement

- Swim and Turn
- Low hanging wires
- SCBA removal

Confined Space Lift (Denver Drill)

- 2 Rescuer
- 1 Rescuer Head to Window
- 1 Rescuer Head away from Window

- ***Phase II Classroom***

Overview Phase I

Phase II Overview

LODD Review

- Lt. Ed Caglianese Chicago FD
- Chicago Auto Dealer Chicago FD
- F/f John Nance Columbus FD

Hand Cuff Knot

- ***Phase II Practical 3.5hrs***

Nance Drill

- Indications/Contraindication for this rescue
- Floor Stability

Ladder Rescue

- Ladder Raise 1 person
- Ladder Placement
- Ladder Angle
- Aggressive Heel

Stair Rescue

- Up Narrow Stair 2 Rescuer Push Pull Method

Up Narrow Stair 2 Rescuer Split Leg Method
Down Narrow Stairs
Up Wide Stairs 2 Rescuer
Down Wide Stairs 2 Rescuer

Emergency Ladder Escape
Ladder Placement prior to Mayday by RIT
When to use Technique
Hook 2 Go 4 method
Ladder Decent Feet First

Forcible Exit
Indications
Reduced Profile Maneuver
Use of Breach Tools

- ***Phase III Practical***

Scenarios

The following programs should also be provided for:

RAT for the Company Officer – Tactical issues
RAT for the Incident Commander – Strategic Issues
RAT Continuing Education

RAT INSTRUCTORS

Requirements for RAT Instructors:

1. Must be a State of Ohio Instructor
2. Must have recommendation for designation of RAT Instructor by the Chief Fire Officer.
3. Must have successfully completed the outlined RAT Class
4. Must have shadowed an existing instructor in a RAT Class
5. Must be recommended to be a lead instructor by an existing instructor

An existing list of instructors meeting these requirements will be maintained by
The Midwest Hamilton County Fire Chiefs.

APPENDIX

RAT Equipment

The tools that should be considered (not limited to) by the RAT company as they step from the apparatus and report to the Incident Commander:

- Thermal Imaging Camera
- 150-feet of search rope with direction travel markings
- Gasoline powered saw (metal cutting capability)
- Gasoline powered saw (wood cutting capability)
- Rescue SCBA (a.k.a. RAT Pack): face mask, strap and harness, minimum 12-foot quick fill hose with universal fittings, and a 60 minute rated air cylinder
- Rescue rope and hardware (minimum 100-feet of 9mm (or larger) rescue rope and 4 carabineers
- Wire cutters
- Four loops of tubular webbing
- Portable radio (each member equipped preferred)
- Set of irons (flat head axe and halligan tool)
- Sledge hammer
- Egress rope (equipped with RAT packs)
- EMS trauma shears
- Stokes or Reeves stretcher
- Ladders suitable for the building
- Laminated RAT Company Officer Check List. [RAT checksheet.xls](#)

REFERENCE

Hamilton County Fire Chiefs' Association, Model SOG for Rapid Assistance Teams; revised February 1, 2008.

Ohio Administrative Code – Chapter 4123:1-21 Fire Fighting

Training
Section 300

TRAINING

Policy #301

Approved: October 1, 2007

Revised November 2010

301.01 Training

Purpose:

To establish a guideline for all personnel that will outline training expectations, and compensation.

Responsibility:

Training is the responsibility of the Fire Chief or his designee

Each member will ultimately be responsible for meeting the training requirements set forth in this guideline.

Schedule A: Training mandate by fire chief or his designee. Tuition and books will be paid for. Other costs, testing fees, parking fees, mileage fees etc. will be paid for on a case by case basis as determined by the fire chief and the student.

Schedule B: Training requested by a member. Tuition will be paid for by the department. Books may be paid for. Any book paid for by the department shall become departmental property and shall be turned into the training officer upon completion of the class. No other fees ie: parking, testing fees, lab fees, mileage, will be paid for.

Schedule C: The department will sponsor a member to attend the training but not cover costs associated with attending the training.

Payment of Training Classes:

Members will generally be required to pay for the costs of classes up front and should seek reimbursement for the appropriate fees upon successful completion of said training classes. Exceptions to this rule may be made on a case by case basis as determined by the fire chief if he/she determines doing so is in the best interest of the fire department and the village.

Special training schedule will be at the discretion of the Fire Chief.

Glendale Fire personnel attending a training class or event costing the Village of Glendale greater than \$200, excluding Firefighter 1A, are required to serve the department and meet all of the activity requirements for a period of 2 years upon certification or completion of the class if no certification is given. If a Glendale Fire personnel leaves the Glendale Fire

Department prior to serving 2 years past the certification/completion date they shall be responsible for reimbursing the Village of Glendale 100% of the cost of the class tuition and any other costs incurred by the Village of Glendale associated with said training.

Shift Training:

The training schedule and topic will be set by the training officer. If training requirements cannot be met for any given week the shift officer must notify the Fire Chief. The shift officer will have final decision as to when and where training will be conducted. Only at the discretion of the officer training may be cancelled due to unforeseeable circumstances. Example would be poor weather, high run volume or special details.

Special Training:

Any employee may be put in a request for special training. This training shall have value to the employee and the Glendale Fire Department. The chain of command for training request will be Training Officer and Chief. All requests should be turned in a minimum of two weeks prior to the beginning of class.

Training Records:

The Fire Chief shall maintain training records. Any employee attending special training must provide any certificates obtained to the Fire Chief as well as a lesson plan or outline of the class. Any employee attending special training understands they may be asked to share this training with the rest of the department.

Weekly Training Schedule:

The weekly trainings will be on Thursday evenings from 18:00 to 21:00 hours. The training on Thursdays will follow the following plan:

First Thursday EMS based training

Second, Third and Fourth Thursday's Fire based training

Fifth Thursday will be a Social Night

Training Requirement:

All members are required to attend a minimum of 30 hours of department provided training each calendar year. Those failing to meet the minimum requirement may be subject to disciplinary action.

Apparatus
Section 400

Removal from Service

Policy #401

Approved: October 1, 2007

Revised November 2010

401.01 Purpose and Scope

1. This procedure shall cover the proper steps to remove an apparatus from service for mechanical problems or to return an apparatus to service after repair.
2. The goal of this procedure is to ensure that all Glendale Fire apparatus are in safe working order, and if it is not, to provide a process to remedy the problem.
3. This procedure shall cover all Glendale Fire apparatus.

401.02 Removing an Apparatus from Service

The Driver/Operator of any apparatus shall have the authority to place any apparatus out of service whenever one or more of the following defects are discovered:

- Failure of the braking system that makes the vehicle difficult or impossible to stop.
- Failure of the windshield wipers during inclement weather.
- Failure of the headlights during periods of darkness.
- One or more flat tires.
- The inability to engage or operate a fire pump.
- A failure of the power steering system.
- A failure of the cooling system that causes the engine to overheat.
- Battery, alternator, or electrical system failure that prevents a vehicle from being started, or causes the battery to discharge.
- Any other defect that, if not immediately corrected, would endanger the lives of the public and/or department members.

Whenever a defect is discovered that renders the apparatus out of service, the operator or the Crew Leader shall immediately notify the Assistant Fire Chief or Fire Chief.

The operator or Crew Leader shall place signs on the vehicle in a conspicuous location, advising that the vehicle is out of service.

The Duty Chief shall notify the police dispatcher and the vehicle officer that the vehicle is out of service.

The Fire Chief shall contact the Village mechanic, to arrange for proper repair of the apparatus. If it is after hours or a weekend, the Assistant Fire Chief or Fire Chief shall determine if the need is sufficient to call the mechanic in to work.

401.03 Placing an Apparatus Back In Service

1. Once an out-of-service apparatus has received proper repairs, the Assistant Chief shall see that the apparatus is returned to service.
2. The Assistant Fire Chief shall ensure that any equipment that was removed during repairs has been placed back on the apparatus.
3. The Assistant Fire Chief shall remove all “Out of Service” signs from the apparatus in question.
4. The Assistant Fire Chief shall advise the police dispatcher that the apparatus is back in service.
5. The Fire Chief or Assistant Fire Chief shall properly file the *Glendale Request for Repair* form.

Emergency Vehicle Operations

Policy #402

Approved: October 1, 2007
Revised November 2010

402.01 Purpose and Scope

- This policy applies to the operation of all departmental vehicles in both emergency and non-emergency driving situations
- This policy is designed to ensure that all department vehicles are operated with concern for the safety of department members and the general public.
- Vehicle operators have in their care, custody, and control major assets of the department (the vehicle, equipment on the vehicle, and department members). Apparatus operators have a high standard of care to provide to the general motoring public and must make every attempt to ensure the safety of others.
- Safe arrival at the emergency scene shall be, and must always remain, the first priority of all apparatus driver/operators.
- All department Apparatus Operators shall become familiar with the following policies.

402.02 Procedures

- Code 2 Driving:
 - Normal city and or highway driving.
 - All emergency lights and siren are not activated.
 - Apparatus headlights should be on, 24 hours a day.
 - Posted speed limit should be obeyed.
 - All traffic laws, and posted traffic control signs should be obeyed.
 - Accelerate and decelerate slowly.
- Code 3 Driving:
 - Driving with emergency lights and siren activated.
 - When responding Code 3, both emergency lights and siren shall be used simultaneously.
 - Vehicle headlights should be activated.
 - Maximum speed permitted is 15 miles per hour over the posted speed limit.
 - Drivers should reduce speed if any of the following conditions exist:
 - Limited visibility.
 - Slippery roads.
 - Heavy traffic.
 - Poor road pavement.
 - Drivers shall pay particular attention to school zones. Speed should be reduced during limited hours.
 - Drivers shall not pass a stopped school bus with red lights flashing until the bus driver indicates that the apparatus may pass.

- All vehicles should come to a stop at intersections where they are facing a red light or stop sign. The driver shall ensure that all other vehicles have come to a complete stop before proceeding through.
- When a responding apparatus comes to an intersection where they have the right-of-way, they shall reduce speed before proceeding through the intersection.

402.03 Vehicle Operator's Responsibilities

- Ensure that all members have boarded and are seated.
- Ensure that the bay door is fully open before moving the apparatus.
- Ensure that all compartment doors are closed before moving the apparatus.
- Ensure that another member is watching from the exterior of the apparatus anytime that they are backing up when possible
- Ensuring that he/she knows where they are going and the best route of travel.
- Ensuring that they are driving defensively and with caution.
- Ensuring that they are driving with due regard for the safety of all persons using the roadways.

402.04 Vehicle Officer in Charge/Crew Leader's Responsibilities

- Monitoring the apparatus's speed, advising the driver if it is too fast.
- Ensuring that the driver is fulfilling his/her responsibilities as listed above.
- Assisting the driver with watching for traffic at intersections.
- Assisting the driver with travel directions.
- Ensuring that someone is watching while the apparatus is backing.

402.05 General Vehicle Safety

- No member shall drive or operate any Glendale Fire Department apparatus unless they have met all applicable criteria listed in this manual.
- All persons riding on a Glendale Fire Department apparatus shall be seated and wearing seat belts.
- Any Fire division vehicle in backward motion shall have a member standing outside of the vehicle, watching for persons or objects behind the vehicle. This observer shall remain in contact with the operator by visual, verbal, or radio contact.
- When working at the scene of an incident, apparatus shall be positioned to protect personnel working at the incident.
- Before backing the driver should sound the vehicle horn 3 times for backing.

402.06 POV Responses

Runs inside the Village of Glendale, FD Officers may respond in their POV

On runs outside of Village, only the Fire Chief or Assistant Fire Chief may respond in their POV.

Fire department members using their vehicles to respond to station must have the State issued inspection sticker in place as described in ORC.

Driver Safety
Policy #403
Approved: October 1, 2007
Revised November 2010

- **403.01 Purpose and Scope**

403.01PURPOSE

To assure the safe operation of all department vehicles.

RESPONSIBILITY

Each individual is responsible to assure the safe operation of the apparatus they are driving or riding in.

PROCEDURE

- 1.1 When responding to emergency calls under emergency conditions, Fire Department vehicles may exceed the posted speed limit, but shall be regulated at all times by existing road and traffic conditions.
 - B. The use of a red light and siren will conform to ORC 4513.21 and the discretion of the Fire Chief.
 - C. The speed of any responding vehicle shall be safe and reasonable for the conditions encountered. At all times during the response period the driver must display “due regard” for the safety of all other persons using the street or highway. Examples of conditions requiring slower response speeds include but are not limited to: Wet, Foggy or any other hazardous weather or road conditions, heavy traffic conditions. Operators of Fire Department vehicles should react cautiously to the conditions encountered.
 - C. When approaching a negative right-of-way intersection (red light, stop sign, unguarded railroad crossings) the driver shall STOP for traffic and slow down as needed for road conditions. Once the driver can account for all oncoming traffic in all lanes yielding the right of way, and have visually confirmed it is clear to proceed, the driver may proceed cautiously through the intersection with “due regard” he/she MUST maintain a speed at which they have the ability to bring the vehicle to an abrupt stop if necessary.

- D. Avoid backing where possible. Where backing is unavoidable, use Backers, where backers are unavailable, dismount and walk completely around apparatus before backing.
- E. All personnel are required to use seat belts when operating a vehicle equipped with seat belts. Anyone riding as a passenger in a vehicle is required to use seat belts where provided. Members must ride in seats where provided.
- F. During an emergency response, fire vehicles should avoid passing other fire vehicles. If unavoidable, the passing arrangement should be conducted through radio communications.
- G. All personnel must respond and react according to the conditions encountered. Poor road conditions, inclement weather or the actions of others does not relieve the driver of their responsibility to drive safely.
- H. When driving on the fire ground use extreme caution and alertness, Utilizing a prudent speed for the conditions encountered, in order to react to the unexpected.
- I. When driving on the fire ground, be aware of distractions caused by the Emergency.
- J. Unless directed by a Glendale Police Officer or Glendale Fire Officer who has assured the train tracks are closed no Glendale Fire Department vehicle shall cross a Railroad crossing when the lights are flashing or the gates are down under any circumstance.
- L. When responding to a scene, the operator of a piece of fire apparatus should wear bunker pants and boots as a minimum.
- M. Unless directed by a Glendale Police Officer or Glendale Fire Officer who has assured traffic is stopped no Glendale Fire Department vehicle shall respond the wrong way on any limited access highway or highway ramp under any circumstance.

