



WALWORTH FIRE DISTRICT No. 1
WALWORTH, NEW YORK

PESH / OSHA
COMPLIANCE PROGRAM



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INTRODUCTION

The Walworth Fire District no.1 hereby adopts the following PESH/OSHA Compliance Policy. The Walworth Fire District No.1 is hereinafter referred to as the "District" and The Walworth Fire Department is hereinafter referred to as the "Department".

ORGANIZATIONAL STATEMENT OF THE WALWORTH FIRE DISTRICT

The Walworth Fire District No.1 is located in the State of New York, County of Wayne, in the Town of Walworth. The Fire District was organized in 1929, as a municipal fire district, for the purpose of providing fire protection. The authority for the organization and operation of the Walworth Fire District No.1 is set forth in Town Law of the State of New York.

The Walworth Fire District No.1 is organized to provide Interior Firefighting, Scene Support, Rehabilitation, Auto Extrication, Wilderness Firefighting, Agricultural Firefighting and Farm Rescue, Cold Water Rescue and Ice Rescue, Fire Police and Traffic Control, Search and Rescue, Hazardous Materials at the Awareness and First Responders Operations Level, Confined Space at the Awareness Level and CPR and Defibrillation. Additionally, the Fire District provides Natural Disaster and Storm Emergency Response and Service Calls, Fire Prevention and Safety Awareness Education and other activities as deemed to be in the best interest of the residents of the fire district.

The Walworth Fire District No.1 is governed by a board of five fire commissioners, who have been elected by the voting residents of the fire district. The District employs a support staff consisting of a District Secretary, a District Treasurer and a janitorial position. The Fire District has the power to operate, maintain, equip, and adopt policies and procedures for a fire department.

The Fire District works with the Walworth Fire Department, Inc. which is staffed by approximately 55 active volunteer members, up to a maximum of 75, who provide manpower and leadership. The volunteer officers and members of the Walworth Fire Department operate under the Fire Chief who reports to the Board of Fire Commissioners. The Fire Chief and three Deputy Chiefs have control of the fire department at all times when it is called to service. The chief officers are nominated for their offices by the voting active fire department members, and must be approved for their nominated positions by the Board of Fire Commissioners. The Fire Department elects and/or appoints junior firematic officers, according to the department by-Laws, who assist the fire chiefs with their duties and responsibilities and direct firematic operations in the absence of the chief officers. Additionally, the Fire Department elects administrative officers, according to the department by-Laws, who run the department when it is not engaged in firematic activities. Membership in the Fire Department consists of active and support members. The duties and distinctions of these members are detailed in the Fire Department's by-Laws.



The Walworth Fire District No.1 provides and maintains, at no cost to the volunteer firefighters, the apparatus equipment, and personal protective equipment that meets NFPA recommendations. All personal protective equipment, hoses and ladders used in the performance of firefighting are periodically tested and repaired or replaced as necessary. It shall be the responsibility of the Chiefs to inform the Board of Fire Commissioners of necessary equipment repairs, maintenance, or the possible need for replacement. The fire department's chief officers maintain a series of Best Practice Guidelines. These best practices provide operational guidance for many types of incidents to which the department responds, and reminds the responders of safety precautions.

It is the commitment of the Fire District, to the best of its ability, to provide a safe working environment, endeavor to prevent accidents, illness, fatalities, and comply with all applicable laws and regulations as set forth by the State of New York. The Chief annually appoints a safety officer(s) that will operate in that capacity at the scene of emergencies, and in the fire station both during emergencies and non-emergencies. The officers will stress to all members that safety is everyone's job, and possible problems should be reported to a chief officer for the appropriate corrective action. The Chief and the Board of Fire Commissioners will establish and maintain a record keeping system for: injuries, deaths, exposure to toxic products, infectious disease, membership, personnel information, and inventories, as deemed necessary.

The Fire Department, through oversight of the Fire District, provides weekly training and drills on a schedule that allows exposure to various topics. The type of training provided to the department members shall include but not limited to: hands-on training, classroom training, in-house training, local government led training, state fire academy and outreach training, National Fire Academy courses, training led by outside vendors, out of state training and any other training approved by the commissioners as related to the Fire District's mission.

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TRAINING & EDUCATION

Through the Department the District will provide training and education for all members commensurate with the duties and functions the members are expected to perform. Training should be provided no less than quarterly, though this is not intended in any way to be a goal.

Through the Department the District will provide adequate training to ensure that the membership is capable of performing the services listed in the Operational Statement.

INTERIOR FIREFIGHTERS

Interior firefighters shall be required to perform testing of their skills on an annual basis in the following areas:

1. Donning and Doffing turnout gear
2. Donning and Doffing SCBA
3. SCBA Breath-Downs
4. Self-rescue, including but not limited to:
 - a. Window bailout
 - b. Wall breaches and through the wall practice
5. Connecting to a hydrant
6. Throwing and climbing ground ladders
7. Deploying hoses
8. Recognizing the situations when Maydays are appropriate and how to call a Mayday
9. Forcibly entering building
10. Search of buildings

SCENE SUPPORT

Scene Support members shall be required to perform testing of their skills on an annual basis in the following areas:

1. Donning and Doffing turnout gear
2. Assist in setting up a draft
3. Connecting to a hydrant
4. Throwing and climbing ground ladders
5. Deploying hoses
6. Recognizing the situations when Maydays are appropriate and how to call a Mayday
7. Coordinated Ventilation
8. Pumping water (when properly trained and approved by the Department)
9. Drafting water (when properly trained and approved by the Department)



FIRE POLICE

Fire Police members shall be required to perform testing of their skills on an annual basis in the following areas:

1. Use of traffic control devices
2. Safely rerouting traffic at incident scenes
3. Protection of fire personnel and bystanders

COLD WATER AND ICE RESCUE

Cold Water and Ice Rescue members shall be required to perform testing of their skills on an annual basis in the following areas:

1. Donning and Doffing an ice rescue suit
2. Use of a Personal Floatation Device (PFD)
3. Use of a throw bag
4. Basic ice water rescue techniques

Leaders and training instructors shall have training and education which is more comprehensive than that provided to other members of lower rank.

All required training must be recorded and presented to the District for review. The Department will ensure that every member completes the required training. Records will be maintained and available for inspection. Use of checklists of the minimum standards should be used to ensure that every member has completed the required minimum training. These checklists shall be presented to the District on an annual basis to ensure compliance with the above requirements.



EXPOSURE TO HAZARDS

The Department shall educate members about special hazards to which they may be exposed during fire and other emergencies, such as:

1. Storage and use of flammable liquids and gasses
2. Toxic chemicals
3. Radioactive sources
4. Water reactive substances

All first responders shall complete the Hazardous Materials Operations course prior to responding to emergencies.

The Department shall identify in writing the actions to be taken in situations involving the above special hazards if they are encountered.

1. For flammable liquids and gasses, the Department may extinguish the fire, if any. The Department shall mitigate the potential of explosion by the use of ventilation, if appropriate. The Department shall avoid creating ignition sources, such as by turning on lights or creating static electricity, while in explosive vapor environments.
2. For radioactive substances, the Department shall not approach the scene and shall contact an appropriate resource for mitigation and containment.
3. The Department shall not mitigate toxic chemicals and shall contact an appropriate agency to do so, and shall secure the scene until proper resources arrive.
4. The Department shall avoid putting water in contact with a water reactive substance, when such substance is known to be present, but use an appropriate extinguisher to eliminate the hazard.

The Department shall offer training and education offered about the above hazards.

The Department shall maintain records of this training for all members and submit the same annually to the District for review.



PROTECTIVE CLOTHING

The District will provide, at no cost, protective clothing to Department members.

Department officers shall assure that all members utilize the protective clothing in appropriate situations.

The District shall only provide Personal Protective Equipment which is NFPA Compliant.

The Department shall ensure that protective eye and face devices are worn while using tools which can create flying materials, or when encountering falling or flying materials which may cause eye and face injuries.

The Department shall provide each member with proper Personal Protective Equipment in strict accordance with all applicable NFPA standards on the type, fit and function of such gear, including but not limited to helmets, hood, boots, gloves, bunker pants and turnout coats.

The District shall ensure that all Personal Protective Equipment meets proper NFPA standards. The Chief must approve the use of all personal gear prior to its use by a member.

The Department shall insure that all Personal Protective Equipment properly fits each individual.

The Department will provide initial training to each person who uses Personal Protective Equipment. Firefighter 1 training courses, or their equivalents shall suffice. This training shall include:

1. When PPE is necessary
2. What PPE is necessary
3. How to properly don, doff, adjust, and wear PPE
4. The limitations of the PPE
5. The proper care, maintenance, useful life and disposal of the PPE



RESPIRATORS

SCBA with a full-face piece will be made available to all members who may enter an IDLH environment.

Masks may not be shared between members of the Department.

The Department shall ensure that each firefighter wears the SCBA in proper situations. SCBA shall be worn in any IDLH environment. This includes but is not limited to:

1. Environments with Carbon Monoxide at or above levels of 35ppm
2. During overhaul of a structure fire
3. Inside all interior structure fires
4. While extinguishing all dumpster fires
5. While entering any confined spaces
6. While extinguishing all vehicle fires
7. While inside any structure with any smell of gas or with readings of any hazardous material



RESPIRATORY PROGRAM

PROGRAM OVERVIEW

The District hereby establishes a respiratory program. The program contains the following requirements:

1. All members shall successfully complete medical evaluations prior to using SCBA
2. Any member intending to use an SCBA shall complete fit testing to ensure SCBA masks are properly fit
3. All members will receive training and education in the procedures for proper use of respirators in routine and reasonable foreseeable emergency situations
4. A procedures and schedule for cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respirators will be implemented
5. All members will receive training in the hazards to which members are exposed which would require use of SCBA
6. All members will receive training in the proper donning and doffing of SCBA, the limitations of SCBA use, the maintenance of SCBA and use of all functions of the SCBA utilized by the Department

The District hereby implements the following procedures to determine the effectiveness of the program:

1. Interior firefighters shall perform annual testing and evaluation of their ability to:
 - a. identify the critical parts of the SCBA
 - b. efficiently and effectively don SCBA
 - c. check for a proper seal using a negative pressure test
 - d. correct problems resulting in the loss of or inhibition of air flow
 - e. Use buddy breathers, trans-fill or other rescue functions of the SCBA
 - f. Remove the SCBA in an attempt to make a "low profile" move through a tight space and then replace the SCBA, while remaining on air
 - g. Identify the correct procedures for cleaning the mask
2. Members not successfully completing the evaluation will be required to obtain retraining on each area of deficiency prior to being able to utilize SCBA on a live scene
3. Records of all annual evaluations and corrective action taken will be maintained for seven years
4. Requirements of medical evaluations of members to ensure fitness to wear SCBA

The Department will designate an administrator who has proper training or experience that will oversee the respiratory program and conduct the required evaluations of program fitness.

MEDICAL EVALUATION OF FITNESS

The District requires physical testing to ensure health of persons using SCBA before a member is fit tested.



The District will identify a physician or another licensed health care professional to perform the medical evaluations using a medical questionnaire or an initial medical exam that contains the same information as the medical questionnaire defined in Appendix C of 29 CFR 1910.134. A copy of 29 CFR 1910.134 - Appendix C is show in Appendix A.

Any person who provides a positive response to any question on the exam will receive a follow-up exam, with proper tests, consultations, diagnostic procedures deemed necessary by the physician/health care professional. A medical determination shall be made of each interior firefighter's ability to use the SCBA.

There **MUST** be a written statement by the physician that the individual may use a respirator. The statement must contain:

1. Limitations on respirator use related to medical condition of member
2. The need for any follow-up medical evaluations
3. A statement that the physician/professional has provided the member with his/her written recommendation

FOLLOW UP EXAMS AND FIT TESTING

Follow up medical exams of interior firefighters must be provided to the member if a member reports signs or symptoms that are related to the ability to utilize a respirator.

Fit testing shall be conducted if:

1. A supervisor/line officer reports the need for an evaluation of a member
2. Observations are made indicating the need for a medical evaluation, such as:
 - a. new growth of facial hair
 - b. significant weight loss or gain
 - c. new scarring or reconstructive surgery
3. A change occurs in the equipment provided by the District

FIT TESTING

Before any person may wear an SCBA on a scene or in a drill, they must be fit tested with the same make, model, style and size of SCBA mask that will be utilized.

The fit testing conducted and the equipment utilized shall conform to 29 CFR 1910.134[f].



FACE-PIECE SEAL PROTECTION

No person may wear SCBA which has:

1. Facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function
2. Any condition that interferes with face to face piece seal or valve function

Persons that wear corrective glasses must be worn without interfering with the face piece fit. The District shall provide necessary adaptive equipment in order to ensure that persons requiring corrective glasses be worn under SCBA can do so.

Every person donning a mask shall perform a seal check each time they put it on.

CLEANING AND DISINFECTING

Respirators must be cleaned and disinfected in accordance with procedures that meet the requirements, as stated in 1910.134(h)(1) Appendix B-2.

Masks which are not shared between individuals need to be cleaned before they are worn by someone else.

Masks must be cleaned and disinfected after every use.

Masks used in fit testing and training must be cleaned and disinfected after every use.