DEFINITIONS

DUE REGARD: Due regard for the safety of all persons using the street or highway. Enough notice of approach, before a collision is inevitable.

TRUE EMERGENCY: A situation in where there is a high probability of death or serious injury to an individual, or significant property loss, and action by an emergency vehicle operator may reduce the seriousness of the situation.

EMERGENCY AND NON-EMERGENCY RESPONSES

Each response must be evaluated using the definition of a True Emergency.

Emergency Medical Responses are usually an emergency to the scene. Once on location the person in charge of patient care should decide the best mode of transport to the hospital.

Apparatus Response

Policy #404

Approved: October 1, 2007
Revised November 2010

404.01 PURPOSE

To assure the proper apparatus response to assure the safe effective operations of the department

404.02 RESPONSIBILITY

All firefighters and Officers of the department

404.03 PROCEDURE

1 Structure Fires

4 Engines, 2 Aerial, 1 Medic and 1 RAT

2 Vehicle Fires

A. Vehicle Fires: 1 Engine

3 Fire Alarm Drops

A. Commercial Structure: 1 Engines, 1 Ladder

B. Residential: 1 Engines, 1 Ladder

C. Carbon Monoxide: 1 engine /additional resources as requested

Note: ALL water flow alarms will be Code 3 to the scene for all units until told to downgrade to Code 2, No Emergency, by Command.

Smell of Gas/Odor: 1 Engine

Flush Fuel: 1 Engine

Field or Trash Fire: 1 Brush

Haz Mat Spill/Leak: 1 Engine to the scene/backup engine and rescue to staging

404.04 Auto Accident (No Entrapment)

1 Engine and 1 Medic

Note: No engine response to Auto Accidents in parking lots unless requested.

404.05 Auto Accident with Entrapment:

404.06 **Industrial Accidents:** 1 Engine, 1 Ladder, 1 Medic and 1
 Rescue

404.07 **Wires Down/Transformer:** 1 Brush.

404.08 **Emergency to Property:** 1 Engine

404.09 **Rescue Above or Below Grade:** 1 Engine, 1 Ladder, 1 Medic and 1
 Rescue.

404.10 **Mutual Aid:** Only the unit requested will respond. (Minimum of 3
personnel). If the Primary engine does not have THREE, the officer will send the
next appropriate engine.

Note:

1) Automatic Aid Agreements

All automatic aid agreements require three people.

2) The Brush truck will only be run as staffing permits.

Apparatus Placement

Policy #405

Approved: October 1, 2007
Revised November 2010

405.01 PROCEDURE

Placement of all apparatus on the fireground should be a reflection of at least one of the following:

- 4.1 A Glendale Fire Department SOG
- 4.2 A prearranged staging procedure from pre-plan
- 4.3 A direct order from the Incident Commander
- 4.4 A CONSCIOUS decision on the part of the officer assigned to that apparatus based on existing or predictable conditions.
- 4.5 When responding to assist another department, vehicle shall go to level 1 staging.

Apparatus Checks
Policy #406
Approved: October 1, 2007
Revised November 2010

406.01 PROCEDURE

406.02 Daily Checks

- 1 All daily checks shall be performed when coming on duty for the day.
- 2 Daily checks shall be performed completely referencing the check sheet for that apparatus.
- 3 Any issues arising such as equipment or apparatus malfunctioning shall be brought to the attention of the Assistant Fire Chief or Duty Chief for the station, and equipment maintenance form filled out to ensure timely repair.

406.03 Weekly Unit Checks

- 1 All weekly unit checks shall be performed prior to the end of normal working hours for the day scheduled.

All Fire Apparatus Thursday
- 2 Weekly unit checks will be completed in full referencing the check sheet for that apparatus.
- 3 Any issues arising such as equipment or apparatus malfunctioning shall be brought to the attention of the Assistant Fire Chief or Duty Chief for the station, and equipment maintenance form filled out to ensure timely repair.
- 4 Notification must be in writing or e-mail

Fire Hose Loads
Policy #407
Approved: October 1, 2007
Revised November 2010

407.01 PROCEDURE

- 1 All members shall be able to load and document the loading of hose on all Glendale Fire Department trucks.
- 2 Once any section of hose has been used on a scene or in training it must be cleaned and replaced with clean hose from the rack, or reloaded if applicable to the hose types.
- 3 The engineer of the apparatus that uses the hose must fill out the hose record sheet and place the sheet behind the daily check. (Form Attached)
- 4 The location and loads of hose for the Engines.

407.02 1 ¾" and 2 ½" crosslays 200 feet loaded in a flat, combination or attack load.

407.03 Jump Line/Trash line shall be a 100 feet flat or accordion load.

407.04 **Engine 245 - 2 ½"** pre-connect rear of truck 200 feet flat load.
Engine 45 – 2 ½" preconnect rear of truck 300' flat load with additional 200' dry load underneath

407.05 **2.5" or 3"** on the rear of the truck is loaded for an attack by using a flat load. The hose has the gated wye connected. It is loaded with 350 feet of hose E245 and 500' on E45.

407.06 **5"** rear supply line is 1500 feet loaded in a flat load on Engine 45 and 1000' on Engine 245.

407.07 High Rise packs (2 on truck) have 100' of 1.75" fire hose with a wye, a nozzle, and a spanner.

407.08 Hose loads may be changed at the discretion of the Fire Chief or Assistant Fire Chief.

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Type Used	Amount Used	Amount Replaced
_____	_____	_____

Name/Date

Please email Assistant Fire Chief with hose taken O.O.S. Please include location and description of the failure.

Foam Operations
Policy #408
Approved: October 1, 2007
Revised November 2010

408.01 PROCEDURE

Engine 45 is equipped with a CAFS foam system and a Class A foam system for use in fire suppression. The Duty Chief or truck officer will determine when the foam systems will be used. Fire Apparatus Operators will be familiar with operation of the foam systems and ready to initiate the systems as needed. Class A Foam is an advantage on structure fires, mulch fire, vehicle fires when no fuel is involved and any other Class A type fires. Do not use the foam system when petroleum products are involved.

Engine 245 is equipped with a Class A foam system

Brush 45 is equipped with a Class A foam system

All engineers/operators need to be proficient in the foam system operations of all trucks.

Emergency Medical Services
Policy #500

Emergency Medical Services Policy #500

Revision - November 2010

The Village of Glendale Fire Department EMS program is designed as a supplement to the contract with Woodlawn Fire Department. GFD will respond at the “First Responder” level.

OUR GOAL: To provide a quick, thorough assessment of the patient and help provide the Village of Glendale to the best medical response that we can.

When dispatched for EMS calls the following guidelines will be followed:

EMS First Responder

Policy #501

Approved: November 2010

501.01 Scope

- The following procedures will be followed whenever a Glendale unit is dispatched to an EMS run.

501.02 Notification and Response

- At such time that members of the Fire Department are on the scene of an EMS run require the services of the fire division, they shall make such a request of the dispatcher via radio.
- The dispatcher will dispatch the fire department, giving the nature of the request (Entrapment, lifting assistance, etc.).
- The on duty Captain MAY respond to the scene, make a hazard assessment, and order the appropriate resources to respond as the situation dictates.

501.03 Incident Command of EMS Runs

- The Glendale Fire department rank structure shall remain intact at all EMS runs. EMS personnel are in charge of patient care only.
- At such time the First responders requests the fire apparatus to respond on an EMS run, the entire run then becomes a fire run.
- Chief Officers will always remain the on scene commander at ANY scene. The senior fire officer on the scene shall become the Incident Commander if no other Chief Officer is on the scene.
- The Incident Commander shall create an EMS Sector as part of his command structure, placing the EMS crew leader in command of that sector. The EMS Sector commander shall relay all requests for supplies, assistance, and manpower, to the Incident Commander who will assign the appropriate units. The EMS commander may be replaced by the IC if circumstances dictate.
- The EMS sector commander will direct all aspects of patient care.
- Glendale Officers that do not hold an EMS certification may respond to the scene of an EMS call to evaluate activities on scene.

501.04 Staffing for EMS Calls

- Brush 45 is the primary First Responder Unit
- Responding apparatus should have a minimum of two department members
- Responding apparatus must have at least one approved EMS responder. (See Appendix A)
- Non-approved EMS responders can assist with documentation (name, date of birth, medications, allergies, and vitals)
- Only approved EMS responders may have direct patient contact.

501.05 Equipment Checks

- Daily Equipment checks must be performed.
- An EMS Equipment Check-Off Sheet can be found in the bay.

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- Any equipment missing needs to be reported to the Duty Chief immediately.

501.06 Personnel Qualifications for response on EMS Runs

- For the purpose of best care to the patient, personnel responding to an EMS runs must be qualified as Emergency Medical Technicians (FR, B, I, or P).
- All EMTs must attend a Glendale protocols class before responding as an approved EMS responder.
- Once the above criteria have been met the Medical Director will give final approval of an EMS responder.
- Preference for crew assignments shall be determined by medical training and not by rank or seniority.

EMS-Report Documentation

Policy #502

Approved: November 2010

502.01 EMS Responders shall make an effort to document:

- Name
- Date of birth
- Allergies
- Medical history
- Medications
- Vitals
- First assessment

502.02 Submission of Reports

- The yellow copies of the EMS forms go to Woodlawn
- The white copies will be stapled together (or folded together) and put in the locked black box by fire truck.

502.03 Addendums

- If you forgot to document something, please get another blank EMS form, put patient's name/DOB on it, date and time form, then write:

"Addendum" and add what you feel should be added.

502.04 Errors

- If you make an error, put a single line to cross out the wrong information, put "error" next to it, and then continue on. NEVER black out the entire word.

Apparatus

Policy #503

Approved: November 2010

503.01 Approved First Responder Apparatus

- Brush 45
- Engine 45
- Engine 245
- Staff Car

503.02 Changing the primary EMS responding unit

- Brush 45 will be used as the PRIMARY EMS First Responder.
 - The following requirements must be followed:
 - Brush 45 must be staffed with a minimum of one approved EMS responder, and one other department member.
- In the event of a request for EMS requiring additional tools and equipment, ENGINE 45 may be used as a First Responder unit. Situations that may need additional resources may include:
 - Any rescue type response
 - CO Alarm
 - Auto Accident
 - The following requirements must be followed:
 - Brush 45 must be staffed with a minimum of one approved EMS responder, and one other department member.
 - The AED must be moved from Brush 45 to Engine 45.
 - Equipment must be returned when the primary unit reverts back to Brush 45.

503.03 Equipment

- Engine 45, Engine 245 and Brush 45 have approved Aid bags
- Engine 45, Engine 245 and Brush 45 have a copy of the EMS Protocols
- Brush 45 has one AED – Must be moved to responding unit
- ❖ Location of equipment
 - Engine 45's & Engine 245's EMS equipment is located in the forward compartment on the officer (passenger) side.
 - Brush 45's EMS equipment is located in the forward compartment on the officer (passenger) side.

Approved EMS responders

Policy #504

Approved: November 2010

504.01 Approved EMS responders

Moore, David
Hess, Ed Sr
Palmatier, Tucker
Johansing, Eric
Christenson, Roger
Courts, Laura

Poll, Anthony
King, Jeff
Rohlfer, Adam
Thacker, Tom
Merritt, Kerrie

Adam
Geraci, Matthew
Visscher, Robert
Flannery, Andy
Pollington, Connie

John Flowers
Cody Haag

Limardi, Robert

Exposure Concerns

Policy #505

Approved: November 2010

505.01 Any exposure concerns shall be directed to the Fire Chief for follow up.

The Fire Chief will consult with the Medical Director for follow up screening as required.

EMS-Protocols
Policy #506
Approved: November 2010

506.01 Scope

- The following protocols should be followed whenever any Glendale units are dispatched to an EMS run.

506.02 Protocols

GLENDALE FIRST RESPONDER PROTOCOLS

(2/26/09)

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ADMINISTRATIVE PROTOCOL – FR100

1. The First Responder protocol is intended to be used in its entirety but may be used in part according to the EMS services' need. Each Emergency Medical Service that agrees to comply with any portion of the following First Responder protocols shall:
 - a. Of the medical team members, have at least ONE certified First Responder or higher level of EMS training (i.e. EMT-B, EMT-I, Paramedic) per emergency run that has successfully completed the 1998 First Responder National Standard Curriculum program (or most recent program) or the First Responder course as outlined in the Ohio Revised Code 4765.
 - b. Have communication equipment capable of direct voice transmission and compatible with local medical command base stations.
 - c. Have an equipped emergency vehicle with the addition of the equipment listed in Appendix A.
 - d. Have a medical director who is a licensed physician in the State of Ohio.
 - e. Have a quality assurance program as designated by the Academy of Medicine. See Appendix B.
 - f. Have a protocol review procedure with EMS personnel.
 - g. Have a procedure to keep outcome statistics on the use of First Responder skills, such as cardiac arrest victims and other patients of interest.
 - h. Utilize the communication variance form (Appendix C) whenever a procedure which normally requires the approval of a medical command physician has been performed without such approval.

INITIATING MEDICAL CONTROL CALL - FR101 BLS AND ALS SQUADS:

1. A call **MUST** be initiated to an Academy of Medicine recognized medical command base station (TO
BE INITIATED BY BLS OR ALS SQUADS):
 - a. For a patient with DNR orders.
 - b. For a patient who has met the maximum prescribed dose of their inhaler, according to prescription label, and another dose is indicated.
 - c. To administer a dose for a metered-dose inhaler beyond patient's prescription.
 - d. After administration of epinephrine by auto-injector.
 - e. When epinephrine by auto-injector is indicated but the patient doesn't meet all the criteria.
 - f. To administer the second or subsequent doses of nitroglycerin.
 - g. After the third set of three shocks by the AED or after three consecutive "No Shock" advisories.
 - h. If after administration of oral glucose, patient becomes alert and refuses transport.
 - i. To administer activated charcoal.
2. A call **MUST** be initiated to notify receiving facility or medical command:
 - a. For an infant or child with inadequate breathing or cardiac arrest.
 - b. For a victim of a hazardous material exposure.
3. A call is **RECOMMENDED** to notify receiving facility or medical command:
 - a. For a patient who is actively seizing.
 - b. For a patient who is having signs/symptoms of a stroke. Time of onset needs to be noted.
 - c. For treatment of the poisoned victim or for poison information.
 - d. For a major trauma patient. For an incident with multiple victims.
4. When a call is not possible, these protocols shall act as standing orders for procedures which may be performed by certified Emergency Medical Technicians - Basic. These protocols do not limit the activity of an EMT-B who is in direct contact with the medical command physician. Certain procedures and medications require physician consultation prior to performance of the procedure or administration of the medication. These procedures are noted in the individual protocols. Under certain circumstances, an exception is permitted when communication problems are encountered. In these cases, a communication variance form is to be completed.