All cleaning and disinfecting of SCBA equipment, including masks, shall be done in the apparatus bay sink. Cleaning and disinfecting shall never be done in the kitchen or rest room sinks or areas.

INSPECTION OF SCBA

SCBA must be inspected before each use and during cleaning.

SCBA and masks must be inspected monthly. The inspection will check for:

1. Function, tightness of connections, condition of the parts including the face piece, head straps, valves, connecting tube, cartridges, canisters or filters.

A log will be maintained for each inspection, for no less than seven (7) years.

All SCBA cylinders will be maintained for use at 90% of its capacity.

Any defective SCBA must be repaired by qualified individuals or removed from service.



SCBA TRAINING

The Department will provide effective training to members who are required to wear SCBA. This Training will recur annually. Persons not required to wear SCBA shall be trained annually on the basic use, including how to replace cylinders on interior members.

All interior firefighters must demonstrate knowledge of the following:

1. Why SCBA is necessary and how improper fit, use and maintenance can compromise the protective effect of the respirator;
2. What the limitations and capabilities of respirator are (melting point, length of air, etc.);
3. How to use SCBA effectively and deal with malfunctions;
4. How to inspect, don and doff, and check seal of mask and SCBA;
5. Procedures for maintenance and storage;
6. How to recognize medical signs and symptoms that limit or prevent the effective use of SCBA.

ANNUAL TRAINING

Annual training of members who are required to wear SCBA is not required if the member can demonstrate knowledge of the previous issues.

Retraining must occur annually when:

1. Changes in the respirator make the prior training obsolete;
2. The member demonstrates lack of knowledge or skills;
3. Any other situation arises in which retraining appears necessary to ensure safe use.

RESPIRATORY PROGRAM EVALUATION

The department must evaluate the program to ensure that the written program is being properly implemented.

Evaluations must be conducted regularly, no less than annually.

The program will evaluate the success of programs ensuring:

1. Proper fitting of the masks;
2. Proper use of the mask and under which conditions;
3. Proper respirator maintenance;
4. Proper recordkeeping is maintained.

The Health and Safety Officer shall conduct the evaluation.

Records must be kept on all medical evaluations, fit testing, and the entire program.



Fit test records must include:

1. name of member tested
2. type of fit test performed
3. make, model and size of mask tested
4. date of test
5. pass/fail



“TWO IN, TWO OUT”

Any time that a firefighter is going to enter an IDLH atmosphere, whether suspected or existing, at least two members must enter the IDLH atmosphere. No person shall enter the IDLH atmosphere alone.

The individuals entering the atmosphere shall remain in visual or voice contact with one another at all times.

There must be at least two members qualified and equipped to enter the IDLH environment to perform rescue, who are located “outside the IDLH atmosphere”

One of the individuals (but not both) located outside the IDLH atmosphere may be assigned to an additional role, so long as the individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

In the event that the first arriving crew deems it necessary to enter the structure without two additional firefighters outside of the structure, the crew may enter the environment so long as another crew is en-route to the scene and will be able to quickly perform a rescue.



HAZMAT TRAINING

All persons who respond to releases or potential releases of hazardous substances as part of the initial response for the purpose of protecting persons, property or the environment from the effects of the release must receive training at the first responder operations level. This involves every individual in the Department which responds to emergencies. This will be satisfied by completion of the "Hazardous Materials Operations" course.

Responders shall have knowledge of the following:

1. Basic hazard and risk assessment techniques
2. An understanding of basic hazardous material terms
3. How to perform basic control, containment, confinement operations within the capabilities of the fire department
4. How to implement basic decontamination procedures
5. An understanding of relevant terminology

All potential incident commanders must complete "Hazardous Materials Incident Command" or its equivalent.

Annual refresher training will be conducted to assess competency in this area.

The Department shall maintain the record of the assessment, and keep a record of the method used to demonstrate competency. A short written quiz may be utilized for this purpose.



BAILOUT TRAINING

The District will provide a bailout system for all interior firefighters and for any individual that enters an IDLH environment and proceeds to a floor above ground level.

Every interior firefighter or other covered member shall be required to complete training on the proper use, care and cleaning of the bailout system. This training shall be conducted at least annually, including no less than three “bailouts” on the initial training and at least two “bailouts” on annual training.

All bailout equipment shall be inspected monthly.



MAYDAY TRAINING

The Department shall ensure that each firefighter is familiar with how to recognize the situations when Maydays are appropriate and how to call a Mayday.

Each member should know to provide the following information when calling a Mayday:

1. Provide identification of who you are (name and department)
2. Provide your location
3. Provide information on your situation (amount of air, injuries, etc.) and what you need
4. Use of the LUNAR acronym or similar is suggested



CONFINED SPACE

The Departments shall ensure that SCBA is worn at all confined space events.

Should a confined space be entered, the entrance covers to the confined space must be removed, and sufficient safety guards implemented (e.g.: guard rails) to prevent falling through.

Proper radio communications and proper Personal Protective Equipment must be provided to all participants entering the space

Ladders and other entry and escape mechanisms will be provided.

The space will be monitored for gasses and other hazardous conditions.

The Department will ensure that training is provided, at least initially, on “awareness” level for confined space entry to any member who might enter a confined space. “Firefighter 1” includes this training and shall qualify.



LOCK OUT/TAG OUT POLICY

DEFINITIONS

Authorized Employee: Employees (including members) who are authorized to lockout and tagout equipment or machinery.

Affected Employees: Employees who operate machinery or equipment upon which lockout or tagging out is performed under this program.

Lockout device: A device that utilizes a positive means such as a lock, either key or combination type, to secure and isolate a switch, valve, or device in such a way that it physically prevents the transmission or release of energy or product.

Tagout device: A prominent visual device that can be securely fastened to a switch, valve or device that communicates the fact that the switch, valve or device has been isolated and should not be operated, adjusted, or changed, but does not physically prevent energy or product from being transmitted.

GENERAL

The following lockout / tagout procedure is provided to guide the members of the Fire Department to safely perform lockout / tagout in District facilities and if possible, in areas to which the Department would respond, while meeting the minimum requirements of standard 29 CFR 1910.147.

All personnel shall be trained in this procedure, and receive annual refresher training.

For in station equipment, the District Health and Safety Officer shall be responsible for identifying all equipment that may need to be locked out tagged out, and ensuring these procedures are adequate, or for recommending changes to these procedures.

The District Health and Safety Officer shall periodically inspect and evaluate compliance with this procedure.

All lockout / tagout training shall be documented.

COMPLIANCE WITH THIS PROGRAM

All employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout / tagout.



Employees who are authorized to service and/or maintain equipment are required to perform the lockout / tagout procedures in accordance with this procedure.

All employees, upon observing a machine or piece of equipment which is locked out or tagged out to perform servicing or maintenance shall not attempt to start, energize, or use that machine or equipment.

All lockout and tagout devices should be either red or yellow, shall be accompanied by a tagout device with the capability of being written upon. Ideally, when an item is locked out for a temporary period, such as during an emergency or during maintenance, an individual shall be posted at the box to prevent tampering with the lock out device.

When the energy isolating devices are not lockable, tagout shall be used.

When a tagout device is used on an energy isolating device which is incapable of being locked out, the tagout device shall be attached at the same location that the lockout device would have been attached. If tagout devices are used with energy isolating devices designed with the incapability of being locked, the tag attachment will be fastened at the same point at which the lock would have been attached.

SEQUENCE OF LOCKOUT TAGOUT

During non-emergency procedures: When it is necessary to service or maintain a machine or equipment that must be shut down and locked out, the employee authorized to perform the service or maintenance shall notify all affected employees that servicing or maintenance is required, and that the machine or equipment must be shut down and locked out tagged out to perform the servicing or maintenance.

The authorized employee shall comply with the manufacturer's directions to identify the type and magnitude of the energy that the machine or equipment utilizes, shall understand the hazards of the energy, and shall know the methods to control the energy.

If the machine or equipment is operating, it shall be shut it down by the normal stopping procedure (depress the stop button, open switch, close valve, etc.).

De-activate the energy isolating device(s) so that the machine or equipment is isolated from the energy source(s).

Lock out the energy isolating device(s) with assigned individual lockout devices and/or tagout devices.



Stored or residual energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as grounding, repositioning, blocking, bleeding down, etc.

Ensure that the equipment is disconnected from the energy source(s) by first checking that no personnel are exposed, then verify the isolation of the equipment by operating the pushbutton or other normal operating control(s) or by testing to make certain the equipment will not operate.

Caution: Return operating control(s) to neutral or "off" position after verifying the isolation of the equipment.

The machine or equipment is now locked out.

RESTORING EQUIPMENT TO SERVICE

For emergency procedures: The fire department shall not restore power to the machinery/device unless it is part of the emergency operation.

For non-emergency procedures: When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps shall be taken.

1. Check the machine or equipment and the immediate area around the machine to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.
2. Check the work area to ensure that all employees have been safely positioned or removed from the area.
3. Verify that the controls are in neutral.
4. Remove the lockout devices and reenergize the machine or equipment. Note: The removal of some forms of blocking may require re-energization of the machine before safe removal.
5. Notify affected employees that the servicing or maintenance is completed and the machine or equipment is ready for used.

DISTRICT HEALTH AND SAFETY OFFICER (NON-EMERGENCY PROCEDURES)

Only the employee that locks out tags out machinery, equipment or processes may remove his/her lock and tag.

Should the employee leave the facility before removing his/her lock and tag, the Fire Department Safety Officer should be immediately notified.



The Fire Department Safety Officer shall be required to exercise due diligence in investigating the circumstances, and may remove the lock and/or tag.

The Fire Department Safety Officer must be assured that all tools have been removed, all guards have been replaced and all employees are free from any hazard before the lock and tag are removed and the machinery, equipment or process are returned to service.

As part of his/her due diligence, the Fire Department Safety Officer shall endeavor to contact the employee who placed the lockout tagout prior to removing it, and shall ensure that the employee is notified of the situation.

Where the Fire Department Safety Officer cannot determine that it is safe to remove the lockout tagout, the lockout tagout shall remain in place.

In the absence of the Fire Department Safety Officer, the Fire Chief may remove the lock and/or tag only after following the above.



INFECTION CONTROL POLICY

INTRODUCTION

The District recognizes the potential for its firefighters to be exposed, in the performance of their duties, to infectious and communicable diseases. To minimize the risk of exposure, the District has implemented this Infection Control Program.

The Infection Control Program will include standard operating procedures, initial and refresher training in infection control practices, a vaccination program, the provision of proper infection control clothing and equipment, decontamination procedures for clothing and equipment, procedures for the disposal of medical waste, a system for reporting and managing exposures, a system for tracking exposures and ensuring confidentiality, monitoring of compliance with the standard operating procedures, and the design of fire department facilities to minimize risk of infection.

In the emergency care setting, the infectious disease status of patients is frequently unknown by Fire Department personnel. All patients must be considered infectious. Blood and body fluid precautions must be taken with all patients.

To minimize the risk of exposure, the District will provide its members with proper infection control protective equipment, including disposable medical gloves, face masks, respirators, gowns, and eyewear, and will provide necessary cleaning and disinfecting supplies. The Department also will provide initial instruction and continuing education in preventive health care practices so that fire fighters possess a basic awareness of infectious diseases, understand the risks and severity of various types of exposures, and exhibit proper skills in infection control.

Standard prophylactic medical treatment will be offered to exposed members, and necessary immunizations will be made available to protect members from potential exposure to infectious disease. Exposure to infectious and communicable disease shall be considered an occupational health hazard, and any infectious or communicable disease contracted as the result of a documented workplace exposure shall be considered occupationally related.

DEFINITIONS

Airborne Pathogens: Microorganisms capable of producing infection and/or causing disease in humans after being inhaled.

Airborne Precautions: The level of protection that personnel are to use when there is the potential for airborne pathogens that may stay airborne for extended periods of time and maybe inhaled. Diseases that are included in this category are TB, measles, and varicella. Personnel shall use universal precautions, as well as a particulate



respirator mask (N95) prior to making patient contact or entering an enclosed area that the patient may have contaminated. When examining or treating potentially high-risk respiratory patients, personnel will use full respiratory protection (particulate respirator mask, eye protection, and gloves). All three items must be worn as an ensemble in order to qualify as full respiratory protection.

Biohazard bags: Red in color, display the universal biohazard symbol, are sufficiently sturdy to prevent tearing or breaking, and can be sealed securely to prevent leakage.

Blood: Human blood, human blood components, and products made from human blood.

Blood Borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Disinfection: A process used to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, such as bacterial endospore.

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the blood borne pathogens hazard from the workplace.

Environmental Surface: Interior patient care areas, both stationary and in vehicles, and other surfaces not designed for intrusive contact with the patient or contact with mucosal tissue.



Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Foodborne Pathogens: Microorganisms present in food or drinking water that can cause infection and/or disease in humans.

Handwashing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV: Hepatitis B virus.

HIV: Human immunodeficiency virus.

Medical Gloves: Single-use patient examination gloves that are designed to provide a barrier against body fluids.

Needless systems: A device that does not use needles for:

1. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established
2. The administration of medication or fluids
3. Any other procedure involving the potential for occupational exposure to blood borne pathogens due to percutaneous injuries from contaminated sharps

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM): (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Pathogens: Microorganisms such as bacteria, virus, or fungus that are capable of causing disease.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.



Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Pocket Mask: A pocket-size double-lumen device that is portable and designed to protect the provider from direct contact with the mouth/lips or body fluids of a patient while performing artificial respiration.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps: Any object that can penetrate the skin including, but not limited to, needles, lancets, scalpels, broken glass, jagged metal, or other debris.

Sharps with engineered sharps injury protections: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: Means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Structural Firefighting Gloves: An element of the protective ensemble for firefighters designed to provide minimum protection to the fingers, thumb, hand, and wrist.

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.



Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

INFECTION CONTROL PROGRAM

Exposure Determination

The District has determined that **all personnel** who respond to emergency incidents or otherwise engage in the delivery of emergency medical services are at risk of exposure to infectious diseases transmitted through blood and other potentially infectious materials, as well as airborne pathogens.

The District has further determined that **all personnel** may be at risk of exposure to foodborne pathogens and other illnesses associated with eating, food preparation, cooking, cleaning, living, and working in fire stations, as well as the use and maintenance of fire apparatus.

Tasks and procedures at which personnel have an increased risk of the transmission of infectious diseases

Personnel are at risk of increased risk from blood borne and airborne pathogens when:

1. Providing emergency medical care to injured or ill patient;
2. Rescuing patients from hostile environments, including burning structures or vehicles, water, contaminated atmospheres, or oxygen deficient atmospheres
3. Extricating persons from vehicles, machinery, or collapsed excavations or structures
4. Recovering and/or removing bodies from any situation cited above
5. Responding to hazardous materials emergencies, both transportation and fixed-site, involving biohazards containing potentially infectious substances
6. The cleaning and disinfecting of training equipment

Personnel are at risk of increased risk from foodborne pathogens when eating and drinking:

1. food prepared in fire stations
2. at emergency scenes, or
3. otherwise while on duty and subject to having meals interrupted

Methods of Compliance

Universal Precautions: Universal precautions shall be observed when members are exposed to blood or other potentially infectious materials (OPIM). Personnel shall treat all blood and OPIM as potentially infectious.

Airborne Precautions: Airborne precautions shall be observed when members are exposed or potentially exposed to a patient with a disease capable remaining airborne, and being spread by inhalation, such as TB, measles, and varicella.



Hand Washing

Hands and other skin surfaces shall be washed thoroughly as soon as possible under the following situations:

1. If contaminated with blood or other potentially infectious materials
2. After each emergency medical incident
3. Immediately or as soon as possible after removal of medical gloves or other Personal Protective Equipment
4. After cleaning and disinfecting emergency medical equipment
5. After cleaning Personal Protective Equipment
6. After any cleaning function
7. After using the bathroom
8. Before and after handling food, cooking, or touching cooking/food utensils

Hands and contaminated skin surfaces shall be washed with nonabrasive soap and water by lathering the skin and vigorously rubbing together all lathered surfaces for at least 10 seconds, followed by thorough rinsing under warm running water.

Where soap and running water is not available the area should be flushed with water or saline, and washed with soap and warm water as soon as possible.

Hands shall be washed as soon as possible after medical gloves are removed, even if the gloves appear intact.

Hand washing should be completed using appropriate facilities such as utility or rest room sinks. Hands shall not be washed in sinks where food preparation occurs.

Where hand washing facilities are not provided, appropriate antiseptic hand cleansers in conjunction with clean cloth, paper towels, or antiseptic towelettes shall be used. Where antiseptic hand cleansers or towelettes are used, hands shall be washed with nonabrasive soap and running water as soon as feasible.

Personal Protective Equipment

The District shall provide members with suitable Personal Protective Equipment to accomplish the objectives of this program, including disposable medical gloves and eye wear.

All Personal Protective Equipment shall meet the requirements of NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, or provide equivalent protection that meets the requirements of 29 CFR 1910.1030(d)(3).



Personnel shall be responsible to select and utilize the appropriate Personal Protective Equipment based upon the risks presented.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Medical gloves must be worn whenever members anticipate contact with blood or other potentially infectious materials (including whenever involved with emergency patient care). Where multiple patients are present, members shall change gloves, if possible, after caring for one patient and before beginning care on the next.

To the greatest extent possible, the District shall provide latex-free medical gloves for use by all members at all times. When not feasible, latex-free or powder-free medical gloves shall be provided to members with a latex allergy or for members providing care for a patient with a latex allergy.

Eye wear and face masks must be worn in cases where splashing of blood or other potentially infectious materials is anticipated and may come in contact with eyes, nose or mouth.

Firefighting turnout gear (including structural firefighting gloves, boots, head and face protection) shall be worn when working in areas of containing sharp glass, metal, or other debris capable of puncturing or lacerating the skin of the patient, responder or both, as well as puncturing medical gloves.

Contaminated disposable items must be discarded in a leak proof plastic biohazard bag that is red in color or marked with the international bio-hazard symbol provided by the ambulance attending the incident.

Members shall not handle personal items such as combs, pens, or cellular phones, touch door knobs, handles, or switches, nor drive apparatus, while wearing contaminated medical gloves. In the event that contact with such items such occurs, members shall decontaminate and disinfect the surfaces contacted as soon as possible.

Contaminated medical gloves should be removed as soon as possible and discarded in a leak proof plastic biohazard bag that is red in color or marked with the international bio-hazard symbol provided by the ambulance attending the incident. Contaminated medical gloves shall not be disposed of by throwing them in normal trash or by leaving them at the incident scene.

Prior to any contacts with patients, members shall cover all areas of abraded, lacerated, chapped, irritated, or otherwise damaged skin with adhesive dressings.



Members with extensive weeping dermatitis and/or open skin lesions on exposed areas shall be restricted from providing direct patient care or handling and/or decontaminating patient care equipment and devices.

Any member who has skin or mucosal contact with body fluids shall thoroughly wash the exposed area immediately using water or saline on mucosal surfaces and soap and running water on skin surfaces.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Needles and Sharp Objects

Members shall take precautions to prevent injuries caused by needles, knives, broken glass, razor blades or other sharp instruments, devices or debris which can puncture or lacerate the skin.

Used sharps and sharp objects, such as needles, scalpels, catheter stylets, and other potentially contaminated sharp objects, shall be considered infectious and shall be handled with extraordinary care.

Following use, all sharps shall be placed immediately in sharps containers. In addition, any small, mobile sharp objects that are contaminated should be placed in sharps containers provided by the ambulance attending the incident. Suitable precautions shall be taken to prevent injury from larger non-mobile contaminated sharp objects such as glass, jagged metal, etc.

Laundering of Uniforms and Clothing, and Cleaning of Personal Protective Equipment

Uniforms issued to personnel as well as non-uniform clothing worn by personnel are not considered to be protective clothing. Members shall take affirmative steps to don appropriate Personal Protective Equipment to avoid any contamination of uniforms or non-uniform clothing with blood or OPIM.

Members whose uniform or other clothing is soiled by blood or OPIM shall change from the contaminated uniform or clothing to a clean uniform or clothing immediately, or as soon as possible.

Contaminated uniform and non-uniform items should be handled by members wearing gloves, bagged in a leak proof plastic biohazard bag that is red in color or marked with the international bio-hazard symbol provided by the ambulance attending the incident. Soiled uniform items shall be decontaminated by laundering according to the manufacturer's instructions.

Contaminated personal protective equipment shall be placed in biohazard bags to be cleaned, laundered, or disposed of at no cost to the member.



The use of washer-extractors in designated fire department facilities shall be for the sole purpose of cleaning and decontaminating Personal Protective Equipment. Washer-extractors shall not be used for any other purpose.

Resuscitation Equipment

Resuscitation equipment, including pocket masks, shall be available on all District vehicles that provide emergency medical operations.

Resuscitation equipment shall be used by members performing airway management. Members are discouraged from giving direct mouth-to-mouth resuscitation to a non-breathing victim.

Pocket masks with one-way valves, disposable airways or resuscitation equipment are the preferred methods of treatment rather than mouth-to-mouth resuscitation.

Durable equipment, such as face masks and resuscitation equipment, must be thoroughly washed, cleaned, decontaminated and disinfected with an approved disinfectant after each use.

Housekeeping

All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Decontamination shall be performed with a District disinfectant, with a 1:100 dilutions of bleach and tap water, or 1/4 cup of bleach to 1 gallon of water.

The work area shall be cleaned with an appropriate decontamination/disinfecting agent as soon as possible after a spill of blood or any other potentially infectious materials.

Wastebaskets and receptacles that are visibly contaminated shall be cleaned immediately, or as soon as possible.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This expressly includes any cleaning areas and disinfecting facilities in fire stations.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials may be present. This expressly includes any cleaning areas and disinfecting facilities in fire stations.



Delicate equipment (radios, microphones, cardiac monitors, etc.) will be carefully wiped clean of any debris using hot soapy water, wiped with clean water, and then wiped with disinfectant or 1:100 bleach solution. Equipment will be allowed to air dry prior to next use.

Cleaning Areas

The District shall designate a specific area for the cleaning of Personal Protective Equipment, portable equipment, and other clothing.

The cleaning area shall have ventilation, lighting, and drainage connected to a sanitary sewer system or septic system.

The designated cleaning area shall be physically separate and remote from areas used for:

1. Cleaning of food and cooking utensils
2. Food preparation or eating areas
3. Personal hygiene areas (bathrooms)
4. Sleeping quarters
5. Living quarters
6. Disinfecting facility
7. Laundry facility used for non-emergency linen, bedding, and personal clothing

Disinfecting Facilities

TBD

Disinfectants

All disinfectants shall be approved by and registered as tuberculocidal with the U.S. Environmental Protection Agency (EPA).

Personnel shall exercise extreme care in the use of all disinfectants.

Members shall be aware of the flammability and reactivity of disinfectants and shall follow the manufacturer's instructions.

Disinfectants shall be used only with ventilation and while wearing appropriate infection control garments and equipment, including, but not limited to, cleaning gloves, face protection devices, and aprons.



Laundry

Contaminated laundry, such as sheets, blankets and towels, shall be handled as little as possible. Contaminated laundry shall be placed in a leak proof plastic biohazard bag that is red in color or marked with the international bio-hazard symbol.

Contaminated laundry shall not be washed in areas designated for Personal Protection Equipment or uniforms and clothing, but shall be washed in a biohazard capable washing machine.

Waste

All contaminated or potentially contaminated waste shall be disposed of in accordance with EPA and state and local regulations.

Waste may be disposed of at any medical facility with which the District has a disposal agreement.

Under no circumstances may contaminated waste, biohazard bags, sharps or sharps containers be left at an incident scene or disposed of with ordinary trash.

Vaccinations

Hepatitis B vaccination will be made available to all personnel. The offer of vaccination will be made after members have received training regarding Hepatitis B. Members may decline to accept the Hepatitis B vaccination by signing a waiver which includes a statement that the member acknowledges the risks associated with contracting Hepatitis B have been explained.

The statement shall include the following:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Members who initially decline the Hepatitis B vaccination may at a later date decide to accept the vaccination. The members must be allowed to receive the vaccination at that time.

SIGNIFICANT EXPOSURES

A significant exposure occurs when blood or other potentially infectious materials come into direct contact with eyes, nose, and mouth, into an open cut or by needle puncture injury, or through unprotected exposure to an airborne pathogen.



If a member sustains a significant exposure to blood, other potentially infectious materials, or airborne pathogen, or experiences a situation where a significant exposure is likely to have occurred, the member will:

1. Comply with the requirements of this standard operating procedure relative to decontamination and post-exposure washing
2. Report the incident to an Officer as soon as possible, who in turn will notify the assigned, the Fire Department Safety Officer or the District Health and Safety Officer.
3. Complete a Serious Exposure Report Form describing the incident completely. The report will specifically document the method of potential transmission of infectious disease
4. The officer will complete the required notice of injury forms
5. The member will immediately report to a hospital to obtain:
 - a. Immediate medical guidance, evaluation, and, where appropriate, post-exposure prophylaxis
 - b. Appropriate, confidential, post-exposure counseling and testing
 - c. The exposed member shall bring the completed Serious Exposure Report Form to the hospital and advise the hospital staff of the exposure or potential exposure. All required post-exposure medical evaluations and follow-up shall be provided and shall be confidential.
 - d. When appropriate and permitted by law, a source individual's blood made be tested to determine the presence of HIV, Hepatitis B virus and/or such other infectious diseases as may be relevant. 410 ILCS 305/7 (c) allows the source patient's blood to be tested without the patient's consent provided a firefighter, EMTA, EMTI or EMTP "is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment"
 - e. When the source individual is already known to be infected with HBV, HIV, or other infectious disease, the testing of the source individual's blood for these diseases need not be repeated. 410 ILCS 305/9 (h) authorizes the release of this information to an exposed firefighter, EMTA, EMTI or EMTP
 - f. Results of the source individual's testing shall be made available to the exposed member and the member shall be informed of the applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual. 410 ILCS 305/10 prohibits a member from further releasing this information to third parties except as permitted by law
 - g. The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained. If the member consents to base line blood collection but does not consent to HBV or HIV testing, then a sample shall be preserved for at least 90 days. If the member elects to have the base line sample tested within this 90-day period, then the testing shall be done as soon as feasible after the request
 - h. Follow up testing, medical visits, prophylactic medications, and counseling arising from the exposure shall be provided at no charge to the member



- i. The Fire Department Safety Officer or the District Health and Safety Officer shall be responsible to ensure these procedures are followed and will serve as the liaison with the Hospital, (serving as the District's or Department's "designated officer" as required by the Ryan White Comprehensive AIDS Resources Act of 1990 (PL 101-381))
- j. The Fire Department Safety Officer or the District Health and Safety Officer shall serve as the exposed member's advocate to ensure the Hospital complies with the applicable law relative to medical care and information on the source patient. As necessary, the Fire Department Safety Officer or the District Health and Safety Officer shall utilize the Fire Chief and the District's legal counsel for guidance and assistance

TRAINING

All personnel shall be provided with initial and periodic training on infection control, the provisions of this policy, and their responsibilities relative to infection control.