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Notes

1. The medical command stations are:

Emergency Department	Base Station Notification	ED Number
Bethesda North	984-8375	745-1112
Children's (Stat Line)	636-8008	
Christ	None	585-0873
Deaconess	None	559-2236
Good Samaritan	221-5818	872-2536
Jewish Kenwood	686-3184	686-3204
Mercy Anderson	624-4634	624-4634
Mercy Fairfield	None	870-7007
Mercy Franciscan Mt Airy	681-8353	541-5550
Mercy Franciscan Western Hills	681-8353	389-5222
Middletown Regional Hospital	424-3924	420-5017
University Air Care	None	584-7522
University	861-5128	861-5128
Veterans	None	475-6509

DETERMINATION OF DEATH – FR102

1. Basic life Brush must be started on all patients who are found not breathing and without a pulse, UNLESS:
 - a. The emergency care providers are presented with a valid Do Not Resuscitate order as defined in the Do Not Resuscitate protocol, OR
 - b. There is an injury that is obviously incompatible with life. Examples are decapitation or burned beyond recognition, OR
 - c. The victim shows signs of rigor mortis (in a warm environment), dependent lividity, or decomposition.
 - d. The mechanism of injury is blunt trauma; and the victim has no vital signs, no signs of life such as breathing activity or movement, and asystole on the cardiac monitor, OR
 - e. The mechanism of injury is penetrating trauma; and the victim has no vital signs, no signs of life such as breathing activity or movement, asystole on the cardiac monitor, and the cardiac arrest occurred before the arrival of EMS personnel.
 - f. If the cardiac arrest occurs after the arrival of EMS personnel, the patient **MUST** be transported immediately to the nearest appropriate hospital.
2. Once basic life Brush is started, resuscitation efforts must be continued until the resuscitation is terminated by a physician or per paramedic protocol for termination of ACLS.

Notes

1. Rigor mortis takes a variable amount of time to begin depending upon the physical condition of the deceased prior to death as well as the temperature of the environment. The face and neck begin to

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stiffen between two and five hours after death. After seven to nine hours, rigor mortis will affect the arms and chest. By twelve hours after death rigor mortis is usually firmly established. Post-mortem lividity (the pooling of blood at the dependent portions of the body) will occur unless the victim has suffered a large blood loss. About one to two hours after death, lividity will begin and peak at about six hours.

PREHOSPITAL TRAUMA TRIAGE CONSIDERATIONS – B103 (GUIDELINES FOR BLS/ALS TRANSPORT UNITS)

In cases of significant trauma, transport to a trauma center should be considered. Individual circumstances may demand flexibility and judgment on the part of the responsible EMT-B, paramedic or physician. These guidelines are not to be construed as mandatory or all inclusive.

Time, distance, and patient condition are extremely important variables to consider when triaging injured patients to hospitals. In the rural environment, an injured patient may be at a substantial distance from a trauma center. Such patients may be treated initially at the nearest JCAHO approved (24 hour physician coverage) emergency facility.

GUIDELINES FOR ASSESSMENT & TRANSPORT FOR THE ADULT TRAUMA PATIENT – B103A

I. Evaluation of the Adult Trauma Patient - Any of these constitute a "trauma patient"

PHYSIOLOGIC CRITERIA

1. Significant signs of shock accompanied by:
 - a. Pulse > 120 OR
 - b. blood pressure < 90 (geriatric patients may be in shock with a BP >90)
2. Airway or Breathing Difficulties
 - a. Respiratory rate of <10 or >30
 - b. Intubated patient
3. Neurologic Considerations
 - a. Evidence of Head Injury
 - b. Glasgow coma scale < 13 or equal to
 - c. Alteration in LOC during examination or thereafter; LOC > than 5 min.
 - d. Failure to localize pain.
 - e. Suspected spinal cord injury (paralysis due to an acute injury; sensory loss)

ANATOMIC CRITERIA

1. Penetrating trauma (to head/chest/or abdomen, neck & extremities proximal to knee or elbow)
2. Injuries to the extremities where the following physical findings are present:
 - a. Amputations proximal to the wrist or ankle
 - b. Visible crush injury
 - c. Fractures of two or more proximal long bones
 - d. Evidence of neurovascular compromise
3. Tension pneumothorax that is relieved (an unrelied tension pneumothorax would fit the definition of an unstable ABC)
4. Injuries to the head, neck, or torso where the following physical findings are present:
 - a. Visible crush injury
 - b. Abdominal tenderness, distention, or seat belt sign
 - c. Pelvic fracture
 - d. Flail chest
5. Signs or symptoms of spinal cord injury.
6. Burn injury >10% TBSA and potential for other associated traumatic injuries

OTHER CRITERIA/CONSIDERATIONS THAT ALONE DO NOT CONSTITUTE A TRAUMA PATIENT

1. Significant Mechanisms of Injury Should Prompt a High Index of Suspicion

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2. Age >60 Should Prompt a High Index of Suspicion

II. Transportation of the Adult Trauma Patient (for BLS/ALS Transport Units)

GROUND TRANSPORT TIME GUIDELINES

1. 30 minutes or less from a Trauma Center - transport to TRAUMA CENTER (excluding uncontrolled airway or traumatic CPR).
2. Greater than 30 minutes to a trauma center – transport to nearest appropriate facility

GROUND TRANSPORT GUIDELINES

1. Patients should be transported to the nearest appropriate facility if
 - a. Airway is unstable and cannot be controlled/managed by conventional methods
 - b. Potential for unstable airway, i.e., facial/upper torso burn)
 - c. Blunt trauma arrest (no pulses or respirations)
 - d. Patient does "NOT" meet criteria for a trauma patient as defined above.
 - e. ***Pre-arrival notification of the receiving facility is essential!!! ***

AIR MEDICAL TRANSPORTATION

1. General principles:
 - a. Prolonged delays at the scene waiting for air medical transport should be avoided. If air medical transportation is unavailable (e.g., weather conditions), patient should be transported by ground guidelines as listed above.
 - b. Air transport, if dispatched to the scene, should be diverted to the hospital if the patient appeared appropriate for air transport but the decision was made to transport to the nearest facility (non-trauma center) in the interim.
 - c. Air Medical Programs share the responsibility to educate EMS units and facilities on appropriate triage. They should also institute an active utilization and quality review program that provides feedback to EMS units.
 - d. Patients with uncontrolled ABC's should be taken to the closest appropriate facility (24-hour emergency department) if that can be achieved prior to the arrival of air medical transport.
 - e. Traumatic cardiac arrest due to blunt trauma is not appropriate for air transport.
2. Reasons to Consider a Call for Air Transport:
 - a. Prolonged extrication
 - b. Multiple victims/trauma patients
 - c. Time/distance factors:
 - i. If transportation time to trauma center by ground is greater than 30 min AND
 - ii. The transport time by ground to the nearest trauma center is greater than the total transport time* to a trauma center by helicopter.
 - d. *Total transport time includes any time at scene waiting for helicopter and transport time to trauma center.
 - e. In the rural environment, immediate transfer with severely traumatized patients by air medical transport may be appropriate and should be encouraged if it does not significantly delay intervention for immediate life-threatening injuries.

GUIDELINES FOR THE ASSESSMENT AND TRANSPORT FOR THE PEDIATRIC TRAUMA PATIENT (<16 YEARS OF AGE) – B103B

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(for BLS/ALS Transport Units)

I. Evaluation of the Pediatric Trauma Patient

PHYSIOLOGIC CRITERIA

1. Significant signs of shock (weak pulses, pallor) accompanied by:
 - a. Tachycardia (Table 2) or bradycardia (Table 3)
 - b. Hypotension (Table 4)
2. Airway/Breathing difficulties
 - a. Intubated patient
 - b. Tachypnea (Table 1)
 - c. Stridor
 - d. Hoarse voice or difficulty speaking
 - e. Significant grunting, retractions
 - f. Cyanosis or need for supplemental oxygen
3. Neurologic considerations
 - a. Evidence of head injury
 - i. Glasgow Coma Scale less than 13
 - ii. Alteration in LOC during examination or thereafter; LOC > 5 minutes
 - iii. Failure to localize pain
 - b. Suspected spinal cord injury (paralysis or alteration in sensation)

ANATOMIC CRITERIA

1. Penetrating trauma (to the head, chest or abdomen, neck and extremities proximal to the knee or elbow).
2. Injuries to the extremities where the following physical findings are present:
 - a. Amputations proximal to the wrist or ankle
 - b. Visible crush injury
 - c. Fractures of two or more proximal long bones
 - d. Evidence of neurovascular compromise
3. Tension pneumothorax which is relieved (an unrelieved tension pneumothorax would fit the definition of an unstable ABC)
4. Injuries to the head, neck or torso where the following physical findings are present:
 - a. Visible crush injury
 - b. Abdominal tenderness, distention, or seat belt sign
 - c. Pelvic fracture
 - d. Flail chest
5. Signs or symptoms of spinal cord injury.
6. Burn injury >10% TBSA and potential for other associated traumatic injuries.

OTHER CRITERIA/CONSIDERATIONS FOR THE PEDIATRIC TRAUMA PATIENT WHICH ALONE DO NOT CONSTITUTE A TRAUMA PATIENT:

1. Significant mechanism of injury should prompt a high index of suspicion and should be considered in the evaluation. Mechanisms particularly dangerous for pediatric patients include:
 - a. Improperly restrained child in MVC (airbag injuries included)
 - b. ATV crashes
2. Special situations that may require the resources of a pediatric trauma center:
 - a. Congenital defects
 - b. Chronic respiratory illness
 - c. Diabetes
 - d. Bleeding disorder or anticoagulants
 - e. Immunosuppressed patients (i.e. patients with cancer, organ transplant patients, etc.)

II. Transportation of the Pediatric trauma patient:

GROUND TRANSPORT GUIDELINES – TIME CONSIDERATIONS

1. 30 minutes or less from a Pediatric Trauma Center (excluding uncontrolled airway or traumatic

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arrest).

2. Greater than 30 minutes to a Pediatric Trauma Center transport to nearest appropriate facility

GROUND TRANSPORTATION GUIDELINES

1. Patients should be transported to the nearest appropriate facility if any of the following exists:
 - a. Airway is unstable and cannot be controlled/managed by conventional methods
 - b. Potential for unstable airway, (i.e., facial/upper torso burn)
 - c. Blunt trauma arrest (no pulses or respirations)
 - d. Patient does NOT meet criteria for a trauma patient as defined above.
 - e. ***Pre-arrival notification of receiving facility is essential!***

AIR MEDICAL TRANSPORT

1. General principles

- a. Prolonged delays at the scene waiting for air medical transport should be avoided if air medical transportation is unavailable.
- b. (e.g., weather conditions), patient should be transported by ground guidelines as listed above.
- c. Air transport if dispatched to the scene should be diverted to the hospital if the patient appeared appropriate for air transport but the decision was made to transport to the nearest facility (non-trauma center) in the interim.
- d. Air Medical Programs share the responsibility to educate EMS units and facilities on appropriate triage. They should also institute an active utilization and quality review program that provides feedback to EMS units.
- e. Patients with uncontrolled ABC's should be taken to the closest appropriate facility (24-hour emergency department) if that can be achieved prior to the arrival of air medical transport.
- f. Traumatic cardiac arrest due to blunt trauma is not appropriate for air transport.
- g. Reasons to consider a call for air transport:
 - i. Prolonged extrication
 - ii. Multiple victims/trauma patients
 - iii. Time/distance factors:
 - (a) If the transportation time to a trauma center by ground is greater than 30 minutes AND the transport time by ground to the nearest trauma center is greater than the total transport time* to a trauma center by helicopter. *Total transport time includes any time at the scene waiting for a helicopter and transport time to the trauma center.
 - (b) In the rural environment, immediate transfer with severely traumatized patients by air medical transport may be appropriate and should be encouraged if it does not significantly delay intervention for immediate life threatening injuries.

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Age	Heart Rate (bpm)
Infant	80
Child	70
Adolescent	60

Age	Heart Rate (bpm)
< 6 months	180
6 months – 1 year	170
1 year – 2 years	150
3 – 7 years	140
8 – 11 years	130
12 – 16 years	120

Therapy should be reserved for the patient, who is symptomatic, as manifested by signs or symptoms of decreased blood flow to end organs.

Age	Systolic Blood Pressure
<1 month	60 mmHg
1 month – 1 year	70 mmHg
>1 year	70 + (age in years x 2)

Age	Respiratory Rate (resp/min)
<6 month	50
6 month – 6 years	40
>6 year	30

DO NOT RESUSCITATE ORDERS IN THE FIELD – FR104

1. All home care Do Not Resuscitate (DNR) orders must be dated and signed by the patient and at least two witnesses.
 - a. Home care DNRs shall not expire unless the document specifies a time for expiration. If the patient lacks capacity to make informed health care decisions on the date the DNR would expire, then the DNR shall continue in effect until the patient regains the capacity to make informed health care decisions for himself.
2. DNRs set forth in long-term care facility medical records shall be signed by the attending physician and dated.
 - a. DNRs set forth in long-term care facility medical records shall not expire unless the document specifies a time for expiration. If the patient lacks capacity to make informed health care decisions on the date the DNR would expire, then the DNR shall continue in effect until the patient regains the capacity to make informed health care decisions for himself.
3. In the event a DNR is presented to an First Responder, communication with a base hospital physician, EMS medical advisor, family physician or physician on the scene shall be established.
 - a. A DNR may be honored in accordance with the provisions of this protocol where it is determined that the patient is in a terminal condition and the patient is no longer capable of making informed decisions.
 - b. A DNR may not be honored where the patient is pregnant, where withholding CPR would terminate the pregnancy, and where it is probable that the fetus will develop to the point of live birth if treatment is provided.
 - c. If the First Responder believes a DNR is valid, there is no need to commence CPR while waiting for physician orders. If the First Responder has any doubt, the First Responder need not comply with the DNR (and may commence CPR) unless and until a physician has verbally authorized compliance. Such authorization shall be documented by the First Responders in the run report.
4. In the case of any doubt or reservation as to the validity or authenticity of any DNR, and absent authorization by a base hospital physician, EMS medical advisor, family physician or physician on the scene to withhold CPR, the First Responder shall provide CPR to the patient and shall document the

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reasons for not complying with the DNR.

5. In the event resuscitation is initiated on a patient and then a valid DNR is subsequently identified, resuscitation may be terminated in compliance with that DNR upon specific verbal authorization from a base hospital physician, EMS medical advisor, family physician, or physician on the scene. Documentation shall be made on the run sheet indicating the events that happened set forth in chronological order, including the authorization to stop CPR in the field. In the event a DNR is identified after a patient has been intubated, the tube shall not be removed in the prehospital setting. If the initial resuscitation has restored cardiac rhythm, the patient should be transported to the nearest appropriate medical facility with no further procedures or pharmacological measures undertaken, except by authorization from the base hospital physician, medical advisor, or attending physician. Communication with a physician should be established.
6. A DNR signed by both parents of a minor child or by the spouse of a patient in a terminal condition who is no longer able to make informed decisions, and signed by two witnesses, may be honored.
7. A copy of the DNR shall be attached to the medical record.

CONTROL OF EMERGENCY MEDICAL SERVICES AT THE SCENE OF AN EMERGENCY – FR105

One of the most difficult situations for the First Responder is that created by the arrival of a physician at the scene. A different set of responsibilities exists when that physician knows and has established a previous doctor-patient relationship with the patient as opposed to when no such relationship exists.

Physicians who are part of the EMS system such as the service's medical advisor or on-line medical command physician are generally responsible for patient care.

Physician Without Previous Doctor-Patient Relationship

1. For a fully licensed physician who is not a part of the EMS system to assume control at the scene of an emergency, all of the following must take place:
 - a. Proof of the physician's identity & current Ohio licensure must be provided to the EMS medical provider.
 - b. The physician must agree to accompany the patient to the hospital.
 - c. The on-line medical command physician must be notified and agree to relinquish control to the on-scene physician. This can usually best be accomplished by having the medical command physician speak directly with the physician at the scene.
 - d. The physician at the scene must agree to sign his or her orders.
2. If control of the emergency is given to the on-scene physician, then the physician can only issue orders within the scope of training and practice of the First Responder.
3. Any orders or procedures outside of the First Responder's scope of practice will have to be carried out personally by the on-scene physician.

Physician with Previous Doctor-Patient Relationship

1. As a general rule, it is desirable that the First Responder called to the scene of an emergency, even within a physician's office, perform an assessment and manage the patient just as would be done in any other location.
2. If the physician wishes to take control of the patient's management, he or she may do so if:
 - a. Communication is established between on-line medical command and the physician at the scene, AND
 - b. The scene physician agrees to accompany the patient to the hospital.
3. If control of the emergency is assumed by the on-scene physician then:
 - a. The physician's Ohio license number will be recorded on the run report.
 - b. Orders within the scope of training and practice of the First Responder will be carried out.

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- c. Orders outside the scope of training and practice of the First Responder will be personally carried out by the on-scene physician.
- d. The on-scene physician will sign his or her orders.
- e. The on-scene physician must accompany the patient in the ambulance to the hospital unless released by the on-line medical command physician.

Notes

1. In a disaster or multi-casualty situation, then the on-scene physician should use his best judgment about whether or not to accompany the patient to the hospital. It may be appropriate to stay at the scene and tend to the patients remaining. Generally these decisions should be made in consultation with the medical command physician.
2. If the physician on the scene does not accompany the patient to the hospital, the responsibility for that patient will revert to the medical command physician.

RESPIRATORY EMERGENCIES BREATHING DIFFICULTY - ADULT, CHILD, AND INFANT – FR106

Historical Findings (one or more)

1. Patient complains of shortness of breath.
2. Patient may have a past medical history of respiratory disease (asthma, emphysema, COPD, or chronic bronchitis).
3. Patient may have a prescribed inhaler and/or respiratory medications.

Physical Findings (one or more)

1. Noisy breathing - coughing, wheezes, gurgling, snoring, grunting, stridor
2. Unequal breath sounds
3. Inability to speak full sentences.
4. Use of accessory muscles to breathe, pursed lip breathing, flaring nostrils, barrel chest
5. Restlessness or anxiety
6. Increased pulse rate
7. Altered mental status
8. Pale, cyanotic, or flushed skin
9. Patient presents in tripod position.

Protocol

1. Take body substance isolation precautions.
2. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 -15 liters per minute.
3. Allow patient to sit up in a position of comfort.
4. Perform focused assessment.
5. Obtain vital signs.
6. If the patient is in impending respiratory failure, consider bag-valve-mask ventilation and supplemental oxygen whenever the patient has or develops inadequate breathing.
7. Begin transport.
8. If available, request ALS back-up for:
 - a. Adult patient with pulse greater than 120 or respirations greater than 24.
 - b. Pediatric patient less than 14-years-of-age with respiratory rate greater than 50 or who is wheezing, grunting, has retractions, stridor or any other signs of respiratory distress.
 - c. Patient (adult or pediatric) who doesn't have a prescribed inhaler and the transport time is greater than

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30 minutes.

RESPIRATORY EMERGENCIES INADEQUATE BREATHING – ADULT – FR107

Historical Findings (one or more)

1. Age greater than 14 years.
2. Patient complains of severe shortness of breath.
3. Patient has a past history of respiratory or heart disease.
4. Patient not breathing.

Physical Findings

1. Patients in severe respiratory distress may have any of the following signs and/or symptoms.
 - a. The rate of breathing is less than 8 or more than 24.
 - b. The rhythm of breathing may be irregular.
 - c. Breath sounds may be diminished, unequal, or absent.
 - d. Chest expansion may be inadequate or unequal.
 - e. Labored breathing, increased respiratory effort, and use of accessory muscles may be noted.
 - f. Fatigue
 - g. Restlessness and/or decreased mental status
 - h. Skin / mucous membrane color changes
2. Patients with inadequate breathing will have the following signs and symptoms.
 - a. Decreased mental status and can tolerate an oropharyngeal airway, or
 - b. Agonal breathing, or
 - c. Cardiac arrest.

Protocol

1. Take body substance isolation precautions including eye protection and face mask.
2. Open, clear, and maintain airway with oropharyngeal and/or nasopharyngeal airway. Keep neck in neutral position if c-spine injury is suspected.
3. Provide artificial ventilations with a bag-valve-mask device and high flow oxygen at the proper volume and a rate of 8-10.
4. Monitor the pulse. If absent, begin compressions and follow the cardiac arrest protocol.
5. If available, request ALS back-up for a patient in severe respiratory distress or with inadequate breathing.

RESPIRATORY DISTRESS – OBSTRUCTION OR STRIDOR – FR108

Historical Findings

1. Patient complains of shortness of breath or cannot speak because of airway obstruction.
2. MAY have history suggestive of foreign body aspiration such as sudden onset of shortness of breath while eating.

Physical Findings

1. Airway exam has little or no air movement, stridor, or decreased breath sounds.
2. MAY have use of accessory muscles of respiration.
3. MAY have fever or drooling.
4. MAY have retractions or rapid respiratory rate.

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Differential Diagnosis

1. Congestive heart failure
2. Foreign body aspiration
3. Epiglottitis
4. Croup (in a child)
5. Asthma

Protocol

1. Maintain airway and administer oxygen at high flow and high concentration preferably by nonrebreather facemask at 10-15/min. If patient is a young child, have the parent help administer the oxygen.
2. If complete airway obstruction by foreign body is suspected and the patient is over 1 year of age:
 - a. If the patient is conscious:
 - i. Have the patient cough forcefully if possible.
 - ii. Perform the Heimlich maneuver until successful or the victim becomes unconscious.
 - iii. Perform foreign body check (do not perform blind finger sweeps in children).
 - iv. Open airway and perform rescue breathing.
 - v. If airway remains obstructed, give 5 abdominal thrusts.
 - vi. Go back to #iii, and repeat maneuvers are successful or patient becomes pulseless and apneic - then revert to respiratory failure protocol and intubate patient (BLS/ALS Squads)
 - b. If the patient is unconscious when found:
 - i. Open airway and perform rescue breathing.
 - ii. Perform 5 abdominal thrusts
 - iii. Perform a finger sweep through the mouth to attempt to clear the obstruction (do not perform blind finger sweeps in children).
 - iv. Perform rescue breathing
 - v. Go back to #ii, and repeat maneuvers are successful or patient becomes pulseless and apneic and intubation equipment is available (revert to respiratory failure protocol). (BLS/ALS Squads)
3. If complete airway obstruction by a foreign body is suspected and the patient is less than 1 year old:
 - a. If the infant is conscious
 - i. Deliver 5 back blows
 - ii. Deliver 5 chest thrusts
 - iii. Repeat steps 1 and 2 until either the foreign body is expelled or the infant becomes unconscious.
 - iv. Perform tongue-jaw lift. Remove foreign body only if you can see it.
 - v. Attempt rescue breathing
 - vi. Deliver 5 back blows
 - vii. Deliver 5 chest thrusts
 - viii. Go back to #4 and repeat until maneuvers are successful or patient becomes puslessness and apneic and intubation equipment is available.
 - b. If the infant is unconscious when found:
 - i. Open airway and attempt rescue breathing
 - ii. Deliver 5 back blows
 - iii. Deliver 5 chest thrusts
 - iv. Perform tongue jaw lift. Remove foreign body only if you can see it.
 - v. Go back to #1 and repeat until intubation equipment is available or maneuvers are successful.
4. Allow patient to sit up in a position of comfort. If the patient is a young child, keep the patient with the

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parent and avoid unduly upsetting the child. Unless foreign body aspiration is suspected, do not perform a throat exam.

5. Obtain vital signs and apply cardiac monitor.
6. Perform patient assessment.
7. Begin transport (with BLS or ALS Brush) with patient as comfortable as possible.
8. Notify the receiving facility (transporting unit: BLS or ALS squad)

Notes

1. Pediatric patients with fever, drooling, and stridor should be suspected as having epiglottitis. Epiglottitis is a bacterial infection of the epiglottis causing it to swell and possibly obstruct the glottic opening with catastrophic results for the patient. This obstruction can be precipitated by sticking objects such as fingers or tongue blades in the patient's throat as well as by having the patient lie down. These patients are best treated by quiet reassurance and transportation to the hospital. Have the patient breathe humidified oxygen as long as the oxygen does not cause the patient to become upset.

RESPIRATORY EMERGENCIES INADEQUATE BREATHING - INFANT AND CHILD – FR109

Historical Findings (one or more)

1. Age less than 14 years.
2. Patient may complain of severe shortness of breath.

Physical Findings (one or more)

1. An increase in respiratory rate above normal.
 - a. Newborn greater than 50.
 - b. Infant, preschool, or school age greater than 40.
2. Evidence of increased work of breathing (nasal flaring, see-saw breathing, retractions).
3. Audible breathing noises such as stridor, wheezing, or grunting.
4. Looks anxious, is agitated, or unable to be consoled by the caretaker.
5. May be cyanotic.

Protocol

1. Take body substance isolation precautions.
2. Maintain open airway and suction any secretions as tolerated.
3. Administer oxygen high flow and high concentration with a non-rebreather mask at 10 - 15 liters per minute or by blow-by technique.
4. Allow the child to assume a position of comfort.
5. Transport (BLS). If available, request ALS back-up for:
 - a. Pediatric patient less than 14-years-of-age with respiratory rate greater than 50 and who is wheezing, grunting, has retractions, stridor or any other signs of respiratory distress.
6. Consider complete airway obstruction or partial obstruction if:
 - a. Possible foreign body exposure, or
 - b. Unable to cry or speak, or
 - c. Increased respiratory difficulty accompanied by stridor, or
 - d. cyanosis.
7. If complete airway obstruction, perform airway clearing techniques.
8. If patient has a history of asthma, refer to protocol Breathing Difficulty - Adult, Child, and Infant.
9. If patient's condition continues to deteriorate (shown by one or more):
 - a. Decreased mental status, agitation, more difficult to arouse

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- b. Worsening respiratory effort
 - c. Slow pulse rate
 - d. May be cyanotic
 - e. Absent peripheral pulses, weak central pulses
 - f. Poor skeletal muscle tone
10. Establish an open airway (neutral sniffing position without hyperextension of the head).
 11. Insert an oropharyngeal airway and/or nasopharyngeal airway in larger child
 12. Provide bag-valve-mask ventilations with supplemental high flow oxygen at:
 - a. Newborn - ventilate at a rate of 40.
 - b. Infant, preschool, or school age ventilate at a rate of 30.
 13. Perform an ongoing assessment.
 14. Notify medical command or receiving facility.

Notes

1. All respiratory disorders in children must be taken seriously.
2. In the vast majority of respiratory emergencies, infants and children can be successfully ventilated with a bag-valve-mask device. It is often useful to have two rescuers provide bag-valve-mask ventilation, especially when upper airway obstruction is present.
3. The rapid cardiopulmonary assessment is a survey whose main goal is to answer the question, "Does this child have pulmonary or circulatory failure that may lead to arrest?" The assessment uses the A-B-C approach.
4. The primary response of the neonatal heart to hypoxemia often is bradycardia; in older children, tachycardia is the first response. When tachycardia fails to adequately perfuse tissue then hypoxia and acidosis develop and bradycardia ensues. Bradycardia in a distressed child is an ominous sign of impending cardiac arrest.
5. Normal Pediatric Resuscitation Guidelines

Age	NB	3 M	6M	12M	2Y	3Y	6Y	8Y	10Y	12Y
Wt (lbs)	7	11	15	22	26	33	44	55	66	88
Resp Rate	30-40	25-35	25-35	20-30	20-30	18-25	15-25	15-25	12-20	12-20
sBP	60	70	70	70	75	75	80	80	85	85
Pulse	100-180	100-180	100-180	90-160	90-150	80-140	70-130	70-130	60-120	60-120

PEDIATRIC STRIDOR – FR110

Historical Findings

1. Age 6 months to 6 years.
2. Barky "seal" sounding cough with hoarse voice and stridor.
3. May have fever and cold symptoms
4. No history suggesting foreign body aspiration.