Refresher training shall be provided at least annually and otherwise as frequently as is necessary to ensure compliance.

The training program shall contain at a minimum the following elements:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents
2. A general explanation of the epidemiology and symptoms of blood borne diseases
3. An explanation of the modes of transmission of blood borne pathogens
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
8. An explanation of the basis for selection of personal protective equipment
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available



12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
13. An explanation of the infection control signs, labels and/or color coding; and an opportunity for interactive questions and answers with the person conducting the training session

Officers, including the District Health and Safety Officer and the Fire Department Safety Officer, shall receive training on their appropriate roles.

RECORD KEEPING

Medical Records

Medical records are confidential and are not released without a member's expressed written consent to any person within or outside the Department, except as required by rule or law.

Medical records must include a copy of the member's Hepatitis B vaccination record, including the dates of vaccination or copies of refusal forms.

Medical records will be maintained in a file separate from the member's personnel file. Medical records will be maintained for the duration of the member's employment plus 30 years.

A complete record of each exposure incident shall be maintained in a member's medical records.

Health and safety database

Infection and exposure data shall be maintained in a confidential database that is searchable to spot trends in infections and exposures

The District Health and Safety Officer and the Fire Department Safety Officer shall be responsible for managing the database.

Training Records

The Department will keep a record of all training provided its personnel. The training records will include the date and content of the training and a roster of members in attendance. The training records will be maintained for a minimum of three years from the date of training.

RESPONSIBILITY

All Members: It is the responsibility of each member to:

1. Be aware of the types of infectious diseases that can be transmitted by blood or body fluid



2. Actively participate in infection control training provided by the Fire Department
3. Use Personal Protective Equipment provided by the District as appropriate for the conditions encountered.
4. Maintain apparatus, equipment, stations, facilities, and clothing in such a way as to minimize the risk of infection to him/herself or other members

Officers

1. It is the officer's responsibility to monitor the activity of members to ensure that the provisions of this policy are complied with
2. Any officer observing non-compliance with this policy or observing a potentially hazardous condition involving blood or other potentially infectious materials must immediately correct that condition, or if not possible, report that condition to the Chief or a Commissioner
3. This provision applies to all officers and acting officers irrespective of rank

District Administration

1. The Board of Commissioners shall appoint a District Health and Safety Officer. In the absence of the District Health and Safety Officer, the duties of the District Health and Safety Officer shall be carried out by the Fire Department Safety Officer, or such other officer as the Fire Chief may determine appropriate.
2. The District Health and Safety Officer, in conjunction with the Fire Department Safety Officer, shall review the Infection Control Program at least annually, and recommend to the Board of Commissioners such changes as are necessary.
3. The District Health and Safety Officer shall have primary responsibility to manage the Infection Control Program, coordinate significant exposure investigations, ensure that the District administration complies with the requirements of 29 CFR 1910.1030 and NFPA 1581, and submit written recommendations to the Fire Chief and the Fire Department Safety Officer for improvements to training, equipment, policies and procedures to better effectuate the Infection Control Program.
4. The Infection Control Program shall be posted in a conspicuous location within the fire station, and copies (digital or hard copies) shall be available to each member of the department at their station.
5. The District Health and Safety Officer and the Fire Department Safety Officer will ensure that each significant exposure is documented, that the member receives appropriate medical care, and that the exposure is investigated/evaluated to determine if it could have been avoided. An evaluation of the circumstances will be conducted to determine if policies, procedures, or protective equipment should be amended or changed to avoid future significant exposure incidents.
6. The District Health and Safety Officer will ensure that training to all members with occupational exposure is completed annually.



7. The District Health and Safety Officer and the Fire Department Safety Officer are jointly responsible for monitoring the compliance of all members, including officers, with this standard operating procedure, and related procedures.
8. The District and the Department will be responsible for maintaining all medical and training records in the required manner.

MISCELLANEOUS PROVISIONS

Kitchen and Cooking Areas

TBD

Sleeping Areas

TDB

Bathroom Facilities

Bathroom doors, sinks, faucets, soap dispensers, and other bathroom fixtures shall be designed to prevent or minimize the spread of contaminants.

Each bathroom shall have a clearly visible sign posted in a prominent location reminding members to wash their hands.

Bathrooms shall meet all state and local standards.

Miscellaneous

All District facilities shall comply with occupational safety and health regulations, health and infection control laws, regulations, and standards for public use facilities.

Personal protective equipment shall be stored in a dedicated, well-ventilated area or room.

Potentially contaminated Personal Protective Equipment shall not be stored in personal clothing lockers or taken into station living quarters.

Personal Protective Equipment shall not be worn or brought into areas used for the following:

1. Food preparation and cooking
2. Living
3. Sleeping



RYAN WHITE ACT

The Ryan White Act contains provisions for the notification of emergency response personnel exposed to infectious diseases while attending, treating, assisting, or transporting a patient. The law provides for emergency response employee notification following a documented exposure to blood or body fluids, verified by the receiving hospital. It also provides for automatic notification of the Department's personnel if the transported patient is found to have infectious tuberculosis. This notification by the medical facility must be made to the District Health and Safety Officer in writing as soon as possible, but within a period not exceeding 48 hours after the receipt of the request by the District Health and Safety Officer. The District Health and Safety Officer will then inform the Department's personnel involved of the determination.

The guidelines include the infectious diseases covered and their mode of transmission. These diseases are only those which are life-threatening by carrying a substantial risk of death if acquired by a healthy, susceptible host, and the disease can be transmitted from person to person. The diseases covered by the exposure notification guidelines as listed in Part II are:

1. Infectious pulmonary tuberculosis
2. Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
3. Hepatitis B
4. Meningococcal disease (Neisseria Meningitides)
5. HIV, including AIDS
6. Plague (Yersinia Pestis)
7. Diphtheria
8. Rabies

The guidelines detail the manner in which medical facilities must determine whether emergency personnel were exposed to an infectious disease. If an emergency response member believes he or she was exposed to blood or blood products of a patient during the performance of normal job duties, the Health and Safety Officer must investigate the incident. If the District Health and Safety Officer determines through investigation an exposure was sustained, then a signed written request can be submitted to the receiving hospital for notification of the patient's infectious status. This must be performed within 48 hours.

The District Health and Safety Officer must provide all collected information regarding the exposure to the medical facility. It is ultimately the receiving medical facility's responsibility to verify and establish the possibility of an exposure to the emergency response employee. If the medical facility has found insufficient evidence exists to determine an exposure, they must notify the District Health and Safety Officer in writing within 48 hours. The District Health and Safety Officer may further pursue the determination of an exposure through a request of the public health officer in the community. If warranted, the public health officer may resubmit the request to the



medical facility. This act does not authorize or require a medical facility to test any such victim for any infectious disease, nor can this act be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.



HAZARDOUS COMMUNICATIONS POLICY

Reference: NFPA Standard: 1500, 472; OSHA: 29 CFR 1910.1200

INTRODUCTION

The District hereby maintains an effective Hazard Communication Program that meets the requirements of 29 CFR 1910.1200 in order to ensure the hazards of all chemicals used in the District are evaluated and information concerning the chemical hazards is provided to the employees. The District and Department also shall make its personnel aware of the OSHA standards to assist in the event of fire department operations at an emergency scene.

DEFINITIONS

Employee: Volunteers and employees of the District and Department

Chemical: Any substance, or mixture of substances. Exposure to chemicals can be in a variety of forms such as; solids, liquids, gases, dusts, mists, or fumes.

Exposure (or Exposed): Means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential, e.g. accidental or possible exposure. "Subjected" in terms of health hazards includes any route of entry, e.g. inhalation, ingestion, skin contact or absorption.

Hazard Category: A division of criteria within each hazard class, e.g., oral acute toxicity and flammable liquids include four hazard categories. These categories compare hazard severity within a hazard class and should not be taken as a comparison of hazard categories more generally.

Hazard Class: The nature of the physical or health hazards, e.g., flammable solid, carcinogen, oral acute toxicity.

Hazard Not Otherwise Classified (HNOC): An adverse physical or health effect identified through evaluation of scientific evidence during the classification process that does not meet the specified criteria for the physical and health hazard classes.

Hazard Statement: A statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.

Hazardous Chemical: Any chemical which is classified as a physical hazard, or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified (HNOC). For example, compressed gas is considered a physical hazard and wood dust is considered a health hazard.



HAZCOM: Hazard Communication

Health Hazard: A chemical which is classified as posing one of the following hazardous effects: acute toxicity (any route of exposure); skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; specific target organ toxicity (single or repeated exposure); or aspiration hazard.

Label: An appropriate group of written, printed or graphic information elements concerning a hazardous chemical that is affixed to, printed on, or attached to the immediate container of a hazardous chemical, or to the outside packaging.

Mixture: A combination or a solution composed of two or more substances in which they do not react.










Personal Protective Equipment (PPE): Devices worn by the worker to protect against hazards in the environment. Examples include safety glasses, face shields, respirators, gloves, hard hats, steel-toed shoes, and hearing protection.

Physical Hazard: A chemical that is classified as posing one of the following hazardous effects: explosive; flammable (gases, aerosols, liquids, or solids); oxidizer (liquid, solid or gas); self-reactive; pyrophoric (liquid or solid); self-heating; organic peroxide; corrosive to metal; gas under pressure; or in contact with water emits flammable gas.

Pictogram: A composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical. As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.



HCS Pictograms and Hazards

Health Hazard 	Flame 	Exclamation Mark 
<ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder 	Corrosion 	Exploding Bomb 
<ul style="list-style-type: none"> • Gases under Pressure 	<ul style="list-style-type: none"> • Skin Corrosion/ burns • Eye Damage • Corrosive to Metals 	<ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
Flame over Circle 	Environment (Non Mandatory) 	Skull and Crossbones 
<ul style="list-style-type: none"> • Oxidizers 	<ul style="list-style-type: none"> • Aquatic Toxicity 	<ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

Precautionary Statement: A phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.

Pyrophoric Gas: A chemical in a gaseous state that will ignite spontaneously in air at a temperature of 130°F (54.4°C) or below.

Safety Data Sheet (SDS): Written or printed material concerning a hazardous chemical that serves as an informational tool developed by chemical manufacturers containing the following information for a hazardous chemical: product identification, use restrictions, hazards identification, chemical ingredients, first-aid measures, fire-fighting measures, accidental release measures, handling & storage information, physical & chemical properties, stability & reactivity information and toxicological information. SDS are in a standardized, 16-section format and can be obtained from the chemical suppliers and many internet sites.

Signal Word: A word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used in this section are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for the less severe.

Simple Asphyxiant: A substance or mixture that displaces oxygen in the ambient atmosphere, and can thus cause oxygen deprivation in those who are exposed, leading to unconsciousness and death.



Substance: Chemical elements and their compounds in the natural state or obtained by any production process, including any additive necessary to preserve the stability of the product and any impurities deriving from the process used, but excluding any solvent which may be separated without affecting the stability of the substance or changing its composition.

Trade Secret: Any confidential formula, pattern, process, device, information or compilation of information that is used in an employer's business, and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it.

Use: To package, handle, react, emit, extract, generate as a byproduct, or transfer.

SAFETY DATA SHEETS (SDS)

The District will obtain an SDS for each hazardous chemical that is purchased and stocked by the District. Food, drugs and cosmetics brought into the workplace for employee consumption are exempt.

An SDS will be provided for all each hazardous chemical present within the District. SDSs will be provided in two formats: hardcopy and electronic.

Hard copies of all SDS shall be maintained at the location where the hazardous chemical is stored and/or used.

Electronic copies of SDS information shall be available to all personnel on the District computer system.

LABELS AND OTHER FORMS OF WARNING

All hazardous chemical containers used in fire stations or District facilities will either contain the original manufacturer's label -- that includes a product identifier, an appropriate signal word, hazard statement(s), pictogram(s), precautionary statement(s) and the name, address, and telephone number of the chemical manufacturer, importer, or other responsible party -- OR a label with the appropriate label elements just described; OR workplace labeling that includes the product identifier and words, pictures, symbols, or combination that provide at least general information regarding the hazards of the chemicals.

Labels must list in English the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer.