Physical Findings

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1. Inspiratory and expiratory stridor at rest.
2. Chest wall retractions.

Differential Diagnosis

1. Foreign body aspiration
2. Croup
3. Epiglottitis
4. Asthma
5. Bacterial tracheitis

Protocol

1. Keep the patient calm. You may have a parent or other trusted adult administer oxygen.
2. Contact medical control.
3. Reassess patient frequently.

Notes

1. Pediatric patients with fever, drooling, and stridor should be suspected to have epiglottitis. Epiglottitis is a bacterial infection of the epiglottitis that sometimes obstructs the tracheal opening. The swelling may be worsened by sticking objects such as fingers or tongue depressors in the patient's throat. These patients are best treated by reassurance and immediate transportation to the hospital. Have the patient breath oxygen by mask or blow-by as long as this does not cause the patient to become upset.

ANAPHYLAXIS / ALLERGIC REACTION – FR111

Historical Findings (one or more)

1. History of allergic reaction.
2. Exposure to allergen (insect sting, medications, foods, or chemicals).
3. Patient complains of itching, respiratory difficulty, tightness in chest or throat, weakness, or nausea.

Physical Findings (one or more)

1. Flushing, hives, or swelling
2. Wheezing or stridor
3. Anxiety or restlessness
4. Pulse greater than 100 (adult)
5. Systolic blood pressure less than 90 mm Hg in an adult, less than 85 mm Hg in a child 5 - 10-years-of-age, less than 75 mm Hg in a child less than 5-years-of-age.

Protocol

1. Take body substance isolation precautions.
2. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 - 15 liters per minute. **Airway assessment and management are extremely important since airway compromise may develop initially or at anytime during the call.**
3. Obtain vital signs and perform breathing, if necessary.
4. Begin transport. If available, request ALS back-up for a patient who has:
 - a. hypotension, or
 - b. tachycardia, or
 - c. noisy breathing, or
 - d. received epinephrine by auto-injector, if indicated.
5. Determine if the patient has a prescribed epinephrine auto-injector (EpiPen, EpiPen Jr.) available. Even if

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the patient's condition does not warrant the epinephrine at this time, before you leave the scene, ask to take the auto-injector and any spares for the trip to the hospital. This allows for the epinephrine to be administered en route if the patient's condition should warrant or if a second dose is ordered by medical command.

6. Administer epinephrine auto-injector **ONLY** if patient's age is less than or equal to 40-years-of-age **AND** either hypotension or severe respiratory distress is present. Otherwise, contact medical command.
7. If epinephrine auto-injector is to be administered, then:
 - a. Assure injector is prescribed for the patient.
 - b. Check medication for expiration date.
 - c. Check medication for cloudiness or discoloration.
 - d. Remove safety cap from injector.
 - e. Select appropriate injection site (thigh or shoulder). If possible, remove clothing from the injection site. If removing the clothing would take too much time, the auto-injector can be administered through clothing.
 - f. Push injector firmly against site.
 - g. Hold injector against the site for a minimum of ten seconds.
 - h. Keep injector to give to hospital personnel upon arrival.
8. If auto-injector is not available, manage the airway and request ALS back-up.
9. Perform an ongoing assessment.
10. After epinephrine is administered, contact medical command.
11. Medical control will decide if an additional dose is needed.

Notes

1. Some auto-injectors have two doses available.
2. Administration of epinephrine to the patient with known cardiovascular disease should be avoided unless the patient is extremely ill.
3. Anaphylaxis in infants is rare.
4. Transport as soon as possible.

CARDIOVASCULAR EMERGENCIES – FR112

Historical Findings

1. Age greater than 14 years.
2. Description of chest discomfort suggests cardiac origin. Squeezing, dull pressure, or pain in the chest that may radiate to the arms, neck, jaw, or upper back. Epigastric pain or discomfort in the abdomen (severe indigestion).
3. Patient may identify chest discomfort or symptoms as angina.
4. Determine if the patient has a prescription for nitroglycerin, find out the prescribed dose, how many doses (if any) the patient has taken, by what route, and what effect it has had.

Physical Findings (one or more)

1. Sudden onset of sweating
2. Difficulty breathing
3. Anxiety or irritability
4. Abnormal and sometimes irregular pulse rate (high or low)
5. Abnormal blood pressure (different from the patient's normal blood pressure)
6. Nausea or vomiting

Protocol

1. Take body substance isolation precautions.
2. Place in a position of comfort. Begin with focused history and physical examination. Determine O, P, Q, R, S, T (Onset, Provokes, Quality, Radiation, Severity, Time).
3. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 -15 liters per minute.
4. Obtain and monitor vital signs.

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5. Initiate early transport and request ALS back-up, if available.
6. Check to see if the patient has prescribed nitroglycerin.
 - a. Check the expiration date.
 - b. Check for right patient, right medication, right route, right dose.
7. Check to see if the patient has already taken any doses prior to arrival. Note time and amount.
8. Determine whether the patient has taken sildenafil (Viagra) in the previous 24 hours, vardenafil (Levitra) in the past 48 hrs and tadalafil (Cialis) in the past 72 hrs.
9. Perform an ongoing assessment.

CARDIOPULMONARY ARREST – FR113

Historical Findings

1. Patient weighs 90 pounds or more.

Physical Findings

1. Patient is unresponsive.
2. Patient is apneic or has agonal respirations.
3. Patient is without a pulse.

Protocol

For all cardiopulmonary arrest emergencies:

1. Take body substance isolation precautions.
2. Assess airway, breathing, and circulation. Perform CPR. If CPR was started before your arrival, stop CPR to confirm apnea and pulselessness.
3. If available, request ALS back-up or arrange to intercept an ALS unit as appropriate.
4. Perform CPR until the automated external defibrillator (AED) is attached. If you are the only rescuer, you may perform 2 minutes of CPR and then proceed to the use of the AED.
5. Stop CPR, ensure all individuals are standing clear of the patient, press "Analyze" on the AED.
6. Follow directions given by the AED.
 - a. If "Deliver Shock" is advised at any time by the AED, clear all people from the patient and shock patient. Resume CPR for 2 minutes.
 - i. Check pulse and analyze rhythm after two minutes for CPR
 - ii. If pulse is present:
 - (a). Assess ABC's.
 - (b). If respirations are adequate, administer oxygen at high flow and high concentration by non-rebreather mask at 10 - 15 liters per minute.
 - (c). If respirations are not adequate, provide high flow oxygen, ventilate by bag-valve-mask, and be prepared to intubate if patient becomes pulseless and apneic.
 - (d). Begin immediate transport of patient with ongoing patient assessments.
 - (e). If at any time, a pulse is not detected, ensure all individuals are standing clear of the patient, and again press "Analyze" on the AED. Follow directions given by the AED for "Deliver Shock" or "No Shock" advisories.
 - iii. If pulse is absent:
 - (a). Maintain airway and provide ventilations with a bag-valve-mask device and high flow oxygen at the proper volume and a rate of 8-10.
 - (b). Stop CPR, ensure all individuals are standing clear of the patient, and again press "Analyze" on the AED. Follow directions given by the AED for "Deliver Shock" or "No Shock" advisories.
 - (c). Resume CPR immediately after shock without doing a pulse check.

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- b. If "No Shock" is advised at any time by the AED, check pulse.
 - i. If pulse is present:
 - (a). Assess ABC's.
 - (b). If respirations are adequate, administer oxygen at high flow and high concentration by non-rebreather mask at 10 - 15 liters per minute.
 - (c). If respirations are not adequate, provide high flow oxygen, ventilate by bag-valve-mask, and prepare to intubate if they become pulseless and apneic.
 - (d). Begin immediate transport of patient with ongoing patient assessments.
 - (e). If at any time, no pulse is detected, ensure all individuals are standing clear of the patient, and again press "Analyze" on the AED. Follow directions given by the AED for "Deliver Shock" or "No Shock" advisories.
 - ii. If pulse is absent:
 - (a). Resume CPR.
 - (b). Maintain airway and provide ventilations with a bag-valve-mask device and high flow oxygen at the proper volume and a rate of 8-10.
 - (c). After two minutes of CPR, check pulse. If pulse absent, stop CPR, ensure all individuals are standing clear of the patient, and again press "Analyze" on the AED. Follow directions given by the AED for "Deliver Shock" or "No Shock" advisories.

Continuation of Cardiopulmonary Arrest Emergencies:

- 7. If indicated by the AED, shock patient up to a total of 3 shocks (not stacked).
- 8. If contact has not already been made, it is mandatory to contact medical command after the third shock is delivered or after three consecutive "No Shock" advisories are obtained.
- 9. Intubation, if necessary, should be performed after the second shock or after the second "No Shock" advisory (by BLS or ALS personnel)
- 10. Move the patient to the ambulance after the second shock or second "No Shock" advisory.

Special Transport Circumstances (BLS/ALS Units):

- 11. Transport unit is yet to arrive on the scene.
 - a. For the patient without a pulse. Continue to do the sequence of two minutes of CPR followed by rhythm analysis by the AED. Follow directions of the AED for "Deliver Shock" or "No Shock" advisories. Repeat sequence as needed until transport unit arrives.
 - b. For the patient with a pulse, manage the airway, administer high flow oxygen, and perform ongoing patient assessments until transport unit arrives.
- 12. BLS transport unit on the scene with ALS unit responding, but not yet on the scene.
 - a. Move the patient to the BLS transport unit after two shocks, two consecutive "No Shock" messages, or patient with a pulse.
 - b. If ALS still not on the scene, proceed with transport and arrange to intercept the ALS unit, if possible.
 - c. For the pulseless patient continue CPR
 - d. For the patient with a pulse, manage the airway, administer high flow oxygen and perform ongoing patient assessments.
- 14. No ALS responding or available.
 - a. Move the patient to the BLS transport unit after two shocks, two consecutive "No Shock" messages, or patient with a pulse.
 - b. For the pulseless patient, continue CPR.
 - c. For the patient with a pulse, manage the airway, administer high flow oxygen, and perform ongoing patient assessments.

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Notes

1. The patient's weight instead of an age criteria is used for the application of the AED because it has been found that myocardial injury can occur at the energy level of 10 joules/kg. The AED is not capable of providing the lower energy settings required for pediatric defibrillation.
2. If a cardiac arrest patient is a trauma or suspected trauma patient, apply the AED and begin immediate transport to an appropriate medical facility. The AED may not be helpful for the trauma arrest patient as their very often is the result of blood loss. Thus, surgical intervention is needed.
3. If a pulseless patient is found to have agonal or gasping-type respirations that have no pattern and occur very infrequently. The AED should be applied.
4. When using the AED during transport, stop the emergency vehicle to analyze the rhythm or deliver any shocks.
5. If the patient has been successfully defibrillated (has a pulse) and then re-arrests, continue with rhythm analysis and follow directions of the AED for "Deliver Shock" or "No Shock" advisories.
6. The AED is to remain attached to the patient and left in the "on" position during the entire management of the patient, unless stated otherwise by the manufacturer's instructions.
7. Routine AED function testing should be done on a regular basis as recommended by the manufacturer.

ALTERED MENTAL STATUS (SEIZURES) –FR114

Historical Findings (one or more)

1. History of previous seizure.
2. Patient suspected of having had a grand mal seizure (tonic/clonic) based upon the description of eyewitnesses.
3. Patient has prescribed anti-seizure medication (i. e. Tegretol, Dilantin, Depakote, Depakene, Lamictal, phenytoin, 198henobarbital, trileptal, topamax, Valproate acid, Zonegran, Mysoline, Keppra).

Physical Findings (one or more)

1. May have current seizure activity.
2. May have altered mental status.
3. May be incontinent of urine or stool.
4. May be salivating.
5. May have depressed respiratory status.

Protocol

1. Take body substance isolation precautions.
2. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 -15 liters per minute. May utilize a nasopharyngeal airway to maintain airway patency.
3. Immobilize C-Spine if evidence of significant trauma is present. Otherwise, position the patient in the lateral recumbent position. Loosen tight clothing. Remove objects that may injure the patient. Do not forcibly restrain or place anything in the mouth of a seizing patient (i. e. oropharyngeal airway).
4. Suction as needed to maintain a clear airway (BLS or ALS)
5. Obtain vital signs / monitor respirations / note mental status.
6. Document seizure activity.
7. Transport (BLS or ALS)
8. If available, request ALS back-up for a patient who:
 - a. Is actively seizing, or
 - b. Has been seizing for 15 minutes or longer, or
 - c. Has airway compromise, or
 - d. Has had more than two seizures without gaining consciousness, or
 - e. Has a history of diabetes and is seizing, or
 - f. Is in the third trimester of pregnancy and seizing.
9. If actively seizing, notify receiving hospital (BLS or ALS Transporting Unit)

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Notes (for BLS/ALS Transport):

1. When seizures occur in patients with any of the following conditions, the patient should be transported to the hospital.
 - a. Head Injury / Trauma, Overdose, Cardiac Problem
 - b. Diabetes (Hypoglycemia), Pregnancy, First Time Seizure
 - c. Stroke, Hypoxia
2. Trauma to the tongue is unlikely to cause serious problems, but trauma to the teeth may. Attempts to force an airway into the victim's mouth can completely obstruct the airway. Use of a nasopharyngeal airway may be helpful.
3. If seizures develop for the first time in a patient over the age of 50, suspect a cardiac cause.

ALTERED MENTAL STATUS - (DIABETIC) – FR115

Historical Findings (one or more)

1. Patient has history of diabetes.
2. Patient has decreased mental status without suspected trauma.
3. Patient has prescribed diabetic medication (Insulin, Lantus, Novolog, Humalog, Humulin, Iletin Lente/NPH/Regular, Diabinese, Tolinase, glucophage, glucotrol, avandia, metformin, glyburide, actos, amaryl, micronase, precose).