Information may be added in other languages as long as the information is available in English as well.

Labels need to be legible and prominently displayed, though the size and color can vary.



Labels shall not be removed or defaced. Containers of hazardous chemicals with labels that are removed or defaced shall not be used, and shall be promptly reported to the District Health and Safety Officer for prompt identification and disposal.

Shipments or deliveries of unlabeled containers of hazardous chemicals shall not be accepted or allowed onto fire District property.

Hazardous chemicals shall not be placed into unlabeled containers.

EMPLOYEE INFORMATION AND TRAINING

Employees will be provided with information and training on the hazardous chemicals in their work area at the time of their initial assignment and before they come into contact with or are exposed to the chemical in the workplace.

Additional training will also be provided whenever a new hazardous chemical is introduced into the work area, which has not previously been included in training.

HAZCOM Training will include information on the following:

1. The requirements of 29 CFR 1910.1200
2. How to access this written program, the work area inventory lists and the SDSs for hazardous chemicals used in the work area
3. Appendix A and B of the HAZCOM standard (29 CFR 1910.1200)
4. Operations that involve the use of hazardous chemicals
5. Emergency procedures to follow in the event of an accidental spill or release of hazardous chemical
6. How to detect potential exposures, the presence or release of a hazardous chemical in the work area, or possible exposures to hazardous chemicals in the workplace
7. The physical and health hazards of the hazardous chemicals used within the District
8. The specific procedures that personnel are required to take to protect themselves from these hazards, including specific procedures to protect personnel from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and use of proper personal protective equipment (PPE)
9. Details of the District Written HAZCOM program, including an explanation of SDSs and product labeling
10. How to access SDSs on District computers
11. Employees will be advised upon initial assignment of any operations in their work area where hazardous chemicals are present and the location and availability of the written Hazard Communication Program, including the inventory of hazardous chemicals and associated Safety Data Sheets



12. Before any employee is asked to perform any non-routine tasks that are hazardous (e.g., entering confined spaces, cleaning empty hazardous chemical containers, etc.) a special training session shall be conducted prior to starting work on such tasks. Such training will cover, at a minimum, the following elements:
 - a. the hazardous chemicals that may be encountered during such task
 - b. an explanation of the appropriate precautions to take
 - c. an explanation of the steps the fire department is taking to reduce hazards
 - d. an explanation of emergency procedures

The Department will provide Hazard Communication Training to new Firefighter Recruits while they are in training.

All New civilian employees shall receive Hazard Communication training during the new employee orientation training.

Refresher training shall be provided to all employees annually.

Additional HAZCOM training will be provided to all employees when new hazardous products are introduced into their work area.

All training shall be documented in writing or via electronic means, and such documentation shall be maintained for at least thirty (30) years.

RESPONSIBILITIES

District Health and Safety Officer

The District Health and Safety Officer is the Hazardous Communication Program Administrator and is responsible to:

1. Maintain, update and perform an annual review of the Hazardous Communication Program
2. Coordinate the annual chemical inventory, listing all hazardous chemicals known to be present in each workplace together with the maximum volumes, and approve all related work practices associated with the chemicals
3. Conduct an audit of Safety Data Sheets, obtain copies of any SDS for products without one, and notify the Fire Chief of any deficiencies in SDS availability in the workplace
4. Ensure employees receive Hazard Communication – Right to Know training
5. Ensure employees receive training on the chemicals used upon initial assignment and when new chemicals are added



6. Ensure employees are advised of the location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals and Safety Data Sheets required by this section
7. Ensure that the most CURRENT updated hardcopies of SDSs are obtained and maintained at each work site, along with a listing of all hazardous chemicals present
8. Ensure that SDSs are maintained for at least thirty (30) years
9. Ensure that the name of any hazardous chemical brought into a fire station or fire department facility by a contractor is promptly identified, and a Safety Data Sheet for the chemical is obtained

District Administrative Responsibility

When chemicals are delivered to the District from the manufacturer or distributor, the member accepting delivery shall inspect the container to ensure labels are affixed and Safety Data Sheets have been supplied.

Employee's Responsibility

All District employees are responsible to:

1. Attend all hazard communication training as directed
2. Become familiar with the safe handling procedures and emergency situation procedures (as provided on the various labels, instructions and/or Safety Data Sheets) for chemicals prior to using the chemical
3. Ensure all work site containers of hazardous chemicals are labeled, tagged or marked with the identity of the material and appropriate hazard warnings
4. Utilize personal protective equipment (PPE) recommended and/or required by the manufacturer of the chemical
5. Employees shall not perform non-routine tasks involving hazardous chemicals or material without first receiving training. No employee shall place himself or herself at risk in the performance of any chemical-related or other task
6. Employees who discover a hazardous chemical present in the workplace that is not on the inventory list, whether through delivery by a third party, being brought in by a contractor, or for some other reason, shall promptly notify the District Health and Safety Officer or the Department Safety Officer through the chain of command



LIVE FIRE TRAINING IN ACQUIRED STRUCTURES

INTRODUCTION

The District permits the training of firefighters utilizing live fire in acquired structures.

This policy governs training in those facilities in acquired structures, which are those structures not constructed for the purpose of conducting live fire training and operations.

NFPA 1403 is a model for live fire training. However, strict compliance with NFPA 1403 may be impossible, impractical or unnecessary. Those persons in charge of live fire training should be aware of, at a minimum, the following guidelines in order to eliminate any substantial risk of serious harm to participants. Complying with the following guidelines will ensure that a substantial risk of harm to participants does not exist. While training accidents may occur, the district believes that a substantial risk of serious injury can be limited by compliance with these guidelines.

Note that smoke does not constitute live fire.

BEST PRACTICES

Prior to training, an acquired structure should be inspected for substantial risks of danger to the participants and danger shall be abated. Such inspection shall include, at least:

1. Floors, railings and stairs for defects and structural stability
2. Floor openings covered
3. Chimney and roof hazards (stability) abated or stabilized
4. Interior and exterior walls and ceilings are intact or patched/stabilized
5. Debris making paths unsafe
6. Combustible fiberboard
7. Adequate ventilation points
8. Utilities disconnected
9. Examine for toxic weeds, insect hives, vermin
10. Asbestos removed by approved contractor
11. Combustible materials in house (paints, thinners, flammable liquids)
12. Propane tanks or other fuel storage tanks removed or vented properly
13. Unsafe trusses or trusses which will give way due to heat
14. Extraordinary weight above training area removed
15. Adjacent buildings protected or removed
16. Trees, brush or dry vegetation removed or protected by a separate water supply
17. Identify conditions that could be impaired by the smoke (airports, etc.)



18. Pedestrian traffic closed off

Only interior firefighters who have completed the NFPA 1001 course or its equivalent, or have been “interior qualified” by the Department shall enter the structure in any live fire activity. Firefighters engaged in the NFPA 1001 course may also participate as part of the class session on live fire training. All student participation shall be conducted under the instructor’s guidelines and demands.

Instructors must be familiar with these policies and other applicable policies.

There shall be at least one instructor for every five (5) students. There shall be one instructor for every backup line. Instructors do not participate in that evolution.

The incident commander is not an instructor, but is instead a participant.

At least one Department Safety Officer shall be present at all functions. The Department Safety Officer shall have the ability to cause the cessation of all activities. No training shall be conducted until the Department Safety Officer gives the authorization. The Department Safety Officer shall have no other role other than to act as Department Safety Officer and shall not be asked to assist in any other manner at the training. The role of the Department Safety Officer is to abate unsafe conditions and prevent unsafe acts.

Only one person shall serve as the ignition officer. Such person must be able to communicate with the incident commander and the Department Safety Officer. Such person may not participate in that scenario in any other capacity.

No person shall take part in setting up the training unless cleared through the command structure. An announcement shall be made that no person is to “free-lance” in setting up or changing any facet of the training.

The fuel load shall be inspected by the Department Safety Officer to ensure flash over and back draft risks are limited and containment is possible. Fuel load includes the following unintended items in the reasonable vicinity of the fire:

1. furniture
2. wall coverings and ceiling material
3. drapery

Ensure that fuels used in live burn training evolutions have known burning characteristics and the structure is inspected for possible environmental hazards. No combustible or flammable liquids shall be utilized.



The structure shall be inspected by qualified personnel prior to burning, and all unsafe hazards shall be abated or avoided.

There must be a FAST/RIT team at the training, with at least two persons on the team, though a preference of at least four is preferred.

At least two firefighters must enter the structure at a time, as a team.

Ambulance and rescue personnel shall be on scene at all live fire training exercises.

All students shall become familiar with the general layout of the burn facility and shall tour the facility prior to conducting training sessions. Pre-burn sessions should be conducted to explain to participants what to expect in the scenario. All participants should be able to recognize the exits prior to the training.

All participants in the hot zone, including students, instructors, safety officers and ignition officers, shall utilize appropriate turnout gear, PASS alarms and SCBA for training. No person shall enter the premises or participate in the training that is not properly equipped or trained in the use of such equipment.

No live victims may be used in any exercise with live fire. The location of the victims does not have to be revealed, but the possibility of victims must be discussed with participants.

No traps should be set or permitted to exist that could endanger any firefighter. Changing the interior layout does not constitute a trap.

At least one exit path must exist which is not blocked and which is monitored by appropriate supervisory personnel. No fire shall block an exit.

Only one fire shall be lit at one time. A charged hose line must be present when lighting the fire.

Evacuation signals must be established and announced prior to the training.

An adequate accountability system shall be utilized. All personnel shall be accounted for as to their participation and location prior to the burn sequence being initiated.

At least one hose line and one backup hose line must be present for all training exercises, from separate sources. Ample water supply must be established prior to training and monitored throughout training. For acquired structures, ample water supply must be sufficient to extinguish a fully engulfed structure plus any adjacent



structures which could potentially burn, and not simply the part of the structure intended to burn. Acquired structures must also have backup water supply. All hoses must be tested prior to training. Separate water supplies for the main lines and back up lines must be used to prevent failure of the water source (e.g. engine).

Communications must be established between the incident commander and all firefighters participating in the training.

All participants must be under constant observation by an instructor during the evolution.

Establish rehabilitation operations at training exercises that pose the risk of fire fighters exceeding a safe level of physical or mental endurance.

Staging areas for fire apparatus shall be designated in advance.

The public must be kept at a safe area, properly designated with tape or other markings.

Notify emergency dispatch/911 of a live burn and provide the address.

Ensure that only one fire is lit at a time by a designated ignition officer and that a charged hose line is present while igniting the fire.

The lighting of fires shall be coordinated with the instructor-in-charge

A Department Safety Officer should be in the presence of, and have direct supervision of, the ignition officer when fire is lit. Instructors shall authorize each fire lit.

Proper ventilation shall be in place prior to lighting the burn and must be coordinated with interior operations. Ventilation can be part of the training. Flashover simulations should never be permitted.

Thermal imaging cameras should be utilized during live-fire trainings to observe firefighters and monitor heat conditions for safety.

The training shall be ceased immediately and all evacuations initiated upon the determination of the safety officer(s), instructor or incident commander that the operation is unsafe. Operations may only resume when the hazard(s) have been abated.

The District and Department must ensure all New York State regulations are adhered to.



PERSONAL EQUIPMENT INSPECTION POLICY

INTRODUCTION

This policy provides for the inspection and repair of District Personal Protective Equipment.

All Personal Protective Equipment shall be inspected annually. Any gear found to be deficient during the annual inspection shall be identified with a tag and immediately removed from service, or repaired immediately if possible.

DEFINITIONS

Crazing: Small cracks on the surface of the helmet

Contamination: the presence of extraneous, especially infectious material that renders a substance harmful

Drag Rescue Device (DRD): A strap incorporated with the Turnout gear which enables the rescuer to drag a downed firefighter in the horizontal position

Hazardous Material: Any item or agent (Biological, Chemical, Physical) which has the potential to cause harm to humans, animals or the environment

Independent Service Provider (ISP): An expert or professional in their field of service

Interface Component(s): Coat/Pant interface, front closure on the jacket, sleeve/glove interface, pant/boot interface

Personal Safety System: A reliable means of egress from a burning multi-story structure when using a conventional exit is no longer possible. The Personal Safety System is comprised of an integrated harness and emergency escape rope assembly

Soiling: unclean, dirty on the surface

Universal Precautions: A set of precautions designed to prevent the transmission of blood borne pathogens

ANNUAL INSPECTION

Annual Inspection and associated testing shall be managed and performed by the fire line officers or one or more appointees of the Chief. Annual inspections of all protective gear shall be conducted at a minimum of every 12 months or whenever non-annual inspections indicate that a problem with the gear.



The findings of the annual inspection for each piece of Personal Protective Equipment shall be documented using the Turnout Gear Ensemble and Ensemble Elements Inspection Checklist shown in Appendix B.

Turnout Coat and Pants

All separable layers of the Turnout Gear shall be individually inspected for the following:

1. Soiling, Contamination
2. Rips, tears, cuts and abrasions
3. Damaged or missing hardware and closure systems
4. Thermal damage such as charring, burn holes, melting, discoloration of any layer
5. Loss of moisture barrier integrity indicated by rips, cuts, tears, abrasions, discoloration or thermal damage
6. Evaluation of system fit and coat/trouser overlap
7. Damaged or missing reflective trim
8. Loss of seam integrity and size compatibility of shell, liner, Drag Rescue Device and Personal Safety System
9. Loss of material physical integrity as evidences by discoloration, significant changes in material texture, loss of material strength, loss of liner material and shifting of liner material
10. Loss of wristlet elasticity, stretching, runs, cuts or burn holes
11. Manufacturer label integrity and legibility
12. Hoop and loop functionality
13. Liner attachment systems
14. Closure system functionality
15. Correct assembly and size compatibility of shell, liner and drag rescue device (DRD)

Hood

The hood shall be inspected for the following:

1. Soiling, Contamination
2. Rips, tears and cuts
3. Thermal damage such as charring, burn holes, melting and discoloration
4. Loss of face opening adjustment
5. Loss of seam integrity and broken or missing stitches

Helmet and Helmet Elements

1. Outer shell – Soiling, contamination, cracks, crazing, dents and heavy abrasions. Thermal damage such as bubbling, soft spots, warping or discoloration.
2. Ear flaps – Rips, tears, cuts
3. Internal suspension – broken or missing components



4. Face Shield/goggles – Discoloration, major abrasions, cracks
5. Reflective trim

Gloves

1. Soiling, Contamination
2. Rips, tears and cuts
3. Inverted liner
4. Thermal damage such as charring, burn holes, melting, discoloration of any layer
5. Shrinkage
6. Loss of elasticity or flexibility
7. Loss of elasticity and shape of wristlets
8. Loss of seam integrity and broken or missing stitches

Footwear

1. Soiling, Contamination
2. Cuts, tears and punctures, leaks
3. Thermal damage such as charring, burn holes, melting and discoloration
4. Exposed or deformed steel toe, steel midsole or shank
5. Loss of water resistance
6. Excessive tread wear
7. Loss of seam integrity and broken or missing stitches
8. Condition of lining such as tears, excessive wear and separation from the outer layer
9. Heel counter failure – the heel counter is a rigid piece embedded within the heel of the boot to improve the support provided to the wearer's foot

Drag Rescue Device (DRD)

1. Installation in the garment
2. Soiling, Contamination
3. Cuts, tears, punctures, cracking or splitting
4. Thermal damage such as charring, burn holes, melting and discoloration

Personal Safety System (Self Rescue Device)

1. Soiling, Contamination
2. Cuts, tears, punctures, cracking or splitting
3. Thermal damage such as charring, burn holes, melting and discoloration



Interface Component (jacket front closure, coat/pan, sleeve/glove, pant/boot interface)

1. Soiling, Contamination
2. Physical damage such as charring, burn holes, melting and discoloration
3. Loss of reduction of properties that allow the component to continue as effective interface such as loss of shape or inability to remain attached to the respective elements, if attachment is required
4. Loss of seam integrity and broken or missing stitches

Safety Glasses / Goggles

1. Permits clear vision (no significant scratches)
2. Cracking
3. Snug Fit

ADVANCED INSPECTIONS

Turnout Coat Liner:

- A. Complete liner inspection of all garment elements shall be conducted at a minimum after 5 years in service or whenever advanced inspections indicate that problem with the liner could exist. The liner system shall be opened to expose all layers for inspection and testing. This may require undoing the stitching of the liner.
- B. The moisture barrier and the thermal barrier shall be inspected for the following:
 1. Physical damage to all layers and sides of each layer such as rips, cuts, abrasions
 2. Thermal damage such as charring, burn holes, melting or discoloration of any layer
 3. Loss of seam integrity, broken or missing stitches, and loose or missing moisture barrier seam tape
 4. Material physical integrity; UV or chemical degradation as evidenced by discoloration, significant changes in material texture, loss of material strength, loss of liner material or shifting of liner material
 5. Delamination as evidenced by separation of film from substrate fabric, flaking or powdering

The moisture barrier shall be tested using the hydrostatic test to evaluate the water penetration barrier and shall show no leakage. The hydrostatic test is called the "Cup Test" where the moisture barrier is placed in a leak proof, clamped, horizontal position with a cup of water applied for 15 seconds. This test provides inspection without opening the liner.

The result of each water penetration barrier evaluation (Cup Test) shall be recorded.



REPAIR OF ENSEMBLE ELEMENTS

All ensemble repairs shall be performed by the original manufacturer, an ISP Ensemble elements include: turnout coat, liner, trousers, helmet, footwear, gloves and hoods.

STORAGE OF TURNOUT GEAR ENSEMBLES

Turnout gear ensembles and ensemble elements must be stored in clean, dry and well ventilated areas.

Turnout gear ensembles and ensemble elements must not be exposed to direct sunlight or fluorescent light when not be worn.

Turnout gear ensembles and ensemble elements will be stored in the turnout gear racks located in the apparatus bay when not in use, the exception being the Chief Officers who carry their turnout gear in their personal vehicle. Other members may carry their turnout gear in their personal vehicles, with the understanding they should respond to the fire station for emergency calls. Spare turnout gear ensembles will be maintained in the secure room located fire station.

RETIREMENT OF TURNOUT GEAR ENSEMBLES

Turnout gear ensembles and ensemble elements used for Interior Firefighting shall be retired from interior service 10 years after date of manufacture. However, if the gear is in such condition that it passes inspection, it may be used as backup gear for that period of time until new gear arrives, but not more than 6 months.



LIFE SAFETY ROPES

INTRODUCTION

All life safety rope, harnesses and hardware used by the Department shall comply with NFPA 1983, and all operations involving the use of life safety rope shall be conducted in accordance with NFPA 1500 and NFPA 1670, and OSHA's Standard on Fall Protection Systems Criteria and Practices, 29 CFR 1926.502.

This document establishes guidelines for the care, maintenance, inspection and use of life safety ropes, harnesses and hardware.

This Policy applies to all members of the Department.

DEFINITIONS

Life Safety Rope: Rope dedicated solely for the purpose of constructing lines for supporting the weight of members or others during rescue, firefighting, other emergency operations, or during training evolutions.

Utility rope: Rope used to hoist, lower or secure firefighting equipment. Utility rope shall not be used to support the weight of any members or other persons.

Line: Rope when in use.

Life Safety Harness: Harness used to support people during fire department operations.

Class I Harness: Harness that fastens around the waist; designed to be used for securing member to a ladder or aerial device. (E.g. ladder belt) Designed for one-person loads.

Class II Harness: Harness that fastens around waist and around thighs or under buttocks: designed for rescue where two person loads may be encountered.

Class III Harness: Harness that fastens around waist, around thighs or under buttocks, and over shoulders; designed for rescue where two person's loads may be encountered and inverting may occur.

Remove from service and destroy: Remove from service and alter in such a way that the rope cannot be mistakenly used as a life safety rope. This shall include disposal of the rope or cutting the rope into sections not longer than 15 feet in length. This rope may then be used for training in knot tying.

Impact Load: Any sudden load placed on the rope that would cause the rope to be momentarily stressed beyond the limits recommended by the manufacturer. Where the manufacturer's impact load recommendations are



unclear assume any free-fall of a member greater than 2 vertical feet that is caught by the rope is an impact load for purposes of assessing whether a rope can be reused.

SPECIFICATIONS

All life safety rope, harnesses and hardware shall meet or exceed NFPA Standard 1983, *Standard on Life Safety Rope and Equipment for Emergency Services*, and OSHA's Standard on Fall Protection Systems Criteria and Practices, 29 CFR 1926.502.

The life safety rope used by the Department shall have a minimum tensile strength of 12,500-pounds. This rope is considered to be a two-person rope (300 pounds per person x 2 persons plus at least a 15:1 safety margin) and shall not be used to support more than two persons.

Only Class II and Class III harnesses may be used during emergency operations and training evolutions when working with life safety rope.

Personnel working from open-sided unguarded floors, roofs, pipe racks, ledges, platforms, walkways, machinery, stock shelves, or similar unguarded working surfaces which are elevated ten (10) feet or more above a lower level shall be secured by life safety harnesses, rope, and hardware; a fall protection system; or shall be protected by some other suitable method to the greatest extent possible given the exigencies of the emergency unless it is infeasible or creates a greater hazard to use such a measure.

ROPE FOR EMERGENCY RESPONSE

Life safety rope shall only be utilized by personnel trained and approved by the Department in high and/or low angle rope rescue operations.

Use of life safety ropes at emergencies shall be in accordance with NFPA 1670 and 29 CFR 1926.502.

Only life safety rope shall be used to support the weight of members or other persons during rescue, firefighting or other emergency operations.

Life safety rope is only to be used for emergency lifesaving operations. Life safety rope used for any other purpose (such as for a utility rope, or for lifting, hauling, or lowering equipment) shall be removed from service and destroyed.

Life safety rope intended for emergency response is not to be used for training evolutions.

Life safety rope used for rescue at fires or other emergency incidents may be re-used, if inspected before and after each use in accordance with the manufacturer's instructions and provided:



1. The rope has not been visually damaged by exposure to heat, direct flame impingement, chemical exposure or abrasion.
2. The rope has not been subjected to any impact load.
3. The rope has not been exposed to chemical liquids, solids, gases, mists or vapors of any material known to deteriorate rope.

If the rope used for rescue at fires or other emergency incidents has been subjected to 1, 2 or 3 of paragraph immediately above, or if the rope fails the visual inspection, it shall be removed from service and destroyed. If there is any question regarding the serviceability of the rope after consideration of the above, the safe course of action shall be taken and the rope shall be removed from service and destroyed.

Life safety rope that is ten years old shall be removed from service and destroyed.

When life safety rope is placed into service the bag shall be tagged, and the following information shall be included on the tag:

1. Purchase date
2. Manufacturer
3. Rope specifications
4. Dates of inspection

This information shall also be maintained in the District files on Life Safety Rope Log forms.

A separate log shall be maintained for each life safety rope.

Each individual assigned a Life Safety Rope as part of their bail out system is responsible for maintaining the log for that Life Safety rope. The chief, or his designee, shall be responsible for maintaining the log for all ropes not assigned to an individual.

Life safety rope shall be inspected every six months, in April and October, and before and after any use. Each inspection shall be noted on the rope's tag as well as in the Life Safety Rope Log.

All life safety harnesses and hardware shall also be inspected every six months, in April and October, and before and after each use.

TRAINING LIFE SAFETY ROPE

Life safety rope designated for training evolutions shall be designated as training life safety rope. Training life safety rope shall not be used at emergency incidents.



Training life safety ropes are considered to be used under controlled conditions in which impact loading and other damaging situations would be observed. Training life safety rope may be reused if inspected before and after each use in accordance with the manufacturer instructions and provided:

1. The rope has not been visually damaged by exposure to heat; direct flame impingement, chemical exposure or abrasion
2. The rope has not been subjected to any impact load
3. The rope has not been exposed to chemical liquids, solids, gases, mists or vapors of any material known to deteriorate rope

If training life safety rope has been subjected to 1, 2, 3 of paragraph immediately above, or if the rope fails the visual inspection, it shall be removed from service and destroyed. If there is any question regarding the serviceability of the rope after consideration of the above, the safe course of action shall be taken and the rope shall be removed from service and destroyed.

Training life safety rope that is ten years old shall be removed from service and destroyed.

A Life Safety Rope Log shall be maintained for each training rope indicating:

1. Purchase date
2. Manufacturer
3. Specifications
4. Dates of use
5. Type and number of evolutions performed
6. Dates of inspection

This information shall also be maintained in the District files on Life Safety Rope Log forms

The chief, or his designee, shall be responsible for maintaining the log for all Life Safety ropes used in training.

Training life safety ropes shall not be stored upon apparatus or in any location where it may mistakenly be used for emergency response. Training Life Safety Ropes shall be stored at the fire station in a container specified for storing training items.

Training life safety rope shall be inspected every six months, in April and October, and before and after any use. Each inspection shall be noted on the Life Safety Rope Log.

All life safety harnesses and hardware used for training shall also be inspected every six months, in April and October, and before and after each use.



CARE MAINTENANCE AND STORAGE

Never allow a life safety rope to be stepped on. Stepping on rope grinds in dirt that can abrade the core fibers causing premature wear.

Always protect the rope from sharp edges. The majority of rope failures are a result of inadequate edge protection.

Rope should always be kept clean and stored in a rope bag in a cool, dry place out of sunlight or fluorescent lights, and free from contact with chemicals.

Rope should be stored away from exhaust fumes, battery acid fumes and gasoline fumes.

Ropes may be cleaned in accordance with manufacturer instructions.

INSPECTIONS

All life safety ropes shall be inspected by qualified personnel in accordance with the manufacturer's instructions.

Life safety ropes shall also be subjected to a visual and tactile examination, by physically passing the entire rope, end to end, through both hands, feeling for any depressions, dimples, lumpiness, or irregularities.

Any defects found shall be cause to have the rope removed from service and destroyed.



WORKPLACE VIOLENCE PREVENTION PROGRAM

POLICY STATEMENT

The Walworth Fire District is concerned and committed to our employees' safety and health. The term "employees", for purposes of this policy, includes all officers, volunteers, commissioners, the secretary and treasurer, and any employees. The District will not tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program. The District will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.