Physical Findings (one or more)

1. Altered mental status
2. Combative
3. Skin cold or clammy
4. Elevated heart rate

Protocol

1. Take body substance isolation precaution.
2. Maintain an open airway and administer oxygen at high flow and high concentration with a non-rebreather mask at 10 - 15 liters per minute.
3. Obtain vital signs.
4. Begin transport (BLS or ALS squad)
5. If available, request ALS back-up for a patient who:
 - a. Can't swallow, or
 - b. Is unconscious, or
 - c. Is having seizures.

The following steps for for BLS/ALS Personnel:

6. Determine if the patient is alert enough to swallow and able to protect the airway.
7. If able to swallow, administer oral glucose (or sugar containing liquid such as juice or soda pop).
 - a. Dispense in small portions one tube of oral glucose between cheek and gum or place oral glucose on tongue depressor and apply between cheek and gum, or give juice to drink.
 - b. Keep fingers out of mouth.
 - c. Lightly massage the area between the cheek and gum to enhance swallowing the sugar solution.

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8. Perform ongoing assessment.
9. If patient loses ability to swallow or develops seizure activity, discontinue administration of oral glucose.
10. If the patient's mental status continues to deteriorate, manage the airway and breathing.

Notes (for BLS/ALS Squads):

1. If, upon arrival, the patient is alert and oriented, or becomes alert after treatment, and refuses transport, then advise the patient on the adverse reactions of diabetic emergencies. Contact medical control for further instructions.
2. If the patient is on an oral hypoglycemic medication such as glypizide, glyburide, or chlorpropamide, the hypoglycemic episode may last hours or days. Patients on oral hypoglycemic agents should be strongly encouraged to be transported, regardless of their response to field treatment.
3. When treating patients who warrant transportation based on the above criteria but who refuse transport, EMTs shall contact medical control for assistance. EMS should provide the patient with both verbal and written instructions on follow-up care following patient refusal of transport.
4. Although alcohol is a common cause of altered mental status, it is rarely the cause of complete unresponsiveness. Do not let the victim's alcohol intoxication cloud your judgment. It is safer to assume the intoxicated victim has a serious medical problem, such as hypoglycemia, and treat accordingly than it is to conclude that the patient is "just drunk."

ALTERED MENTAL STATUS (LOSS OF FUNCTION: STROKE) - FR116

Historical Findings (one or more)

1. Patient has altered mental status, loss of speech, sensory, or motor function without suspected trauma.
2. May have history of stroke.

Physical Findings (one or more)

1. Altered mental status ranging from dizziness or confusion to complete unresponsiveness.
2. Speech disturbances - slurred, garbled, or incomprehensible speech to complete loss of speech.
3. Numbness, weakness, or paralysis on one side of the body.
4. Weak, sagging muscles, paralysis, or loss of expression on one side of the face.

Protocol

1. Take body substance isolation precautions.
2. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 - 15 liters per minute. Be prepared to assist ventilations.
3. For patient with altered mental status, place the patient in a left lateral recumbent position (recovery position). Place the responsive patient in a supine position with the head and chest elevated.
4. Note the time of onset of symptoms (if patient awoke with symptoms or has a witnessed/ definite time of onset of symptoms) and document it clearly.
5. Begin transport as quickly as possible.
6. If available, request ALS back-up for a patient who:
 - a. Is unresponsive, or
 - b. Has airway compromise.
7. Notify the receiving hospital of the projected time of arrival and report the time of onset of the patient's signs/symptoms (BLS/ALS Squads)
8. Perform an ongoing assessment.

Notes

1. Patients who experience transient ischemic attack (TIA) develop most of the same signs and symptoms as those who are experiencing a stroke. The signs and symptoms of TIA's can last from minutes to

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hours. Thus, the patient may present with typical signs and symptoms of a stroke, but they progressively disappear. The patient needs to be transported for further evaluation.

2. Some patients who have had a stroke may be unable to communicate but can understand what is being said.
3. Place the patient's affected or paralyzed extremity in a secure and safe position during patient movement and transport.
4. New therapies for stroke are now available. However, successful use is only possible during a short time window after the start of symptoms. Early notification of the receiving hospital and minimizing scene time are important parts of a strategy to treat patients quickly.
5. A simple method of physical exam for the stroke patient is: ask the patient to say "the sky is blue in Cincinnati." Ask the patient to smile or show his or her teeth. Finally ask the patient to hold his or her arms straight up in front with the palms toward the sky. Have the patient close his or her eyes. Watch to see if one arm drifts down. If only one arm drifts, the test is positive. If both arms drift down, the results are unclear.
6. The stroke team travels to any hospital in the tri-state, therefore patients should be transported to closest hospital so they can be evaluated by physician and they don't necessarily need to be taken to a stroke center.

POISONING EMERGENCIES – FR117

Historical Findings (one or more)

1. History of actual or possible poisoning either through ingestion, inhalation, injection, or absorption.
2. Scene size-up indicates possible poisoning.

Physical Findings (one or more)

1. Altered mental status
2. Nausea and/or vomiting
3. Seizures
4. Rapid or slow heart rate
5. High, normal, or low blood pressure
6. Dilation or constriction of pupils (pupils should remain equal)
7. Respiratory difficulty
8. Excessive salivation

Protocol

1. For all poisoning emergencies:
 - a. Evaluate scene for provider safety. If called to the scene of a hazardous material incident, do only what you have been trained to do and what your equipment allows, request additional help as needed.
 - b. Take body substance isolation precautions.
 - c. Maintain airway and administer oxygen at high flow and high concentration by non-rebreather mask at 10 - 15 liters per minute. Be prepared to assist ventilations, if necessary.
 - d. Obtain vital signs, evaluate breath sounds, and level of consciousness.
 - e. Begin transport as soon as possible.
 - f. If available, request ALS back-up for a patient who:
 - i. Is unresponsive, or
 - ii. Has airway compromise, or
 - iii. Is an adult with pulse rate less than 50 or greater than 130 beats per minute, or systolic blood pressure less than 90 or greater than 180 mm Hg., or

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- iv. Is a pediatric patient with respiratory rate greater than 50 or heart rate less than 60 or greater than 180?
 - g. If necessary, contact medical command for poison information and/or patient treatment. (BLS/ALS Units) Direct contact from the EMS unit to the poison control center is discouraged. If necessary, medical command will contact the poison control center.
 - h. If available, take all containers, labels, and bottles of the poisoning agent to the receiving facility.
 - i. Perform an ongoing assessment. If there are any significant changes, notify the medical command physician or receiving hospital.
 2. For skin contact / external exposure poisons:
 - a. Remove patient from source or source from patient. Avoid contaminating yourself with the poison.
 - b. Remove contaminated clothing, rinse or brush off poison as appropriate.
 - c. If there is an eye exposure, flush the eyes with normal saline or clean water.
 3. For inhaled poisons:
 - a. If the patient is in an unsafe environment, have trained rescuers remove the patient to a safe area. Detect and treat immediately life-threatening problems.
 - b. Remember that many inhaled poisons can also be absorbed through the skin.

Notes

1. Because of the wide variety of possible adverse effects of assorted toxins, it is not practical to detail the management of various toxic exposures. Consultation with the medical command physician can enhance the prehospital care of patients with potentially dangerous exposures and is encouraged.

IMMINENT DELIVERY – FR118

Historical Findings

1. Pregnant woman who is in active labor as defined by regular, frequent uterine contractions and who feels the urge to push.

Physical Findings

1. Crowning of fetal part at vaginal opening.

Differential Diagnosis

1. Delivery not imminent.

Protocol

1. Assure airway patency and administer O₂ at high flow and high concentration, preferably by non rebreather face mask at 10-15/min. If respiratory effort and respiratory rate are normal for age and a pulse oximeter is available with a saturation reading greater than 95%, then oxygen administration is optional. Oxygen should be administered as needed to raise oxygen saturation to at least 95%.
2. Obtain vital signs and begin transport.
3. Assist with normal delivery.
4. If baby is delivering in mal-presentation (e.g. foot or arm), elevate hips of mother and transport immediately.
5. If cord is prolapsed:
 - a. Relieve pressure on the cord
 - b. Elevate hips of mother
 - c. Keep cord moist
 - d. Transport (BLS or ALS)
6. If cord is wrapped about neck:
 - a. Attempt manual removal.
 - b. If unsuccessful, then cut cord after clamping prior to completing delivery.
7. After complete delivery suction the mouth, oropharynx, then nose of the infant.
8. Provide routine newborn care with special attention to maintenance of infant body temperature. Place

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- infant on oxygen and suction if needed (BLS or ALS). Refer to newborn resuscitation protocol if needed.
9. Apply local pressure to any visible bleeding sites.
 10. Notify the receiving hospital.
 11. Resume transport to hospital with labor and delivery service.
 12. If a complication such as massive bleeding or neonatal distress occurs, proceed to nearest appropriate hospital.
 13. Assist with delivery of placenta and begin fundal massage.
 14. If the mother or infant have any evidence of hemodynamic instability and/or if the delivery is difficult, call for immediate ALS back up.

Notes (BLS/ALS)

1. Only deliver the placenta when it has detached. Do not pull on the umbilical cord to force out the placenta as this can lead to retained placenta or uterine eversion.
2. Pregnant teenagers with vaginal bleeding or imminent delivery should be taken to a hospital with a labor and delivery service. If uncertain where patient should be taken, then contact medical control.

PSYCHIATRIC & RESTRAINT PROTOCOL – FR119

Historical Findings:

1. A medically stable patient who is manifesting unusual behavior including violence, aggression, altered affect, or psychosis.

Physical Findings

1. Patient demonstrates behavior including violence, delirium, altered effect, or psychosis.
2. If obtainable, serum blood sugar less than 60 mg/dl (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient restraint whenever safe or feasible to do so). (BLS/ALS Squads)
3. If obtainable, systolic blood pressure less than 90 mm Hg and greater 180 mm Hg (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient restraint whenever safe or feasible to do so).
4. If obtainable, heart rate less than 50 bpm (if assessment cannot be obtained prior to physical restraint, then measurement should occur after patient restraint whenever safe or feasible to do so).

Protocol

1. If EMS personnel have advance knowledge of a violent or potentially dangerous patient or circumstance, consideration should be given to staging in a strategically convenient but safe area prior to police arrival. If staging is indicated and implemented, dispatch should be notified that EMS is staging, the location of the staging area, and to have police advise EMS when scene is safe for EMS to respond.
2. If EMS intervention is indicated for the violent or combative patient, patients should be gently and cautiously persuaded to follow EMS personnel instructions. If EMS has cause to believe the patients ability to exercise and informed refusal is impaired by an existing medical condition, EMS shall, if necessary, cause the patient to be restrained for the purpose of providing the EMS intervention indicated. Such restraint shall whenever possible, be effected with the assistance of police personnel (See Restraint Protocol). It is recognized that urgent circumstances may necessitate immediate action by EMS prior to the arrival of police.
 - a. Urgent circumstances requiring immediate action are defined as:
 - i. Patient presents an immediate threat to the safety of self or others.

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- ii. Patient presents an immediate threat to EMS personnel.
3. Urgent circumstances authorize, but do not obligate, restraint by EMS personnel prior to police arrival. The safety and capabilities of EMS are a primary consideration. Police shall immediately be requested by EMS in any urgent circumstance requiring restraint of a patient by EMS personnel.
4. If police initiate restraint inconsistent with the medical provisions of the restraint protocol, with the intent that EMS will transport the patient, police must prepare to submit an APPLICATION FOR EMERGENCY ADMISSION in accordance with Section 5122.10 ORC, or the patient must be placed under arrest with medical intervention indicated. Police shall, in either instance, accompany EMS to the hospital. Such APPLICATION FOR EMERGENCY ADMISSION can only be implemented by a:
 - a. Psychiatrist
 - b. Licensed clinical psychologist
 - c. Licensed physician
 - d. Health or police officer
 - e. Sheriff or deputy sheriff
5. EMS shall not be obligated to transport, without an accompanying police officer, any patient who is currently violent, exhibiting violent tendencies, or has a history indicating a reasonable expectation that the patient will become violent.
6. If the patient is medically stable then he/she may be transported by police in the following circumstances:
 - a. Patient has normal orientation to person, place, time, and situation.
 - b. No evidence of medical illness or injury
 - c. Patient has exhibited behavior consistent with mental illness.

RESTRAINT PROTOCOL – FR120

Historical Findings:

1. This protocol is intended to address the need for medically indicated and necessary restraint. It shall not apply to regulate, or restrict in any way, operational guidelines adopted by a provider agency addressing use of force related to non-medical circumstances (i.e. civil disturbances, legitimate self defense relative to criminal behavior).

Physical Findings

1. Soft leather restraints are to be used only when necessary in situations where the patient is violent or potentially violent and may be a danger to themselves or others. EMS providers must remember that aggressive violent behavior may be a symptom of a medical condition such as but not limited to:
 - a. Shock, Hypertension, Myocardial ischemia/infarction
 - b. Cerebrovascular accident (stroke), Hypoglycemia, Pulmonary embolism
 - c. Drug/alcohol intoxication, Seizure, Dysrhythmias
 - d. Infection (esp. meningitis/encephalitis), Head trauma, Metabolic disorders
 - e. Toxicological ingestion, Electrolyte imbalance, Seizure
 - f. Hypoxia, Anemia, Hypotension

Protocol

1. Patient health care management remains the responsibility of the EMS provider. The method of restraint shall not restrict the adequate monitoring of vital signs, ability to protect the patient's airway, compromise peripheral neurovascular status or otherwise prevent appropriate and necessary therapeutic measures. It is recognized that the evaluation of many patient parameters requires patient cooperation and thus may be difficult or impossible.
2. The least restrictive means shall be employed.
3. Verbal de-escalation
 - a. Validate the patient's feelings by verbalizing the behaviors the patient is exhibiting and attempt to help the patient recognize these behaviors as threatening.
 - b. Openly communicate, explaining everything that has occurred, everything that will occur, and why the

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imminent actions are required.

- c. Respect the patient's personal space (i.e. asking permission to touch the patient, take pulse, examine patient, etc.).

Physical Restraints

1. All restraints should be easily removable by EMS personnel.
2. Restraints applied by law enforcement (i.e. handcuffs) require law enforcement officer to remain available to adjust restraints as necessary for the patient's safety. The policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment to establish scene control.
3. To ensure adequate respiratory and circulatory monitoring and management, patients shall NOT be transported in a face down prone position.
4. Restrained extremities should be monitored for color, nerve, and motor function, pulse quality and capillary refill at the time of application and at least every 15 minutes.

Documentation of Restraints

1. Patient restraint shall be documented on the run sheet and address any or all the following appropriate criteria:
 - a. That an emergency existed and the need for treatment was explained to the patient.
 - b. That the patient refused treatment or was unable to consent to treatment (such as unconscious patient).
 - c. Evidence of the patient's incompetence (or inability to refuse treatment).
 - d. Failure of less restrictive methods of restraint (if conscious, failure of verbal attempts to convince the patient to consent to treat).
 - e. Assistance of law enforcement officials with restraints, or orders from medical control to restrain the patient, or any exigent circumstances requiring immediate action, or adherence to system restraint protocols.
 - f. That the treatment and/or restraint where the patient's benefit and safety.
 - g. The type of restraint employed (soft, leather, mechanical)
 - h. Any injuries that occurred during or after the restraint
 - i. The limbs restrained ("four points")
 - j. Position in which the patient was restrained.
 - k. Circulation checks every 15 minutes or less (document findings and time)
 - l. The behavior and/or mental status of the patient before and after the restraint.

HEAD OR SPINAL TRAUMA – FR121

Historical Findings

1. History of loss of consciousness following head injury, OR
2. History of motor vehicle accident, diving accident, fall, or other trauma.

Physical Findings

1. Head contusions, abrasions, or lacerations, OR
2. Fluid or blood from nose, ears, or mouth, OR
3. Altered mental status.
4. May have loss of sensation or movement.
5. May have pain in back or neck.
6. No signs of shock. If shock is present, refer to Hemorrhagic Shock protocol.

Protocol

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1. Control airway and administer oxygen at high flow and high concentration, preferably by non rebreather facemask at 10-15/min. If respiratory effort and respiratory rate are normal for age and a pulse oximeter is available with a saturation reading greater than 95%, then oxygen administration is optional. Oxygen should be administered as needed to raise oxygen saturation to at least 95%.
2. Immobilize patient with rigid cervical collar, long back board, and immobilize head such that the patient's head is secured to back board.
4. Begin transport as soon as possible to destination hospital as directed in Trauma Triage Protocol.
5. Obtain vital signs
6. Obtain Glasgow Coma Scale, if the patient is older than four years of age.
7. If Glasgow Coma Scale is less than 14 or spinal cord injury is suspected, then contact the receiving hospital.

Notes

1. Shock is not usually due to head injuries. If patient is in shock, consider another cause for the hypotension.
2. Remember that restlessness can be due to hypoxia and shock not just head injury.
3. In any multiple trauma patients, spine trauma should be assumed until proven otherwise in a hospital emergency department.
4. If the patient is less than or equal to four years of age, then obtain either the pediatric Glasgow Coma Scale or assess level of consciousness using the AVPU Scale (Alert/Voice/Pain/ Unresponsive).

A	Alert	Alert, conscious
V	Verbal	Responds to verbal stimulus
P	Painful	Responds to painful stimulus
U	Unresponsive	Unresponsive to any stimulus

AVPU Scale

	Adult	Pediatric
EYES OPEN		
• Spontaneous	4	same
• To speech	3	same
• To pain	2	same
• None	1	same
BEST VEBAL RESPONSES		
- Oriented	5	Oriented5
- Confused	4	Word 4
- Inappropriate	3	Vocal sounds 3
- Incomprehensible	2	Cries 2
- None	1	None 1
BEST MOTOR RESPONSES		
• Obeys commands	5	same
• Localizes pain	4	same
• Flexion to pain	3	same
• Extension to pain	2	same
• None	1	same

* for score interpretation, see text.

Glasgow Coma Scale (score: 3-15)

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MAJOR BURNS (THERMAL OR ELECTRICAL) – FR122

Historical Findings

1. Patient complains of shortness of breath, cough, or hoarseness.
2. Any patient with electrical injury.

Physical Findings

1. Second degree burns greater than 20% of body surface area, OR
2. Third degree burns greater than 15% of body surface area, OR
3. Singed nasal or facial hair, soot or erythema of mouth, or respiratory distress.

Protocol

1. Evaluate scene for safety.
2. Remove patient from source of burn including clothing.
3. Maintain airway and administer oxygen at high flow and high concentration preferably by non-rebreather face mask at 10-15/min.
4. If patient is pulseless and apneic, intubate immediately.
5. Obtain vital signs.
6. Remove all prostheses, rings, and constricting bands from all extremities.
7. Cover burns with clean, dry sheet.
8. Transport patient to an appropriate facility capable of treating major burns.
9. Notify the receiving facility.

Notes

1. Consider carbon monoxide poisoning if the patient has headache, dizziness, nausea, vomiting, decreased mental status, syncope, or chest pain or was trapped in a closed space.
2. Remember that burn victims have often suffered other trauma. These patients should primarily be managed as multiple trauma patients.
3. Important historical information includes any inhalation problem or closed space exposure, duration of exposure and time elapsed since burn, chemical exposure, and significant past medical problems.
4. Remember to keep the burned patient warm. It is important to avoid hypothermia since the skin injury disables much of the body's heat conservation methods. Only burns of less than 10% of body surface area should be treated with local cooling such as wet dressings.

EYE INJURY – FR123

Historical Findings

1. History of actual or suspected eye injury.
2. MAY have foreign body sensation or pain in eye.

Physical Findings

1. MAY have visible foreign body or visible globe laceration.
2. MAY have light sensitivity.
3. MAY have poorly reactive or non-reactive pupil.

Protocol

1. If there is an impaled object, then stabilize it in place.

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2. If there is evidence of a penetrating eye injury such as visible globe laceration or fluid draining from the globe, then cover the affected eye with a *metal* eye patch. Do not press on the globe.
3. If the patient has a chemical exposure to the eye or a non-penetrating foreign body in the eye, then proceed in the following manner:
 - a. If there has been a chemical exposure, then begin eye irrigation by instilling copious amounts of tap water or normal saline solution.

Notes

1. Remember that eye injuries can cause a great deal of patient anxiety. Provide reassurance.
2. When not contraindicated by other injuries or need for spinal immobilization, then transport the patient with the head of the bed elevated at least 30°.

NEONATAL RESUSCITATION – FR124

Historical Findings

1. Newborn infant

Physical Findings

1. Central cyanosis, poor or no respiratory effort, or limp muscle tone.

Protocol

1. Ensure adequate airway. Suction mouth, oropharynx, then the nose.
2. Dry infant to provide stimulation and prevent chilling. Keep the infant warm, especially the head.
3. Check heart rate by palpating the umbilical cord or listening to the heart with a stethoscope. If less than 100, ventilate with 100% oxygen at a rate of 40 to 60 per minute. If heart rate is less than 60 beats/min, begin chest compressions.
4. Check color. If there is central cyanosis, provide 100% oxygen and assist ventilation's if needed.
5. Assess response to oxygen and ventilation. If heart rate remains less than 100 after 15 to 30 seconds of assisted ventilation, reassess airway
6. If heart rate < 70, initiate cardiac compressions of 1/2 to 1 inch at 120 per minute. In the newborn, a chest compression to ventilation ratio of 3:1 is used. It is important that you use only enough bag pressure to move the chest. This limits the chance for pneumothorax.
7. Contact medical control and call for ALS backup if available.
8. Transport as soon as possible.
9. Provide medical control with patient update.

Notes

1. Newborn infants lose heat rapidly and need to be kept warm to decrease oxygen demands
2. It is important that you inform medical control of the length of your resuscitation since the new AHA guidelines (Dec. 2005) Brush the PHYSICIAN discontinuation of resuscitation for newborns born without a heartbeat and respirations after 10 minutes.

SPINAL IMMOBILIZATION – B125

The following policy and procedure is to be followed for all patients with potential or actual injury to any part of the spine. Airway and ventilation are paramount, and none of the guidelines listed below are intended to compromise or prevent maintenance of these vital functions.

Indications

1. Mechanism of injury sufficient to produce spinal trauma (e.g. significant falls, significant MVC's, direct

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- trauma to head, neck, back, etc.), OR
- 2. Significant acute neck or back pain or tenderness on exam of unclear etiology, OR
- 3. Evidence of acute motor/sensory abnormalities in the extremities.
- 4. Inability to conduct a reliable history and physical (i.e. presumed intoxication, non-English speaking, mental disability) and significant mechanism of injury (defined in Notes)

Omission Criteria

A patient does NOT need c-spine immobilization if ALL of the following are present:

- 1. Age >16, <64
- 2. Normal mental status
 - a. No signs of intoxication
 - b. GCS 15
 - c. Alert and oriented to person, place, time, events
- 3. No distracting injuries
 - a. Obvious fracture/dislocation
 - b. Suspected fracture requiring splint
 - c. Injury requiring administration of pain medication
- 4. No neurological deficit
- 5. No mid-line spine pain/tenderness on palpation of spinous processes

Patients who do not meet all of these omission criteria may not need immobilization, based on provider judgment (examples: restrained 12 year-old in minor MVC without complaint, Spanish-speaking male with isolated ankle injury after fall).

Procedure

- 1. The following procedure is to be used to properly immobilize the patient when injury to the cervical spine is possible:
 - a. The neck must be maintained in a neutral position at all times by direct manual and/or mechanical means. DO NOT APPLY TRACTION AT ANY TIME.
 - b. While maintaining the neutral position, you may apply an APPROVED mechanical adjunct to further stabilize the neck prior to or upon placing the patient on a long immobilizer. The following devices are approved mechanical adjuncts for cervical spine immobilization:
 - i. Kendrick Extrication Device (KED), XP1, or equivalent
 - ii. Cervical Immobilization Device (CID)
 - iii. Rigid cervical collar properly fitted
 - c. As soon as practical, the patient will be placed supine on a long immobilizer. The following such devices are approved:
 - i. Scoop stretcher
 - ii. Long spine board (wood or equivalent radiolucent material)
 - iii. Stokes litter (high angle rescue only)
 - iv. Full body vacuum splint
 - d. Straps must also be placed across the patient's chest, pelvis, and legs to secure their body to the long immobilizer. CAUTION: It is DANGEROUS to secure the head if the BODY is allowed to move on the long immobilizer. This will subject the neck to unacceptable torque and bending. BLS/ALS Units: Airway secretions and vomitus are to be cleared using suction devices. If necessary, the patient may be log rolled together with the immobilization equipment for the purpose of airway maintenance.
 - e. Once the patient is on the long immobilizer so they cannot slip around on it, lateral neck Brushes such as towel rolls, Head bed, or equivalent must be applied and the patient's head taped across the forehead and collar.
- 2. The following procedure is to be used to immobilize the thoracic and lumbar spine when injury to the cervical spine is highly unlikely:

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- a. Suspected cervical spine problems are to manage as above. The spine must be maintained in a neutral position at all times by direct manual and/or mechanical means. If the cervical spine has been cleared, either because of a mechanism of injury isolated to the lower spine, such as direct trauma to only to the lumbar spine, or because of other factors that make cervical spine injury extremely unlikely, then cervical immobilization is not necessary.
- b. As soon as practical, the patient will be carefully placed on a long immobilizer. The following such devices are approved:
 - i. Scoop stretcher
 - ii. Long spine board (wood or equivalent radiolucent material)
 - iii. Stokes litter (high angle rescue only)
 - iv. Full body vacuum splint
- c. The patient must be securely fastened to the long immobilizer with straps across the chest, pelvis, and legs to prevent any torque or twisting of any part of the spine. Airway secretions and vomitus are to be cleared using suction devices. If necessary, the patient to be log rolled together with the immobilization equipment for the purpose of airway maintenance.

Notes

1. Prior to using this protocol in the field, each First Responder must attend a training course in the proper use of this protocol. The medical director of the EMS service that employs the First Responder must approve this course. The medical director must also certify that the First Responder has successfully completed the training course and is ready to use this protocol in the field.
2. A "significant mechanism of injury sufficient to produce spinal trauma" refers to "violent impact forces that are clearly capable of damaging the bony spinal column" such as a high velocity vehicle crash, a fall from a 20 foot roof, or a high velocity gunshot wound near the spine. All of these patients should be immobilized regardless of the lack of signs and symptoms.
3. The elderly may have altered perception of pain and therefore may not report the same intensity of symptoms as younger patients. Therefore extra caution is in order when assessing elderly patients.
4. Keep in mind that patients who are immobilized properly on a long immobilization device with cervical immobilization will not be able to reliably protect their airways in the event they vomit. Therefore it is imperative that a working suction device be handy to clear vomit from the patient's upper airway.
5. The mere smell of alcohol does not mean that the patient is intoxicated. However, if there is any question about whether or not the patient is intoxicated, then the patient should be treated as if he has a spine injury, at least until he is "calm, cooperative, sober, and alert enough to give a reliable exam."
6. When treating injured patients, field personnel must keep in mind that clear, unobstructed x-rays of the spine are essential for proper hospital evaluation of the injured patient. With this in mind and faced with a choice between radiopaque (e.g. steel, thick aluminum) and radiolucent (e.g. plastic, wood) immobilization devices, the latter should be used. On the other hand, proper emergent handling of the patient at the scene may preempt this consideration and require the use of devices of a higher radiodensity.
7. Current research shows that selective spinal immobilization can be safely done in the pre-hospital setting. The same research also shows that immobilization can cause respiratory compromise and increased pain in patients without bony spine injuries.

APPENDIX A FIRST RESPONDER - EQUIPMENT LIST

In addition to the normal supplies of a First Responder unit, the listed equipment is needed to Brush this First Responder protocol.

1. Pediatric bag-valve-mask device
2. AED and associated supplies
3. Voice communication equipment

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4. Copy of the First Responder protocol on the unit

APPENDIX B EMERGENCY MEDICAL SERVICES QUALITY ASSURANCE

GOAL: For First Responder Units to provide quality Assurance (QA) for their prehospital emergency medical care.