All commissioners and officers are responsible for implementing and maintaining the District's Workplace Violence Prevention Program. The District encourages employee participation in designing and implementing our program. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

A copy of this Policy Statement and our Workplace Violence Prevention Program is readily available to all employees from each individual with authority, such as the Chief and members of the Board of Commissioners.

Our program ensures that all employees, including the chiefs, line officers and the Board of Commissioners, adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace.

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

The District Board and the Chief are responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. The Board and the Chief are expected to enforce the rules fairly and uniformly.

The District's Workplace Violence Prevention Program will be reviewed and updated annually or as otherwise required by incidents.

THREAT ASSESSMENT TEAM

A Threat Assessment Team has been established and part of their duties will be to assess the vulnerability to workplace violence at our establishment and reach agreement on preventive actions to be taken. They are responsible for auditing our overall Workplace Violence Program.



The Threat Assessment Team will consist of the Chief, Assistant Chiefs and each commissioner.

The team will develop employee training programs in violence prevention and plan for responding to acts of violence. They will communicate this plan internally to all members, commissioners, employees and officers.

The Threat Assessment Team began its work by reviewing previous incidents of violence within the District and as are common in other fire departments. The team analyzed and review existing records identifying patterns that may indicate causes and severity of assault incidents and identify changes necessary to correct these hazards. These records included but were not limited to, PESH 900 logs, past incident reports, medical records, insurance records, worker compensation records, police reports, accident investigations, training records, grievances, minutes of meetings, and most importantly, issues common to emergency service workers.

The District has inspected the workplace and has evaluated the work tasks of all individuals to determine the presence of hazards, conditions, operations and other situations with might place our personnel at risk of occupational assault incidents and violence. Refer to Appendix C for a Self Inspection Checklist. Select individuals were surveyed to identify the potential for violent incidents and to identify or confirm the need for improved security measures. These surveys shall be reviewed, updated and distributed as needed or at least once within a two-year period. Refer to Appendix D for a copy of the Employee Security Survey.

Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence will be performed by the following representatives of the Assessment Team, in the following areas of our workplace:

1. Within the firehouse and all District owned property
2. In the Community, for issues first responders face outside of the firehouse
3. At District meetings with the public present

Periodic inspections will be performed every two years.

HAZARD ASSESSMENT

Records Review

The Threat Assessment Team reviewed the following records:

1. PESH 900 logs for the last three years
2. Incident reports
3. Records of or information compiled for recording of assault incidents or near assault incidents
4. Insurance records
5. Police reports
6. Accident investigations



7. Training records
8. Grievances
9. Workers' Compensation records

From these records, and from the general awareness of issues of violence faced by firefighters we have identified the following issues that need to be addressed:

1. Weapons of Mass Destruction
2. Assault with weapons
3. Intoxicated or drug influenced individuals
4. Domestic violence
5. Arson
6. Driver rage / Road rage
7. Criminal acts in progress or concluding
8. Terrorist Acts
9. Chemically Assisted Suicide

Commissioners also may face anger from the community, and it has been determined that insufficient protections exist to protect the commissioners. However, like most public meetings, no security is affordable.

It was also determined that:

1. The mere presence of firefighters out in the community during responses to emergencies or their participation in other activities, including but not limited to being present in homes and in the streets, opens them up to violent acts, whether intentionally directed towards them or indirectly
2. Firefighters, as emergency workers, and the firehouse as a symbol in the community, are potential targets of terrorist attacks
3. Arsonists may intend on harming any persons in a house or attempting to save a house from fire
4. Members of the public may enter into the firehouse with the intent to harm individuals
5. Critical incident related stress of the firefighters which could result in unanticipated and uncharacteristic violent acts

WORKPLACE SECURITY ANALYSIS

Inspection

The Threat Assessment Team inspected the workplace. From this inspection the following issues have been identified:

1. Bay doors and exterior doors are usually closed and secured, but may be left open during times when members are in the firehouse
2. The public may be in the firehouse on occasion, which may result in the inability to prevent planned acts of violence



3. The community in general, as our “workplace” is hazardous in general, posing the threat of violent acts, including terrorist acts, arson, and physical harm
4. Exterior lighting must be maintained in order to enhance security
5. Building access must be controlled, as well as within the firehouse itself
6. Firefighters must receive continual training to be aware of the threats they face in the community when on calls
7. Commissioners must be aware of an exit strategy if the public or members thereof become uncontrollably angry. Phones to the police should be available

General issues of emergency responder safety

The threats to emergency responders outside of the confines of the District’s offices are well known. These threats include, but are not limited to:

1. Weapons of Mass Destruction
4. Assault with weapons
5. Intoxicated or drug influenced individuals
6. Domestic violence
7. Arson
8. Driver rage
9. Criminal acts in progress or concluding
10. Terrorist Acts
11. Chemically Assisted Suicide

Review of Tasks

The Threat Assessment Team also reviewed the work tasks of our employees to determine the presence of hazards, conditions, operations and situations which might place workers at risk of occupational assault incidents.

The following factors were considered:

1. Responding to emergencies of all sorts, including:
 - a. Terrorism
 - b. Assault
 - c. Domestic Violence
 - d. Criminal Acts
 - e. Arson
 - f. Weapons of Mass Destruction
2. Being present in the firehouse - the firehouse may be a target of violence itself
3. Presence around individual members: members may have experienced stress due to critical incidents and may require counseling or treatment to prevent violent and unexpected outbursts
4. Commissioners may face angry members of the public at meetings



5. Remaining in a place which is a target of terrorism, such as the fire house or municipal office
6. Exchange of money with the public
7. Working alone or in small numbers
8. Working late at night or early in the morning hours
9. Working in a high crime area
10. Guarding valuable property or possessions
11. Working in community settings
12. Staffing levels
13. Presence at community/District meetings with angry individuals

From this analysis, the following issues have been identified:

1. Employees need to be educated as to the methods of protecting themselves and others when out in the public
2. Employees need training to recognize the possibility of initial and secondary terrorist attacks
3. Employees need to be educated as to the methods of identifying potential hazards to themselves, their fellow employees, and others
4. Commissioners face potentially violent acts from members of the community during District meetings or while out in the community

WORKPLACE HAZARD CONTROL AND PREVENTION

In order to reduce the risk of workplace violence, the following measures have been recommended:

1. Training has been implemented to educate employees in the risks associated with responding to emergencies, including all of the risks above, such as terrorism, arson, domestic violence, and road rage
2. Security access to buildings has been reviewed and implemented
3. Engineering controls and building and work area design controls have been implemented as follows:
 - a. Lighting has been reviewed for parking lots
 - b. Security to the building has been reviewed. The terrorist threat levels also will determine the level of security and lockdown of the firehouse
 - c. Phones are throughout the building to ensure easy access to call for police assistance
4. Emergency personnel will have radios to ensure communication in the field with 911 or other emergency communications systems
5. Personnel will receive training to recognize the identified hazards
6. Police agencies will be made available to respond prior to the fire department and clear the scene before the members enter the scene



Review of measures that have been instituted in this organization to prevent workplace violence including:

1. use of security equipment and procedures
2. how to attempt to diffuse hostile or threatening situations
3. how to summon assistance in case of an emergency or hostage situation
4. post-incident procedures, including medical follow-up and the availability of counseling and referral

The District has instituted the following as a result of the workplace security inspection and recommendations made by the Threat Assessment Team, including the following policies and training:

1. The firehouse will not remain unlocked and unsecured at times when persons are not in the firehouse
2. The general public will not be permitted to walk around the firehouse
3. Training will be instituted as above indicated.

TRAINING AND EDUCATION

Training for all employees, including managers and supervisors, will be provided annually.

Training shall include:

1. a review and definition of workplace violence
2. a full explanation and full description of our program (all employees were given a copy of this program at orientation)
3. instructions on how to report all incidents including threats and verbal abuse
4. methods of recognizing and responding to workplace security hazards
5. training on how to identify potential workplace security hazards (such as no lights in parking lot while leaving late at night, unknown person loitering outside the building, etc.)
6. training on the hazards specific to serving as a firefighter and being present at emergencies and throughout the community
7. Potential violent acts caused by critical incident stress of members
8. review of measures that have been instituted in this organization to prevent workplace violence
9. use of security equipment and procedures
10. how to attempt to diffuse hostile or threatening situations
11. how to recognize threats of violence
12. methods of how to avoid becoming involved in or trapped by a violent situation during an emergency response
13. weapons of mass destruction training, and terrorism awareness, and hazardous
14. how to summon assistance in case of an emergency or hostage situation
15. post-incident procedures, including medical follow-up and the availability of counseling and referral



Additional specialized training may be given to:

1. Chiefs, line officers, select members
2. All members will complete: Hazardous Materials Awareness
3. Interior Firefighters will complete: Hazardous Materials for First Responders

Trainers will be qualified and knowledgeable. Our trainers are professionals and will either be from in-house or in the community.

All training records will be filed with the office of the Chief.

Workplace Violence Prevention training will be given to new employees/volunteers as part of their orientation and throughout their training, as appropriate. Not all of the training will be given initially, as some of it becomes more applicable as the employees progress throughout their education and skill levels (such as arson issues).

The training program will be updated to reflect changes in our Workplace Prevention Program.

INCIDENT REPORTING AND INVESTIGATION

All incidents must be reported within **forty-eight hours**. An "Incident Report Form" will be completed for all incidents. One copy will be forwarded to the Threat Assessment Team for their review and a copy will be filed with the Chief. Refer to Appendix E for a copy of the Incident Report Form.

Each incident will be evaluated by the Threat Assessment Team. The team will discuss the causes of the incident and will make recommendations on how to revise the program to prevent similar incidents from occurring. All revisions of the Program will be put into writing and made available to all employees.

RECORDKEEPING

The District will maintain an accurate record of all workplace violence incidents. All incident report forms will be kept for a minimum of seven (7) years, or for the time specified in the Statute of Limitations for our local jurisdiction, or as otherwise required by the Record Retention Policy.

Any injury which requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness, will be recorded on the PESH 900 log. Doctors' reports and officers' reports will be kept of each recorded incident, if applicable.

Incidents of abuse, verbal attack, or aggressive behavior which may be threatening to the employee, but not resulting in injury, will be recorded. These records will be evaluated on a regular basis by the Threat Assessment Team.



Minutes of the Threat Assessment Team meetings shall be kept for three (3) years.

Records of training program contents, and the sign-in sheets of all attendees, shall be kept for five (5) years, or as otherwise required by the Record Retention Policy. Qualifications of the trainers shall be maintained along with the training records.

DEFINITION OF INCIDENTS

Assault: The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.

Criminal Mischief: Intentional or reckless damaging of the property of another person without permission.

Disorderly Conduct: Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent numinous or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

Harassment: Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). Also, using abusive or obscene language or following a person in about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

Larceny: Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

Menacing: Intentionally places or attempts to place another person in fear of imminent serious physical injury.

Reckless Endangerment: Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.

Robbery: Forcible stealing of another's property by use of threat of immediate physical force. (Victim is present and aware of theft).

Public Lewdness: Exposure of sexual organs to others.

Sexual Abuse: Subjecting another to sexual contact without consent.



Sodomy: A deviant sexual act committed as in rape.

Rape: Sexual intercourse without consent.



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APPENDIX A - COPY OF APPENDIX C OF 29 CFR 1910.134

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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

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

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

Part A. Section 1. (Mandatory)

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

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title:
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
 - b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes No
If "yes," what type(s)?