OBJECTIVE: To define the Academy of Medicine's standards for a QA Program.

STANDARDS:

1. Department Medical Director
 - a. The Department shall operate under the authority of a designated Medical Director who:
 - i. Assures adequate training continuing education of First Responders.
 - ii. Assures protocol and standing order compliance.
 - iii. Assists in development of medical dispatch/transport policies.
 - iv. Assists EMS administration in development of patient care Standard Operating Procedures (SOP).
 - v. Assists in development and implementation of QA program.
 - b. The Academy recommends that the Medical Director have a written agreement with the governing body of the EMS to define the role of the Medical Director and the Medical Director's relationship to that department.
2. Treatment Protocols
 - a. The Department shall utilize the First Responder Protocols as listed above.
 - b. Minor alterations to the protocols may be made by the Medical Director. These changes or additions become the sole responsibility of the Medical Director.
3. Run Report and Record Keeping System
 - a. The Department shall utilize a run report that collects the following information about patient encounters:
 - i. Patient demographic data.
 - ii. EMS vehicle information.
 - iii. Incident location.
 - iv. Patient chief complaint.
 - v. Patient condition and mechanism of injury.
 - vi. Patient treatment.
 - vii. Record of base station contact, when used.
 - viii. Patient condition on arrival at the receiving facility (if available)
 - ix. Receiving facility (if available)
 - b. A copy of the run report shall be left at the hospital at the time of patient delivery to facilitate transfer of care. (BLS/ALS Units)
 - c. An appropriate filing system, with a manual or computerized method to track patient, capable of access for review by the Department Medical Director, shall be in place.
 - d. The Department shall have a process that tracks critical patient care procedures performed by each employee that includes but not limited to:
 - i. Defibrillation.
 - ii. CPR.
 - iii. Traction Splint.
 - iv. Assist with patient medication. (patient's epi-pen auto-injectors)
4. Run Report Review
 - a. The Medical Director is responsible for a review of the following patient contacts:
 - i. Runs involving the death of the patient during care.

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- ii. Runs involving cardiac arrests.
 - iii. Repeat runs for a patient within 24 hours.
 - iv. Runs involving application of DNR protocols.
 - v. Runs about which there are inquiries or complaints.
 - vi. An appropriate sample of random or problem focused runs (SOP/protocol compliance).
At least 10% of all runs is suggested.
 - vii. An appropriate number of patient contact, no transport runs.
5. System Audits
- a. A systematic audit of various performance parameters, either by manual methods or by computer model, shall be made to define "normal" department functioning so that the "abnormal" can be detected and corrections made.
 - b. Periodic reports shall be made to the Medical Director of these audit activities.
 - c. Example audits shall include:
 - i. Response times.
 - ii. Times-on-scene.
 - iii. Special procedures monitoring (i.e., AED, assist with medications).
 - iv. Patient contact, non-transport runs.
 - v. Out-of-hospital cardiac arrest survival.
6. Equipment Monitoring
- a. A demonstrable system for monitoring and recording the regular periodic verification that equipment is ready for emergency use shall be in place and functioning.
7. Training and Continuing Education Monitoring/Record-Keeping
- a. A system of verification of employee's certification and monitoring of his training and continuing education efforts shall be established and maintained either manually or by computer.
 - b. A report of continuing education shall be made to the Medical Director at the time of recertification.
8. Department SOP/Policies
- a. Written department SOP and policies for the delivery of EMS must exist and be distributed to all members who provide EMS service for the department.
 - b. Department SOP and policies shall be consistent with the Academy of Medicine protocols and procedures.
 - c. These policies shall address at a minimum:
 - i. Treatment authority.
 - ii. Triage.
 - iii. Transport.
 - iv. Air medical evacuation.
 - v. Intervening physician.
 - vi. DNR guidelines.
 - vii. Mutual aid.
 - viii. Infection control.
 - ix. Non-transport policies.
 - x. DOA patients.
 - xi. Multiple casualty incidents.
 - d. EMS personnel shall be trained in these standard operation procedures.

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APPENDIX C
COMMUNICATION VARIANCE FORM

This form must be completed whenever a procedure which normally requires the approval of a medical command physician has been performed without such approval.

Service Date Time

Lead First Responder

Type of Procedure

Medical Command Facility with which contact attempted

Time of first attempt Number of attempts

Method of Attempts: Radio Cell Phone Land Phone

Narrative description of event:

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APPENDIX D TRANSPORT OF CONTAMINATED PATIENTS (BLS/ALS SQUADS)

Historical Findings

1. Patient states they have had direct contact or exposure to a known hazardous material, toxin, or an unknown potentially hazardous substance

Physical Findings

1. Patient has signs and symptoms consistent with some form of chemical inhalation or exposure

Protocol

1. Attempt to ascertain the:
 - a. type and name of material involved
 - b. form of the material – liquid, gas or solid
 - c. the amount of material the patient contacted or inhaled
2. Attempt to obtain an MSDS and other pertinent information sheets on material(s)
3. Determine whether the patient was exposed versus contaminated
 - a. Exposure indicates the patient has inhaled a gas or had minimal contact with a potentially hazardous or toxic substance
 - b. Contamination indicates the patient has come in direct contact with or inhaled a significant quantity of the substance involved
 - c. Exposed patients seldom need decontamination. In some cases, such as those involving inhalation of a known or unknown gaseous material, decontamination may not be possible
4. Be aware that prior to decontamination, secondary contamination of rescuers may occur due to hazardous materials still being present on the patient's clothing and skin.
 - a. Substances with a high risk for secondary contamination include:
 - acids, alkalis, corrosives (if concentrated)
 - asbestos (large amounts, crumbling)
 - cyanide salts and related compounds (e.g., nitriles) and hydrogen cyanide
 - hydrofluoric acid solutions
 - nitrogen containing and other oxidizers which may produce methemoglobinemia (aniline, aryl amines, aromatic nitro-compounds, chlorates, etc.)
 - pesticides
 - PCBs (polychlorinated biphenyls)
 - phenol and phenolic compounds
 - many other oily or adherent toxic dusts and liquids
 - b. Although rare, in some cases, the patient's exhalation may contain hazardous gases
5. If field decontamination is indicated, consult a hazardous materials team and/or poison control for guidance
6. BLS/ALS Units: Notify the receiving hospital as soon as possible of the situation. Information relayed should include, but is not limited to:
 - a. the number of patients
 - b. the name of the material involved if known
 - c. the form of the material
 - d. the amount of material the patient contacted or inhaled
 - e. the length of the exposure
 - f. whether field units consider this an exposure or contamination
 - g. whether field decontamination is indicated, and if so, what level of decontamination is being performed
 - h. patient condition including specific signs and symptoms

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- i. whether field units feel further decontamination will be needed at the hospital
- j. ETA to the receiving hospital

Notes

1. This protocol is not intended as a field decontamination protocol. However, since decontamination may need to be accomplished prior to the arrival of a Hazardous Materials Team, the following should be considered:
 - a. The personal safety of EMS crewmembers and other emergency response personnel is paramount
 - b. Consider whether there is time to wait for a Hazardous Materials Team or engine company
 - c. What resources to perform decontamination are readily available on the scene (i.e. garden hose or other water source) or on the ambulance (i.e. pour solutions or IV fluids)
 - d. To adequately decontaminate a patient, clothing should be removed
 - e. In most cases, bleach should not be used on skin; Plain water and a soap (such as Simple Green®, Dawn®, or Tide®) is often all that is needed
 - f. Powdered chemicals should first be brushed off the skin, and then the skin should be flushed with **copious amounts** of water
 - g. If adequate quantities of water are not available, applying a minimal quantity of water to a hazardous material may cause more damage than if the skin was not flushed
 - h. Consult field references if available for guidance
2. The practice of placing contaminated or decontaminated patients in body bags to contain any contaminants is discouraged. This practice can cause heat stress for the patient and can also increase absorption of hazardous materials.
3. Remember that contact with some common materials may result in the need for field decontamination. Prime examples include patients who have been significantly contaminated with gasoline or diesel fuel.
4. Contamination by organophosphates (i.e. pesticides) often presents with gastrointestinal signs and symptoms. Chemical warfare agents also produce a similar clinical picture. The following acronym may be helpful in recognizing organophosphate poisoning.

S – Salivation
L – Lacrimation (Tearing)
U – Urination
D – Defecation
G – Gastrointestinal Distress
E – Emesis

S - Salivation
L – Lacrimation (tearing)
U - Urination
G – Gastrointestinal emptying
B – Bradycardia, Bronchial constriction
A – Abdominal effects
M – Miosis (Constricted pupils)

APPENDIX A – Organizational Chart

GLENDALE FIRE DEPARTMENT

Organizational Chart

FIRE CHIEF

ASSISTANT FIRE CHIEF

	Medical Director		Assistant Medical Director	
Captain	Captain	Captain	Captain	Captain
Engineer	Engineer	Engineer	Engineer	Engineer
Engineer	Engineer	Engineer	Engineer	Engineer
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter
Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter	Fire Fighter

APPENDIX B – Officer Responsibilities

Glendale Fire Department Officers Assignments

Fire Chief Dave Moore 4501

- 1) Administration
- 2) Command
- 3) Leadership
- 4) Liaison
- 5) Public Information
- 6) Grant Writing/Finance Committee
 - a. Acquire grants and funding for department
 - b. Develop a long term program for future, large capital expenditures
 - c. Review fire department budget an at least a monthly basis
 - d. Provide tracking and oversight for donations received
- 7) Records and reports - Training
- 8) Human Resources
- 9) Public Education
- 10) Training Committee
- 11) ALL Committees

Assistant Fire Chief - Kevin Hardwick 4502

- 1) Operations
- 2) Standard Operating Procedures/Guidelines
- 3) Suppression
- 4) Fire Investigation
- 5) Safety
- 6) Fire Safety Inspection Program
- 7) Apparatus Committee
 - a. Compile information on new vehicles based on the needs that we face now and in the future
 - b. Develop fire apparatus replacement plan
 - c. Put together a specification package based on those needs
 - d. Ensure that the vehicles we now have are up to date on maintenance and develop a procedure for vehicle problems.

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- e. Develop a procedure for removing vehicles from service
 - f. Attain information concerning towing or emergency after hours repair service so that we follow Village procedure and have a plan in place should a vehicle break down at night or on a weekend
 - g. Develop relationship with the repair/service department of Glendale
- 8) All committees
- 9) Reports to Fire Chief

Captain Jeff Klei 4504

- 1) Communications
 - a. Radios
 - b. Pagers
- 2) Turn Out Gear
- 3) Personal Protective Equipment
- 4) Equipment Committee
 - a. Gather Information, Prices, and Options for fire fighting equipment
 - b. Ensure that Proper procedures are followed when ordering equipment
 - c. Handle solicitations from vendors selling new goods
 - d. Keep track of when a purchase goes in until order received
 - e. Develop an inventory of all of our resources
 - f. Ensure that tools are kept in a well maintained and serviceable condition
 - g. Power equipment is serviced regularly
 - h. PPE records
 - i. Gear Inspection
 - j. Equipment inspection and maintenance
- 5) House Supply Committee
 - a. To inventory and make a list ready of needs to maintain firehouse
 - b. Develop and enforce a cleaning schedule for the firehouse
 - c. Station Officer
- 6) Reports to Assistant Fire Chief

Captain Tucker Palmatier 4505

- 1) Emergency Medical Services
- 2) Station Officer
- 3) IT/Software/Computer
- 4) EMS Committee
 - a. Gather data for an EMS program that can be applied in steps starting with First Responder

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- b. Work towards assisting the developer for the retirement community that is being considered for the area for EMS considerations
 - c. Liaison with the EMS transport units that are responding into Glendale for training purposes
 - d. EMS training to go through this committee separate from fire training
 - e. Work with Medical Director to keep protocols up to date
 - f. Coordinate with the equipment committee to gather a list of needed resources and prices for equipment
 - g. Maintain records of employees certification for EMS
- 5) Information Technology Committee
- a. Develop IT plan
 - b. Train fire department personnel in IT issues
 - c. Build IT committee
- 6) Reports to Assistant Fire Chief

Captain Tony Poll - 4506

- 1) Fire Inspection Program
- a. Acquire and maintain an accurate accountability of the hydrants in our area
 - b. Develop special layoff pre-plans for buildings that require attention
- 2) Safety and Compliance Committee
- a. Assure compliance with NFPA, NIOSH, OSHA and State Standards
 - b. Field questions/ concerns members may have about apparatus, equipment, gear and living conditions
 - c. Maintain records and maintenance data on apparatus and equipment
 - d. Schedule test dates for ladders, hose, scba and apparatus
- 3) Reports to Assistant Fire Chief

Captain Brian Messmore – 4507

- 1) Recruitment/ Hiring Committee
- a. Designate ONE person who will be able to answer where any applicant is in during the hiring process
 - b. Develop stringent time lines that applicants have to complete each step of the process
 - c. Develop a filing system for each employee that tracks their training and fitness throughout their employment and spot check that all our members are certified
 - d. Attend functions in Glendale and try to recruit Village residents

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- e. Find ways to get out word to the larger community that there are employment opportunities

2) Reports to Assistant Fire Chief

Captain Ed Hess Sr. – 4508

1) Training Committee

- a. Develop and maintain a varied training curriculum to stay in compliance with standards
- b. Put together an employee review program that is meant to reveal weaknesses and strengths that our individual employees may have
- c. Develop an Officers Training program
- d. Develop a drivers training program
- e. Develop a testing program that is pass/fail for Officers and Drivers
- f. Liaison with surrounding departments for cross training

2) Response readiness

- a. Keep track of hydrants out of service in mutual aid areas
- b. Develop ways to ensure that all members know the streets here and in mutual aid areas without having to revert to map books
- c. Liaison with Police when there are to be street blockages
- d. Inform surrounding departments when there are street blockages and develop a way around the problem
- e. Testing and maintaining hose and keeping records
- f. SCBA testing, maintenance, and records

3) Reports to Assistant Fire Chief

Medical Director Sabrina Leach 4599

- 1) ALL EMS activities coordinator
- 2) Establish Protocols
- 3) Work with Chief on procedures

Assistant Medical Director Abby Moch 4598

- 1) Acts under the direction of the Medical Director

11-2009