Part A. Section 2. (Mandatory)

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



1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:
Yes No
2. Have you ever had any of the following conditions?
 - a. Seizures (fits):
Yes No
 - b. Diabetes (sugar disease):
Yes No
 - c. Allergic reactions that interfere with your breathing:
Yes No
 - d. Claustrophobia (fear of closed-in places):
Yes No
 - e. Trouble smelling odors:
Yes No
3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis:
Yes No
 - b. Asthma:
Yes No
 - c. Chronic bronchitis:
Yes No
 - d. Emphysema:
Yes No
 - e. Pneumonia:
Yes No
 - f. Tuberculosis:
Yes No
 - g. Silicosis:
Yes No
 - h. Pneumothorax (collapsed lung):
Yes No
 - i. Lung cancer:
Yes No
 - j. Broken ribs:
Yes No
 - k. Any chest injuries or surgeries:
Yes No
 - l. Any other lung problem that you've been told about:
Yes No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath:
Yes No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:
Yes No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground:
Yes No



- d. Have to stop for breath when walking at your own pace on level ground:
Yes No
 - e. Shortness of breath when washing or dressing yourself:
Yes No
 - f. Shortness of breath that interferes with your job:
Yes No
 - g. Coughing that produces phlegm (thick sputum):
Yes No
 - h. Coughing that wakes you early in the morning:
Yes No
 - i. Coughing that occurs mostly when you are lying down:
Yes No
 - j. Coughing up blood in the last month:
Yes No
 - k. Wheezing:
Yes No
 - l. Wheezing that interferes with your job:
Yes No
 - m. Chest pain when you breathe deeply:
Yes No
 - n. Any other symptoms that you think may be related to lung problems:
Yes No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack:
Yes No
 - b. Stroke:
Yes No
 - c. Angina:
Yes No
 - d. Heart failure:
Yes No
 - e. Swelling in your legs or feet (not caused by walking):
Yes No
 - f. Heart arrhythmia (heart beating irregularly):
Yes No
 - g. High blood pressure:
Yes No
 - h. Any other heart problem that you've been told about:
Yes No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest:
Yes No
 - b. Pain or tightness in your chest during physical activity:
Yes No



- c. Pain or tightness in your chest that interferes with your job:
Yes No
 - d. In the past two years, have you noticed your heart skipping or missing a beat:
Yes No
 - e. Heartburn or indigestion that is not related to eating:
Yes No
 - f. Any other symptoms that you think may be related to heart or circulation problems:
Yes No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems:
Yes No
 - b. Heart trouble:
Yes No
 - c. Blood pressure:
Yes No
 - d. Seizures (fits):
Yes No
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9)
- a. Eye irritation:
Yes No
 - b. Skin allergies or rashes:
Yes No
 - c. Anxiety:
Yes No
 - d. General weakness or fatigue:
Yes No
 - e. Any other problem that interferes with your use of a respirator:
Yes No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:
Yes No

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

10. Have you ever lost vision in either eye (temporarily or permanently):
Yes No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses:
Yes No
 - b. Wear glasses:
Yes No
 - c. Color blind:
Yes No



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

Part B

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

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:
Yes No

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

Yes No



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

Yes No

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

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

a. Asbestos:

Yes No

b. Silica (e.g., in sandblasting):

Yes No

c. Tungsten/cobalt (e.g., grinding or welding this material):

Yes No

d. Beryllium:

Yes No

e. Aluminum:

Yes No

f. Coal (for example, mining):

Yes No

g. Iron:

Yes No

h. Tin:

Yes No

i. Dusty environments:

Yes No

j. Any other hazardous exposures:

Yes No

If "yes," describe these exposures:

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

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you been in the military services?

Yes No

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

Yes No

8. Have you ever worked on a HAZMAT team?

Yes No



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

Yes No

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

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

a. HEPA Filters:

Yes No

b. Canisters (for example, gas masks):

Yes No

c. Cartridges:

Yes No

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

a. Escape only (no rescue):

Yes No

b. Emergency rescue only:

Yes No

c. Less than 5 hours per week:

Yes No

d. Less than 2 hours per day:

Yes No

e. 2 to 4 hours per day:

Yes No

f. Over 4 hours per day:

Yes No

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

a. Light (less than 200 kcal per hour):

Yes No

If "yes," how long does this period last during the average shift:

_____ hrs. _____ mins.

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

b. Moderate (200 to 350 kcal per hour):

Yes No

If "yes," how long does this period last during the average shift:

_____ hrs. _____ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35



lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. Heavy (above 350 kcal per hour):
Yes No

If "yes," how long does this period last during the average shift:

_____hrs. _____mins.

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

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

Yes No

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

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):

Yes No

15. Will you be working under humid conditions:

Yes No

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

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

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

Name of the first toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of the second toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of the third toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

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

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



APPENDIX B - PERSONAL PROTECTION EQUIPMENT ANNUAL INSPECTION CHECKLIST

Member's Name: _____ Turnout Manufacturer Name: _____

Turnout Coat Serial Number: _____ Turnout Pant Serial Number: _____

Inspection instructions – place a checkmark next to the inspection criteria as the inspection of each element is completed. **Place an “F” next to any item that requires failure and an “R” that requires replacement.**

Turnout Coat and Pants

- ___ Soiling, Contamination
- ___ Rips, tears and cuts
- ___ Damaged or missing hardware and closure systems
- ___ Thermal damage such as charring, burn holes, melting, discoloration of any layer
- ___ Loss of moisture barrier integrity indicated by rips, cuts, tears, abrasions, discoloration or thermal damage
- ___ Evaluation of system fit and coat/trouser overlap
- ___ Damaged or missing reflective trim
- ___ Loss of seam integrity and size compatibility of shell, liner and the Drag Rescue Device
- ___ Loss of material physical integrity (discoloration, changes in texture or strength, loss or shifting of liner)
- ___ Loss of wristlet elasticity, stretching, runs, cuts or burn holes
- ___ Manufacturer label integrity and legibility
- ___ Hoop and loop functionality
- ___ Liner attachment systems
- ___ Closure system functionality
- ___ Correct assembly and size compatibility of shell, liner and Drag Rescue Device

Turnout Coat Linder & Moisture/Thermal Barrier (may need to be opened to expose all layers for inspecting)

- ___ Physical damage to all layers and sides of each layer such as rips, cuts and abrasions
- ___ Thermal damage such as charring, burn holes, melting or discoloration of any layer
- ___ Loss of seam integrity, broken or missing stitches, and loose or missing moisture barrier seam tape
- ___ Loss of material physical integrity (discoloration, changes in texture or strength, loss or shifting of liner)
- ___ Delamination as evidenced by separation of film from substrate fabric, flaking or powdering
- ___ Water penetration barrier evaluation (Cup Test)

Hood

- ___ Soiling, Contamination
- ___ Rips, tears and cuts
- ___ Thermal damage such as charring, burn holes, melting and discoloration
- ___ Loss of face opening adjustment
- ___ Loss of seam integrity and broken or missing stitches

Helmet and Helmet Elements

- ___ Soiling, Contamination
- ___ Cracks, crazing, dents and abrasions
- ___ Thermal damage such as charring, burn holes, melting, discoloration, bubbling, soft spots and warping
- ___ Rips, tears and cuts to earflaps
- ___ Damaged or missing reflective trim
- ___ Damaged (charring, burn holes, discoloration, broken or missing seam stitches, no missing components)
- ___ Damaged or missing components of the face shield (discoloration or scratches which limit visibility)

Fire Gloves

- ___ Soiling, Contamination
- ___ Rips, tears and cuts
- ___ Inverted liner
- ___ Thermal damage such as charring, burn holes, melting, discoloration of any layer
- ___ Shrinkage
- ___ Loss of elasticity or flexibility
- ___ Loss of elasticity and shape of wristlets
- ___ Loss of seam integrity and broken or missing stitches



Rescue Gloves

- Soiling, Contamination
- Rips, tears and cuts
- Inverted liner
- Thermal damage such as charring, burn holes, melting, discoloration of any layer
- Shrinkage
- Loss of elasticity or flexibility
- Loss of elasticity and shape of wristlets
- Loss of seam integrity and broken or missing stitches

Footwear

- Soiling, Contamination
- Cuts, tears and punctures
- Thermal damage such as charring, burn holes, melting and discoloration
- Exposed or deformed steel toe, steel midsole or shank
- Excessive tread wear
- Loss of seam integrity and broken or missing stitches
- Condition of lining such as tears, excessive wear and separation from the outer layer
- Heel counter failure

Drag Rescue Device

- Installation in the garment
- Soiling, Contamination
- Cuts, tears, punctures, cracking or splitting
- Thermal damage such as charring, burn holes, melting and discoloration

Personal Safety System (Self Rescue Device):

- Soiling, Contamination
- Cuts, tears, punctures, cracking or splitting
- Thermal damage such as charring, burn holes, melting and discoloration

Interface Components (jacket front closure, coat/pant, sleeve/glove, pant/boot interface)

- Soiling, Contamination
- Physical damage such as charring, burn holes, melting and discoloration
- Loss or reduction of properties that allow the component to continue as effective interface
- Loss of seam integrity and broken or missing stitches

Safety Glasses / Goggles

- Permits clear vision (no significant scratches)
- Cracking
- Snug Fit

Name of Inspector (Print) _____

Date of Inspection _____ Inspection Pass _____ Inspection Fail _____

List of items that fail: _____

Reason for failure: _____

Items that need replacement: _____



APPENDIX C - SELF INSPECTION SECURITY CHECKLIST

Facility: _____

Inspector: _____ Date of Inspection: _____

Does The District maintain a CURRENT Security Control Plan?

Yes _____ No _____

Does The District maintain a CURRENT Policy Statement?

Yes _____ No _____

Have you reviewed prior incidents of exposure?

Yes _____ No _____

Does the present security control plan address all of the issues in the incidents of exposure to violence?

Yes _____ No _____

Is the Plan accessible to all employees?

Yes _____ No _____

Is the Plan reviewed and updated annually?

Yes _____ No _____

Is the Plan reviewed and updated when tasks are added or changed?

Yes _____ No _____

How often are the work areas evaluated by the District to ensure a risk assessment has been made?

_____ or "Don't know" _____

Is Training conducted for new employees prior to initial assignment?

Yes _____ No _____

Is training conducted at least annually thereafter?

Yes _____ No _____

Does training include:

1. Engineering and workplace controls instituted at the workplace?

Yes _____ No _____

2. Techniques to use in potentially volatile situations?

Yes _____ No _____

3. Procedures to follow after a violent incident?

Yes _____ No _____

4. Periodic refresher for on-site procedures?

Yes _____ No _____

5. Opportunity for questions and answers with a qualified instructor?

Yes _____ No _____



Does training include Information on hazards unique to job tasks including:

1. Weapons of Mass Destruction
Yes _____ No _____
2. Assault with weapons
Yes _____ No _____
3. Intoxicated or drug influenced individuals
Yes _____ No _____
4. Domestic violence
Yes _____ No _____
5. Arson
Yes _____ No _____
6. Driver rage
Yes _____ No _____
7. Criminal acts in progress or concluding
Yes _____ No _____
8. Terrorist Acts
Yes _____ No _____
9. Chemically Assisted Suicide
Yes _____ No _____

Are written training records kept?

Yes _____ No _____

Are incidents reported?

Yes _____ No _____

Are incidents evaluated?

Yes _____ No _____

EAP counseling offered to employees?

Yes _____ No _____

Are steps taken to prevent recurrence of potentially violent events?

Yes _____ No _____

Floor plans posted showing exits, entrances, location of security equipment, etc.?

Yes _____ No _____

Do employees feel safe?

Yes _____ No _____

Has the District utilized the crime prevention services or lectures provided by the local or State Police?

Yes _____ No _____



APPENDIX D - EMPLOYEE SECURITY SURVEY

This survey will help detect security problems in the station, or in the community. Please fill out this form and return to the chief or a commissioner.

Name: _____ (responses will be keep confidential)

Do you have any of the following complaints that may be associated with causing an unsafe worksite?
(Check all that apply)

- Does your work place have a written policy to follow for addressing general problems?
- When and how to request the assistance of a co-worker?
- When and how to request the assistance of police?
- What to do about a verbal threat?
- What to do about a threat of violence?
- What to do about harassment
- Working alone
- Alarm System
- Security in and out of building
- Security in parking lot
- Have you been assaulted by a co-worker?
- To your knowledge have incidents of violence ever occurred between your co-workers?

Where in the station would a violence related incident most likely to occur?

- Radio Room / TV Room
- Entrances or Exits
- Kitchen / Dining Room
- Chief / Commissioner Offices
- Parking Lot
- Bathroom
- Truck Bays
- Barbeque Area
- Barn

Other (specify): _____

Have you ever noticed a situation that could lead to a violent incident?

Yes _____ No _____

Have you received workplace violence related training or assistance of any kind?

Yes _____ No _____

If anything has happened recently at the station or while on a call that could have led to violence, can you comment about the situation?

If you have any security concerns when at the station or while on a call, please describe.



APPENDIX E - INCIDENT REPORT FORM

Victim's Name: _____ Job Title: _____

Victims Address: _____

Victim's Phone Number: _____ Victim's Social Security Number: _____

Employer's Name and Address: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

List type of Incident - assault, robbery, harassment, disorderly conduct, sex offense, terrorist attack, etc.
(see the Workplace Violence Program Document for definitions, if not listed please specify)

Were you injured?

Yes _____ No _____

If yes, please specify your injuries and the location of any treatment:

Did Police respond to incident?

Yes _____ No _____ If yes, what police department? _____

Was a police report filed?

Yes _____ No _____ If yes, police report number: _____

Was the Chief or Incident Commander notified?

Yes _____ No _____ If yes, Chief or Incident Commander name: _____

Describe any action, if any, taken by the Chief or Incident Commander at the time of the incident:

List type of assailant or perpetrator - intruder, resident, patient, visitor, other member, former member or employee, family or friend *(please specify)*:

Assailant or perpetrator's name and address *(if known)*:



Briefly describe the incident:

Incident Disposition - no action taken, arrest, warning, suspension, reprimand, other (*please specify*):

Did the incident involve a weapon?

Yes _____ No _____ If yes, type of weapon: _____

Were you singled out or was the violence directed at more than one individual?

Were you alone when the incident occurred?

Yes _____ No _____

Did you have any reason to believe that an incident might occur?

Yes _____ No _____

If yes, please specify: _____

Has this type or similar incident(s) happened to you or your coworkers?

Yes _____ No _____

If yes, please specify: _____

Have you had any counseling or support since the incident?

Yes _____ No _____

If yes, please specify: _____

What do you feel can be done in the future to avoid such an incident?

Was the assailant involved in previous incidents?

Yes _____ No _____

Are there measures in place to prevent similar incidents?

Yes _____ No _____

If yes, please specify: _____

Has corrective action been taken?

Yes _____ No _____

If yes, please specify: _____

Comments:
